BRYN MAWR COLLEGE
FLEXIBLE SPENDING ACCOUNT ELECTION FORM
PLAN YEAR JANUARY 1, 2019 - DECEMBER 31, 2019

EFFECTIVE DATE _____

NAME _____ **ID NUMBER** _____

	ANNUAL MAXIMUM	ANNUAL TOTAL
DEPENDENT CARE	$5,000.00*	_____
MEDICAL CARE (eligible at the start of the Plan Year following one year of service)	$2,700.00	_____
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* If you are married and file a separate federal income tax return, the maximum is $2,700.00.
**Complete only if you are a 2018 participant who is electing not to participate in the 2019 Plan Year.

1. I authorize the above elections and any pre-tax and/or after-tax reductions in pay.
2. I understand that the amount elected will be divided equally among the pay periods throughout the Plan Year, to a maximum of 12 monthly or 24 bi-weekly pay periods.
3. I understand that I will use the Flexible Spending Account (FSA) to pay for IRS-qualified expenses incurred by myself or for an eligible dependent during the Plan Year.
4. I understand that I will exhaust all sources of insurance reimbursement before seeking reimbursement through the FSA.
5. I understand that expenses reimbursed through the Bryn Mawr College FSA should not be submitted to any other employer-sponsored plan that provides tax-free reimbursement of health expenses, including an FSA, a health savings account (HSA) or health reimbursement account (HRA).
6. I understand that no medical care expense reimbursed through the FSA should be claimed as a federal income tax deduction.
7. I understand that enrollment in the medical care component of an FSA prohibits HSA contributions made through a high deductible health plan.
8. I understand that any balance remaining in the FSA at the end of the Plan Year will be forfeited by me.
9. I understand that I cannot change or revoke these elections unless that change or revocation is on account of and consistent with a life event change in status.
10. I understand that this election is for the current Plan Year only and I need to re-enroll each Plan Year.

SIGNATURE_____ **DATE** _____

EMPLOYEE: KEEP A COPY FOR YOUR RECORDS