



**2012 FSA ENROLLMENT FORM  
AND SALARY REDIRECTION AGREEMENT**

If you would like to enroll in the flexible spending account (FSA) plan, please complete the following form and return it to the City of Duluth's Human Resources Office (City Hall - Room 313).

Annual Open Enrollment                       Mid-Year Enrollment - New Hire                       Mid-Year Enrollment - Change of Status

Full Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Address: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Phone #: \_\_\_\_\_

Email Address: \_\_\_\_\_ Date of Hire: \_\_\_\_\_

**List tax dependents eligible for benefits:**

Full Name of Dependent	Gender	Date of Birth	Relationship to Employee

**Choose your Election Amount:**

I have reviewed the terms of the FSA Plan and elect to withhold the annual election amount below as pre-tax deductions from my paycheck during the designated plan year for deposit to the designated flexible spending account.

Plan Year: 2012 Plan Year                      Effective Date of Plan: \_\_\_\_\_

<u>Initials</u>	<u>Flexible Benefit</u>	<u>Total Annual Election</u>	(Annual Minimum: \$120.00; Annual Maximum: \$5,000.00)
_____	Medical FSA	\$ _____	/ Annual Election Amount
_____	Dependent Daycare FSA	\$ _____	/ Annual Election Amount

This Agreement intends to conform with Sec(s). 79, 105, 106, 125, 129 of the I.R.S. Code providing employee benefits. As provided for in said Sections, Employer has created a Cafeteria Plan to provide Employee with benefits. Employer and Employee mutually agree as follows:

- I. Employee's per pay cash compensation shall be redirected by the amounts listed below effective the first pay period beginning on or after Employee becomes eligible for benefits and shall continue until this Agreement is amended or canceled. Employee's elections and participation shall be governed by the terms of the Dependent Care Reimbursement and Health Care Reimbursement Plans as amended from time to time.
- II. Redirected salary must reimburse expenses incurred during Plan Year and may not be carried into future years. Any amount not reimbursed for the current Plan Year will be returned to the Employer's Group Health Fund. If employment is terminated, this Agreement terminates; however, Employee retains the right to benefits in accordance with the Plan Document.
- III. By offering this Plan, the Employer has provided no tax advice regarding participation in this Plan, therefore, the Employee waives any claims against the Employer and holds the Employer harmless for any taxes or assessments that may be imposed by the Internal Revenue due to future interpretations or changes in the laws governing these Plans.

**Accepted by Employee**

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

**QUESTIONS? Contact Genesis Employee Benefits:**  
Phone: (952) 653-4422    Toll-Free: 866-678-8322    [CustomerCare@GenesisBenefits.net](mailto:CustomerCare@GenesisBenefits.net)

**For Employer Use Only:** First Payroll Deduction Date: \_\_\_\_\_ Payroll Frequency: \_\_\_\_\_