



# 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: _____	1 <sup>st</sup> 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	\$ _____	Dependent Day Care Spending Account	\$ _____
(\$100 minimum \$2,750 maximum)	\$ _____ Maximum	(\$100 minimum \$5,000 per family or \$2,500 for married employee filing separate tax returns.)	\$ _____ Maximum

## 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.**