Optum Financial®

Flexible Spending Account Enrollment Form

Form Instructions: Please complete all entries on this form. Please print, sign and date this form, and submit to your Human Resources Benefits Department.

Enrollee Personal Information

First Name:	Last Name:	Change Effective Date:
Employer Name:	Employee ID:	
Permanent Address:	City: / State: / Zip Code:	
Day Time Phone Number:	Email Address:	
Social Security Number: __ __ __ / __ __ / __ __ __ __	Date of Birth: (Month/Day/Year) __ __ / __ __ / __ __ __ __	
Marital Status: ☐ Single ☐ Married ☐ Divorced ☐ Widowed	Enrollment Status: ☐ New enrollment ☐ Re-enrollment	

Flexible Spending Account (FSA) Elections

Health Care FSA ☐ Select Full Coverage FSA ☐ Select Limited Purpose FSA ☐ Decline Health Care FSA

I. Annual Employee Contribution*	II. Contribution per month (I divided by 12)

Dependent Care FSA ☐ Select Dependent Care FSA ☐ Decline Dependent Care FSA

I. Annual Employee Contribution*	II. Contribution per month (I divided by 12)

*For calendar year 2024, Health Care FSA pretax contribution limits are $3,200, and Dependent Care FSA (DCFSA) pretax contribution limits are $5,000.

Authorization and Certification

I understand that:

- I am authorizing my employer to reduce my compensation by the amount specified. This election will expire at the end of the plan year, and I must make a new election each year.
- I am not permitted to change my elections during the plan year unless the change is due to and in accordance with certain recognized IRS regulations for change in status events.
- I must report any administrative errors to my payroll administrator or human resources department within 10 days of my first payroll deduction of the plan year.
- Funds left in my Dependent Care Account at the close of the plan year will be forfeited. Funds left in my Health Flexible Spending Account may be forfeited, per plan rules. See plan documents for more details.

I will receive an Optum Financial Payment Card to access funds in my account. I certify that:

- The card will only be used for eligible medical and/ or dependent care expenses.
- Claims I pay with the card have not been reimbursed and I will not seek reimbursement from any other plan covering health or dependent care benefits.

Account Holder Signature:	Date:

FSAs, HRAs and RRAs are administered by Optum Financial, Inc., or ConnectYourCare, LLC (collectively, "Optum Financial").