



## City of Alameda- California Flexible Spending Account (FSA) Data Collection Worksheet

Please complete and submit this worksheet to the Human Resources Department. Worksheets submitted to Discovery Benefits will not be processed.

\*= Required Fields

### Step 1: Participant Information

	-		-	
*Participant Name (First, MI, Last)		*Social Security Number		
*Participant Mailing Address		Email Address (If provided, all notifications will be sent via email)		
*City		*State		*Zip
Day Telephone		*Birth Date (mm/dd/yyyy)		*Hire Date (mm/dd/yyyy)

Gender (Please circle one): Male / Female

Marital Status (Please circle one): Married / Single

### Step 2: Enrollment and Election Information

	Medical FSA \$2,500 annual limit	Dependent Care Account \$5,000 annual limit (\$2,500 if filing taxes separately)
*Annual Election	\$	\$
*Number of Pay Periods (if enrolling mid-year, please enter the number of remaining pay periods within the plan year)	÷	÷
*Per Pay Period Amount (to be deducted each pay period)	=	=
*Date of First Payroll (mm/dd/yyyy)		
*Participant Effective Date (mm/dd/yyyy)		
*Pay Frequency	(Bi-Weekly/ 26 pay period per calendar year)	

### Step 3: Authorization for Administrative Fee

By checking this box, you understand that you are responsible to pay the Administrative Fee of \$4.75 per month for participating in the FSA program. The deduction will be taken monthly from your paycheck on an after-tax basis. Please note that this fee is in addition to your annual election.

### Step 4: Authorization

I authorize my employer to reduce my pay on a per pay period basis as indicated above. I understand my reduction is for one flex plan year and that I cannot change or revoke my election unless I experience a qualifying event in accordance with Internal Revenue Code Section 125 and submit my request within a reasonable amount of time as deemed by the IRS and my employer. I am aware of the plan's forfeiture provision and that my Social Security and federal unemployment benefits may be reduced because of my reduced salary for tax purposes. Further, I authorize the release of any information necessary to substantiate claims submitted against my Flexible Spending Account.

\*Participant Signature

\*Date