

# CAPE GIRARDEAU PUBLIC SCHOOLS

## FLEXIBLE SPENDING ACCOUNTS (FSA)

### ENROLLMENT FORM

For Plan Year January 1, 2024 through December 31, 2024

Social Security #	Last Name	First Name	Middle Name	Suffix
Sex	Date of Birth	Address		
City	State	Zip Code	Home Phone	Date of Hire
E-Mail Address (Required for online account access, notices and statements)				

#### Making Your Election

To have coverage under this Plan, please indicate your election **per pay check** for the Accounts below. Elections are subject to the stated annual limits. Contributions are taken equally out of each of your pay checks issued in the Plan Year.

Election Category	Per Check	# Cks	Annual Amt
<b>Health Care Reimbursement Account—HCRA</b> Maximum Annual = \$3,050	\$		\$
<b>Dependent Care Reimbursement Account—DCRA</b> Maximum Annual = \$5,000	\$		\$

#### Banking Information for Payment by Direct Deposit\*

Bank Routing #	Bank Account #	Checking/Savings (circle one)
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*\*Attach a voided check to substantiate a valid account. If you are a current participant and have this information on file with Tri-Star, this section does not need to be completed unless it has changed.*

#### HCRA Debit Card

I read and understand the use and documentation requirements of the HCRA Debit Card. I understand that I will receive this card for use in accessing my HCRA account.

#### Authorization and Acknowledgement

I authorize my employer to enroll me in the accounts and collect contributions pre-tax by payroll deduction as noted above. I understand that I cannot change or revoke this Agreement during this Plan Year, unless I experience a qualifying Change in Status Event, as defined in the Plan Document, and the election change is on account of and consistent with the Change in Status Event. If I do not complete this enrollment agreement before the start of the Plan Year, I will not be enrolled for this Plan Year. By completing the Banking Authorization, I authorize claims payment by Direct Deposit into my banking or savings account. I understand that I can change this authorization at any time and that it will be maintained until I give notice to Tri-Star of a change.

Signature	Date
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**Please note:** Effective January 1, 2020, over-the-counter (OTC) medicines and biologicals (allergy & sinus, anti-itch, cough, cold & flu, pain relievers, homeopathic remedies, etc.) will now qualify for the FSA. OTC vitamins and nutritional supplements prescribed to treat an existing condition may only qualify by submitting a physician's written prescription for these with your claim. Do **not** include costs you anticipate for non-qualified OTC medicines, vitamins or supplements in your annual election.