



Health FSA

# Health Flexible Spending Account (FSA) Enrollment and Salary Reduction Authorization Annual Enrollment – Plan year 2012

## Participant Information

_____ Employee Name		_____ Employee ID Number <i>required</i>	
_____ Mailing Address	_____ Street	_____ Email Address	
_____ City		_____ State	_____ Zip
_____ Office / Dept. Name		_____ Office Phone Number	

## Before-Tax Allocations

Annual Enrollment (full plan year 1/1-12/31)  
Mid-year start date is the first pay date with a contribution.

	Pay Period Amount	# of Pay Periods	Total for the year	Not to Exceed
<b>Full Plan year</b>	\$ _____	X <b>26</b>	= \$ _____	<b>\$3,900.00</b>

Minimum: \$5/pay period or \$130/yr; Maximum: \$150 or \$3900/yr.

## Authorization and Agreement

I authorize the County of Sonoma to deduct the before-tax amount shown above from my paycheck each pay period. This amount will be directed into my Health FSA account maintained by the County. My account will be used to reimburse me for eligible health care expenses incurred during the period of coverage.

I have read the Flexible Spending Account (FSA) Reimbursement Program brochure and I understand this authorization is for the period of coverage specified above. I understand these payroll deductions **cannot be changed** during the plan year, unless I experience a change in status as defined by the IRS and submit a completed Change in Election form within 31 days of the change event. I further understand that any unused amounts remaining in my Reimbursement Account at the end of the plan's "grace period" will be forfeited, as required by law.

**Claims may be filed up to March 31, 2013 for eligible expenses incurred during the 2012 calendar year and the plan's "grace period" (January 1, 2013 through March 15, 2013).**

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

\_\_\_\_\_  
Date Signed

**Return completed forms to ACTTC Central Payroll by 5 p.m., Friday, November 18, 2011.  
Deliver to 575 Administration Dr., Rm. 117A, Santa Rosa, CA 95403.**

*Before submitting this form, please make a copy for your records.*

### **FOR COUNTY USE ONLY:**

Coverage begin date:  January 1, 2012 County Representative Initials: \_\_\_\_\_

RK  Vendor number \_\_\_\_\_  Confirmation Statement  Welcome Packet

**Original:** Auditor-Payroll **Copy:** Enrollee will receive a copy of the approved Enrollment form in the Welcome Packet