



Air Force Nonappropriated Fund Flexible Spending Account Enrollment Form



Participant Information (Required information)

Name _____ Social Security # _____
 (Print or type: Last, First, Middle Initial)

Date of Birth _____ Mailing Address _____

City, State, Zip _____ Daytime Phone _____

Email Address _____ Date of Hire _____

Employer's use only	Effective Date <u>01 Jan 2020</u>	Per Pay Period Amount: _____	1st Payroll Deduction Date: <u>29 Dec 2019</u>
Duty Location _____			

Flexible Spending Accounts

Annual Spending Account Elections for Plan Year: I request the following amounts be deducted from my pay with pretax dollars

Health Care Spending Account \$ _____ (\$100 minimum \$2,750 maximum) \$ _____ Maximum	Dependent Day Care Spending Account \$ _____ (\$100 minimum \$5,000 per family or \$2,500 for married employee filing separate tax returns.) \$ _____ Maximum
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Spending Account Agreement

The amount(s) I have elected will be taken from my pay in equal installments on a pretax basis. I understand that if I fail to submit eligible claims for entire amount elected, I forfeit any remaining balance. The election(s) will continue throughout the Plan Year or until I notify the company in writing of a qualifying Status Change. If I have provided an email address, I am requesting that all possible communications be sent through email.

Employee Signature _____ Date _____

HRO Signature _____ Date _____

PLEASE NOTE: Employees enrolling in the FSA Health Care Program will receive a new FSA debit card; however, if not received by 01 Jan 2020, employees will need to retain all receipts and submit to WageWorks for reimbursement. Employees will be notified by WageWorks, either mail or email, when funds and platform are accessible.