

City of Merced 2015 Open Enrollment Flexible Spending Declaration Sheet

The City of Merced's Flexible Spending Account (FSA) program allows eligible employees to receive pre-tax reimbursement for certain medical, dental, and vision expenses, and for qualifying dependent care expenses. Your taxable income reported, for both federal and state income tax purposes, is reduced by the amount of your FSA contributions.

Please complete the form below and sign if you would like to participate in a Flexible Spending program for the 2015 calendar year. Return to the Insurance Department by October 31, 2014.

If you do not wish to participate in Flexible Spending for the 2015 plan year do not complete this form.

Please contact the Insurance Department at (209) 388-7100 if you have any questions.

Name (First, MI, Last): _____

Address: _____

City: _____ State: _____ Zip: _____

Birth Date: _____ Department: _____

	<u>Annual Election</u>		<u>Election Per Paycheck</u>
Medical Care Spending Account (\$2,500 annual maximum)		Divide your <u>Annual Election</u> by 26 pay periods to calculate your <u>Election Per Paycheck</u> .	
Dependent Care Spending Account (\$5,000 annual maximum)			

By signing this form you authorize the City of Merced to deduct from your wages the election(s) made above.

Employee Signature: _____ Date: _____

Complete and return this form to Insurance by October 31, 2014 if you would like to participate in FSA during the 2015 plan year.