

**FLEXIBLE SPENDING ACCOUNT**  
**FSA MEDICAL AND/OR FSA DEPENDENT CARE**  
**FORM INSTRUCTIONS**

**IF DECLINING ENROLLMENT**

1. Fill out SECTION A (Employee Information)
2. Skip SECTION B (Elections)
3. Skip SECTION C
4. Skip SECTION D (Direct Deposit)
5. In SECTION E – go to the 2<sup>nd</sup> Employee Signature line with statement “if you decline participation: ....”, sign and date.

**IF ENROLLING**

1. Fill out SECTION A (Employee Information)
2. Fill out SECTION B
  - a. what are you electing; Medical and/or Dependent Care
  - b. what amount do you want for this current year
    - i. Take amount / number of payrolls left in year to get “per payroll deduction amount”.
3. Fill out SECTION C, if you want your Spouse and/or Dependent(s) to also have a copy of the Allied Flex Debit Card to be able to use those funds for approved medical expenses.
4. Fill out SECTION D, if you want any reimbursements from Allied Benefit to be directly deposited back into your checking account, instead of them mailing a check. This requires a voided check and for you to then fill out the Direct Deposit form for Allied Benefit to use.
  - a. A reimbursement situation is when you have spent out of your own pocket to cover approved medical expenses and want to have those funds reimbursed from your FSA account. *An example could be you were on vacation and did not have your FSA card with you and had to go to hospital or urgent care and paid out of your personal accounts. You would fill out a reimbursement form and submit to Allied Benefit – if you had Direct Deposit setup with them, they would send funds directly to your personal account from your FSA account.*
5. Fill out SECTION E – sign and date

Flexible Spending Accounts are elected on a yearly basis. They are not automatically renewed.