



Flexible Spending Account Enrollment Form

Client TASC Id:
4302-4139-8158

Plan Name:

Hampden-Wilbraham Regional School District (21)

Every line must be completed. Please enter zero (0) on the lines where no amount is being deducted. Make sure to sign and date the enrollment form. Return the completed and signed form to your employer.

CHRISTI BROTHERS
HAMPDEN-WILBRAHAM REGIONAL SCHOOL DISTRICT
621 MAIN STREET
WILBRAHAM, MA 01095

Participant Information: Full Name _____
Address _____
City _____ State _____ Zip _____
Email _____
Home Phone Number _____
Mobile Phone Number _____
Participant's Plan Effective Date 7/1/2018-6/30/2019
Date of First Payroll _____

Prior to completing your election amounts, refer to the instructions and frequently asked questions on page 2.

Benefit	Maximum Employee Salary Reduction	Annual Salary Reduction Election
Medical (Out-of-Pocket) Expenses	\$ 2,650.00	\$ _____
Dependent Care Expenses	\$ 5,000.00	\$ _____

Additional TASC Card for Spouse or Dependent

Each participant may receive one additional card for their spouse or dependent free of charge. To request an additional TASC Card for your spouse or dependent, print their name below. Cards are mailed to your home address 7 – 10 days after your enrollment has been updated in FlexSystem.

Spouse or Dependent Name (Last, First, MI): _____

AUTHORIZATION: I certify the above information to be true to the best of my knowledge and that the children for whom I will be claiming dependent or child care expenses either reside with me in a parent-child relationship or are legally dependent on me for their support. I agree to have my compensation reduced by the deduction amount(s) stated above. I understand amounts remaining in my flexible spending account(s) not used for qualified expenses incurred during the plan year will be forfeited in accordance with current plan provisions and tax laws. I further understand the Flexible Spending Amount will be in effect for the entire plan year and cannot be changed or revoked except as permitted by federal law. I understand my share of eligible group premium(s) will be automatically deducted before taxes. I also understand, that if I do not wish to have my eligible insurance contributions deducted pre-tax and prefer to be taxed on these dollars, I will contact my payroll department. I understand additional TASC Cards issued to my spouse or dependent will provide the named individual with access to my flexible spending account(s) and MyCash account. I accept all responsibility for card transactions incurred by the named individual and will submit supporting documentation, as requested, for those transactions. I agree that upon inappropriate or fraudulent use of the TASC Card or termination of employment, I will immediately return all TASC Cards to my Employer.

Authorize Signature _____ Date: _____