



Flexible Spending Account Calendar Year 2019 Election

for Employees with a Qualifying Life Event Only

**MCPS Form 450-3
October 2018**

Employee and Retiree Service Center (ERSC) • Rockville, Maryland
MONTGOMERY COUNTY PUBLIC SCHOOLS

PLEASE NOTE: To enroll in a flexible spending account using this form, please complete, sign electronically or manually, and return to the Employee and Retiree Service Center (ERSC). You may fax the signed form to 301-279-3651 or 301-279-3642, or e-mail a PDF of the signed form to ERSC@mcpsmd.org. Please only submit your elections via one method. Submitting via multiple methods can cause errors and delay the processing of your elections. Please visit the ERSC website for additional information. A confirmation of your elections will be sent to you.

PART I: EMPLOYEE INFORMATION—Please print.

Name:	Employee ID:
Last Four Digits of SSN:	Home Phone:
You must select one of the following reasons for your account election:	
<input type="checkbox"/> Qualifying Event (supporting documentation required): <input type="radio"/> Marriage/Divorce <input type="radio"/> Birth/Loss of a Child <input type="radio"/> Return from Leave <input type="radio"/> Other (i.e., change in job status, death) _____	

PART II: ACCOUNT ELECTIONS

Annual contributions are **calendar** year (January 1 through December 31) and are divided into equal installments over 20 pay periods for 10-month employees or 26 pay periods for 12-month employees. Reminder: If you enroll outside of Open Enrollment, deductions will begin on the first pay period from the date this form is received. Deductions will be taken in equal installments over the remaining pay periods in the current calendar year. You may only incur expenses from the date we receive this form through the end of the extended plan year.

FSA Deduction Schedule	
10-month	12-month
January 04	January 04
January 18	January 18
February 01	February 01
February 15	February 15
March 01	March 01
March 15	March 15
March 29	March 29
April 12	April 12
April 26	April 26
May 10	May 10
May 24	May 24
June 07	June 07
	June 21
	July 05
	July 19
	August 02
	August 16
	August 30
September 13	September 13
September 27	September 27
October 11	October 11
October 25	October 25
November 08	November 08
November 22	November 22
December 06	December 06
December 20	December 20

Medical Spending Account: <small>Eligible medical expenses are available at https://www.benstrat.com/resources-forms/</small>	Dependent/Child Care Spending Account (Non medical): <small>Eligible child care expenses are available at https://www.benstrat.com/resources-forms/</small>				
Minimum annual contribution is \$100 Maximum annual contribution is \$2,650	Minimum annual contribution is \$100 Maximum combined family annual contribution is \$5,000				
Enter your annual contribution amount <table border="1" style="display: inline-table; vertical-align: middle; text-align: center;"> <tr><td style="width: 40px; height: 40px;">\$</td><td style="width: 40px; height: 40px;">.00</td></tr> </table>	\$.00	Enter your annual contribution amount <table border="1" style="display: inline-table; vertical-align: middle; text-align: center;"> <tr><td style="width: 40px; height: 40px;">\$</td><td style="width: 40px; height: 40px;">.00</td></tr> </table>	\$.00
\$.00				
\$.00				
<input type="checkbox"/> Cancel current account: Cancels existing medical spending account elections due to a qualifying event	<input type="checkbox"/> Cancel current account: Cancels existing medical spending account elections due to a qualifying event				

PART III: SIGNATURE

I understand that this election may not be changed or cancelled during the calendar year, with the exception of a change in family or employment status. See specific list of qualifying events on the Benefit Strategies website. Money cannot be transferred to another spending account or refunded to the employee. IRS regulations impose a "use or lose" rule, requiring the forfeiture of money not used during the plan year (January 1, 2019, through March 15, 2020).

I understand that my electronic submission of this form and my electronic signature are intended to be, constitute, and are equivalent to my personal signature.

Signature (required) _____ Date _____