



part of FuturePlan by Ascensus®

Flexible Spending Accounts Enrollment Form
Bulloch County Board of Commissioners: Plan Year July 1 – June 30, 2022

EMPLOYEE INFORMATION

Full Name: \_\_\_\_\_ SS # \_\_\_\_\_
Mailing Address: \_\_\_\_\_
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_
Email: \_\_\_\_\_ Phone: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Please check box if you have had an address change since last Plan Year.

ENROLLMENT TYPE

- Open Enrollment
Qualifying Event/Status Change (please include a completed Status Change Form)

Complete only if eligibility is AFTER July 1 Open Enrollment period:

- New Hire
Eligibility Date \_\_\_\_\_ First Payroll Date \_\_\_\_\_

PAYROLL FREQUENCY

- Weekly (52) Bi-Weekly (26, 24) Semi-Monthly (24) Monthly (12) Other

ELECTION AMOUNT

By my signature below, I authorize my Employer to make salary reduction contributions on my behalf to the following Flexible Spending Account(s) for the Plan year:

Table with columns: Per Pay Period, Annual Election. Rows: Dependent Care Account (DCA), Health Flexible Spending (FSA). Includes checkboxes for Decline Coverage.

\*\* Will you or your spouse open or be contributing to an HSA during the plan year?

No, I do not have an HSA Yes, I do have an HSA

DIRECT DEPOSIT INFORMATION

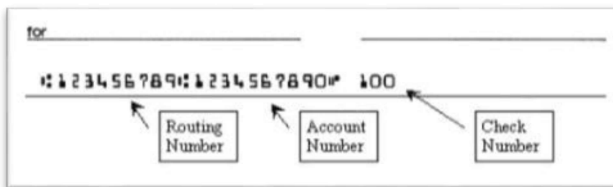
Save time and hassle by signing to have BPC-issued reimbursements deposited directly into the account of your choice. If you already have reimbursements issued this way, you do not need to sign up again.

ACCOUNT INFORMATION:

DEPOSITORY (BANK) NAME \_\_\_\_\_
CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_
ROUTING NUMBER \_\_\_\_\_ ACCOUNT NUMBER \_\_\_\_\_

DEPOSITORY ACCOUNT TYPE:

- CHECKING SAVINGS



I acknowledge I have received and understand the terms and conditions listed on the following page.

Signature of Employee

Date

PLEASE RETURN TO YOUR HUMAN RESOURCES DEPARTMENT