

Notional Account Enrollment Form

Flexible Spending Accounts/Health Reimbursement Arrangements



Instructions: Complete all fields below and return this printed form to your employer.
For assistance, have your employer call 866-357-5232 any time.

Required*

PART 1: GENERAL INFORMATION FOR PRIMARY MEMBER			
First Name:*	Middle Initial:	Last Name:*	
Social Security Number:*	Date of Birth: (mm/dd/yyyy)*	Email Address:	
Preferred Mailing Address: <input type="checkbox"/> Street Address <input type="checkbox"/> P.O. Box <i>Complete the corresponding address information below*</i>			
Street Address:	City:	State:	Zip Code:
P.O. Box:	City:	State:	Zip Code:
Home Phone:		Business Phone:	
Citizen Status: <input type="checkbox"/> U.S. Citizen <input type="checkbox"/> Resident Alien <input type="checkbox"/> Non-Resident Alien If not a U.S. citizen, please enter country of citizenship:			
TO BE COMPLETED BY YOUR EMPLOYER			
Date of Hire:*	Enrollment Effective Date:*	Hours Worked Per Week:	
Payroll Frequency:*		Payroll Frequency Effective Date:*	
Class:*	Class Effective Date:*	Division:	
PART 2: EMPLOYMENT INFORMATION			
Employer Name:*	Job Title:*	Employer Federal Tax ID Number:	
PART3: ACCOUNT SELECTIONS			
Please select the appropriate account(s) for enrollment:*			
<input type="checkbox"/> Medical Flexible Spending Account (FSA)	Election Amounts: Employee (annual max: \$2,650**) _____		
<input type="checkbox"/> Limited Purpose FSA (LP-FSA)	Election Amounts: Employee (annual max: \$2,650**) _____		
<input type="checkbox"/> Parking FSA	Election Amounts: Employee (monthly max: \$260**) _____		
<input type="checkbox"/> Dependent Care Account (DCA)	Election Amounts: Employee (annual max: \$5,000**) _____		
<input type="checkbox"/> Commuter/Transit	Election Amounts: Employee (monthly max: \$260**) _____		
<input type="checkbox"/> Health Reimbursement Arrangement (HRA)			
**Maximum values are subject to change annually. Amounts listed above are based on 2018 IRS limits; an employer can select a lower FSA maximum for their employees.			
PART 4: MEMBER AUTHORIZATION			
I authorize my employer to take the pre-tax contributions indicated by my election(s) in Part 3 out of my paycheck. I understand that by authorizing pre-tax contributions to a Flexible Spending Account, I cannot change my elections under this plan during the calendar year unless I have a change in my personal situation that would, under federal law, permit modification of my elections.			
I have reviewed the plan materials, including the eligibility and contribution information, provided by my employer. I understand my employer and HSA Bank cannot provide tax or legal advice and I may wish to consult with my own counsel for tax or legal advice regarding my individual situation.			
Signature:*		Date:*	