

# Accrue CMS

## EMPLOYEE ENROLLMENT FORM

Company Name:		Name:			
Address:		City:	State:	Zip Code:	Hire Date:
Date of Birth:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Phone Number:		Email Address:	
Social Security Number:					

Note: **Election changes are only allowed with a qualifying change of status event. Changes requests must be submitted within 30 days of the event.**

Pay Period: (Check the box which indicates the frequency of your paychecks)

WEEKLY  BI-WEEKLY  SEMI-MONTHLY  MONTHLY  OTHER

<b>FSA Health Care Annual Election</b> \$ _____ (\$3,400 annual maximum) Full FSA      Limited FSA	<b>FSA Dependent Care Annual Election*</b> \$ _____ (\$7,500 maximum family, \$3,750 maximum per spouse if married filing separately)
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<b>Commuter - Transit Monthly Election</b> \$ _____ (\$340 maximum)	<b>Commuter - Parking Monthly Election</b> \$ _____ (\$340 maximum)
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I decline to participate

I hereby authorize my election(s) for the benefit(s) designated above for the plan year. I understand that my pay will be reduced by the elected amounts. I understand that these elections are annual elections (FSA and dependent care) or monthly elections (transit and parking) and cannot be changed except in the case of a qualifying event. I understand that any unused balance in any benefits at the end of the plan year or upon my termination of employment is subject to forfeiture.

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\*Dependent Care is for daycare(baby-sitting) of children or elderly dependents. It is not for medical expenses for your dependents