



**City of Renton
Flexible Spending Account
Open Enrollment Benefit Election Form: 2014 Plan Year**

Employee (Last Name, First, Middle Initial)	Social Security No.	Effective Date
Mailing Address	Email Address	Date of Hire

The Flexible Spending Account (FSA) allows you to set aside funds on a pre-tax basis to reimburse yourself for qualifying dependent care or healthcare expenses. Please indicate your election below:

DEPENDENT CARE REIMBURSEMENT PLAN **I DO NOT WISH TO PARTICIPATE IN THIS PLAN**
 There is a maximum contribution of \$5,000.00 per calendar year.

TOTAL 2014 ANNUAL ELECTION	DIVIDED BY NUMBER OF PAY PERIODS	PER PAY PERIOD DEDUCTION
\$	24	\$

HEALTHCARE EXPENSE REIMBURSEMENT PLAN **I DO NOT WISH TO PARTICIPATE IN THIS PLAN**
 There is a maximum contribution of \$2,500.00 per calendar year.

TOTAL 2014 ANNUAL ELECTION	DIVIDED BY NUMBER OF PAY PERIODS	PER PAY PERIOD DEDUCTION
\$	24	\$

In the event of the termination of my employment, I authorize and direct my employer to deduct from my last check, on a pretax basis, any unpaid premiums (to the extent the amount of the check permits) and I agree to pay any remaining premiums due each month as they fall due by sending a check to City of Renton. Amounts from my last check shall be applied pro rata to monthly premiums falling due subsequent to the termination of my employment. I also understand that I will be charged a participant fee of \$1.75 per pay period.

EMPLOYEE'S STATEMENT

I have received and read printed materials explaining the Flexible Spending Account and my options as a participant. I understand that I am making a binding election for one full plan year; that elections can be changed only during open enrollment or, in some cases, when permitted under the plan's rules.

Participation in the Flexible Spending Account creates Personal Health Information. Unless otherwise directed by me, BAC will anticipate that they are authorized to communicate with my spouse regarding my flex account for the purposes of claims question, denials, balances, and other operations of the account.

This release is revocable at anytime by completing the Release of Information form. If you would like to limit the information available to your spouse or allow access to other dependents please complete the Release of Information form.

Date	Signature of Employee
------	-----------------------