Flexible Spending Account Enrollment Form

HR-DEFCOMP-052

FOR NEW HIRES AND MID-YEAR ENROLLEES ONLY
Please email the completed form to the MTA Business Service Center at bscservice@mtabsc.org or via fax to 212-852-8700.

Employer Name: **MTA**	Plan Year: **2020**	☐ Male ☐ Female	BSC ID
Employee Last name:		First Name:	M.I.:
Street Address:	City:	State:	Zip Code:
Home Phone Number:		Date of Birth:	☐ Single ☐ Family
E-mail Address:		Agency Division:	
Payroll Cycle: ☐ Weekly ☐ Bi-weekly		☐ Semi-monthly ☐ Monthly	☐ Other
Date of First Payroll Withheld:			
Spouse Name:		Date of Birth:	
Dependent Name:		Date of Birth:	
Dependent Name:		Date of Birth:	
Dependent Name:		Date of Birth:	

Account Type	Election Amount	Short Plan Years/Mid-Year Enrollees
Medical Expense Reimbursement Examples: doctor co-pays, eye glasses	_____ ANNUAL	Your election amount will be the full amount you are electing even if you will not be enrolled in the plan(s) for a full 12 months. This amount will not be prorated for your short plan year. New hires can enroll up to the 90th day of employment and become eligible on the 91st day.
Dependent Care Assistance Examples: daycare centers, after-school programs, elder care Please refer to page 14 of the FSA Enrollment Guide for dependent care assistance account guidelines.	_____ ANNUAL	
MINIMUM REIMBURSEMENT AMOUNT FOR CHECKS IS $25		

PLEASE NOTE: For any enrollment/change forms effective outside of the initial plan year, the effective date will correspond with the next payroll period after the signature date. Claim reimbursements will be made only for expenses incurred on or after the signature date.

AUTHORIZATION
I hereby elect the benefits indicated above. I have read and understood the enrollment materials (FSA brochure, enrollment form) and I authorize my employer to adjust my pay as required by my election. I further understand that any amounts remaining in my account(s) not used for eligible expenses incurred during the period of coverage will be forfeited in accordance with the current plan provisions and tax laws.

SIGNATURE OF PARTICIPANT: _____ **DATE:** / /