

## EPISCOPAL DIOCESE OF CALIFORNIA 2016 FLEXIBLE SPENDING ACCOUNT ENROLLMENT

Name: \_\_\_\_\_ Social Security No. : \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Home Address: \_\_\_\_\_  
\_\_\_\_\_

Birth Date: \_\_\_\_\_ Effective Date: \_\_\_\_\_ Parish Code \_\_\_\_\_

<p><input type="checkbox"/> <b>Yes! I wish to enroll in Health Care Flexible Spending Account</b></p> <p>Indicate your annual deposit for eligible medical expenses. . . .</p>	<p style="text-align: center;">Annual Deposit</p> <p style="text-align: center;">\$ _____</p> <p style="text-align: center;">The minimum annual deposit is \$100. The IRS set maximum annual deposit is \$2,550*</p>	<p style="text-align: center;">Per Paycheck Withholding</p> <p style="text-align: center;">\$ _____</p> <p style="text-align: center;">annual amt divided by # of pay periods remaining in year**</p>
<p><input type="checkbox"/> <b>Yes! I wish to enroll in Dependent Care Flexible Spending Account</b></p> <p>Indicate your annual deposit for eligible dependent expenses. . . .</p>	<p style="text-align: center;">Annual Deposit</p> <p style="text-align: center;">\$ _____</p> <p style="text-align: center;">(The maximum annual deposit is \$5,000; \$2,500 if you are married and are filing separate income tax returns.)</p>	<p style="text-align: center;">Per Paycheck Withholding</p> <p style="text-align: center;">\$ _____</p> <p style="text-align: center;">annual amt divided by # of pay periods remaining in year</p>

\*\*There are 24 paychecks issued each year - 2x / month on 15<sup>th</sup> & last day of mo. **Calculate the per paycheck withholding by dividing your annual deposit by the number of remaining pay periods in the year.** The total annual deposit is the before-tax amount that will be deducted in equal installments from each paycheck.

I understand the elections made above are binding upon me for the plan year specified and cannot be changed unless I have a qualified change in family status. I further understand payroll deductions will be made based on the elections indicated and up to **\$500.00 of UNUSED MONEYS LEFT IN THE ACCOUNT WILL ROLL-OVER INTO THE NEXT YEAR.**

\_\_\_\_\_  
Date

\_\_\_\_\_  
Employee Signature

**Complete and return enrollment form by email [sarahe@diocal.org](mailto:sarahe@diocal.org) or fax 415-673-4863**