



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).

Mid-Year Enrollment - New Hire

Mid-Year Enrollment - Change of Status (indicate below and attach supporting documentation)

- Marriage, Divorce, Birth/Adoption, Job Change, Death of Participant, Leave of Absence, Spouse Job Change, Death of Spouse/Dependent, Return from Leave of Absence

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:

Table with 4 columns: 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: Effective Date of Plan:

Table with 3 columns: Initials, Flexible Benefit, Total Annual Election

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 above effective the first pay period beginning on or after Employee becomes eligible for benefits... II. Redirected salary must reimburse expenses incurred during Plan Year... III. By offering this Plan, the Employer has provided no tax advice regarding participation in this Plan...

Accepted by Employee

Employee Signature

Date