ROCKY MOUNTAIN reserve

www.RockyMountainReserve.com

Flexible Spending Account Enrollment Form

Employer: _____

Plan Year: 20 _ _ **or** ___/___/___ **to** ___/___/___

This Enrollment Form is being used to: ***(Check one)***

- ☐ Initially enroll or annually re-enroll in the Cafeteria Plan
- ☐ Waive participation in the Cafeteria Plan

Participant Information

***Required fields**

Employee Name* _____ **SSN*** _____

Last *First* *M.I.*

Address* _____

Street *City* *State* *Zip*

E-mail Address* _____ **DOB*** _____

mm/dd/yyyy

Enrollment Information

I elect to reduce my compensation for each pay period during the plan year and redirect such dollars into the Cafeteria Plan as set forth below.

☐ **Insurance Premiums:** **All eligible premiums will be automatically deducted Pre-Tax on my behalf UNLESS I check this box indicating that I wish to have these premiums deducted Post-Tax.**

	Contributions Per Pay Period	Number of Pay Periods	Annual Election
☐ **Health Care FSA**			
☐ **Dependent Care FSA**			
☐ _____			

☐ **Debit Card**

I understand that I will automatically receive a debit card with my enrollment in the FSA plan and I would like to order a card for my spouse or dependent.

_____

Spouse or Dependent Name SSN Birth Date

Signature and Authorization

I understand that an election is made before a year begins and cannot be changed until the next year. No changes are allowed during the year unless there is a change of status. I agree to notify the Company if I have reason to believe that any expense for which I have obtained reimbursement is not a qualifying expense. I also agree to indemnify and reimburse the Company on demand, for any liability it may incur for failure to withhold federal, state, or local income tax or Social Security tax on any reimbursement I receive of a non-qualifying expense, up to the amount of additional tax actually owed by me. I agree to follow the terms and conditions set forth in the Summary Plan Description. The Plan Administrator may reduce my compensation reduction or otherwise modify this agreement in the event it is believed to be advisable in order to satisfy provisions of the Internal Revenue Code. My Social Security benefits may be slightly reduced as a result of my election. This agreement will automatically terminate if the Plan is terminated or discontinued, or if I cease to receive compensation from the Company. If my employment is terminated I agree to contact Rocky Mountain Reserve regarding my account.

_____ _____

Employee Signature **Date**