BRYN MAWR COLLEGE

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Bryn Mawr, PA 19010
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brynmawr.edu

2026 Flexible Spending Account Election Form
Plan Year January 1, 2026 – December 31, 2026

Name: _____

Employee ID Number: _____

2026 IRS Annual Limits:
Medical FSA annual limit: $3,400
Dependent Care FSA annual limit: $7,500

Medical FSA annual election: _____

Dependent Care annual election: _____

By signing this form:
1. I authorize the above elections and any pre-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 any balance remaining in the FSA at the end of the Plan Year will be forfeited by me.
4. 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.
5. I understand that this election is for the 2026 Plan Year only and I need to re-enroll each Plan Year.

Signature: _____

Date: _____

Please return to the Human Resources office or benefits@brynmawr.edu