SisCo
Experience the Benefits

Flexible Spending Election Form

Dubuque County 2202

July 1 2020 through June 30 2021
Plan Year 2020

Section I - Employee Information

Employee-Last Name First Name Initial	Date of Birth	Social Security Number

Street Address	City	State	Zip Code

Type of Election: ☐ Annual Election ☐ New Hire ☐ Family Status change * see below

Explanation for change in Family Status ______________________________

Effective date of this election (date of first paycheck with flexible spending reduction) ______________________

Pay Period: Bi-Weekly

Section II - Flexible Spending Agreement

I hereby elect to have my salary reduced and a corresponding amount credited to my account in the elected plan(s) below. Any changes made through a qualifying event will be effective on the qualifying event date. I have read and understand the Summary Plan Description.

I agree to notify the Company if I have reason to believe that any medical care expense for which I have obtained reimbursement is not a qualifying expense. I also agree to indemnify and reimburse the Company on demand for any liability it may incur for failure to withhold federal and state income tax or Social Security tax from any reimbursement I receive on any non-qualifying expenses.

Section 125 agreement:

☐ I authorize to have my premium contribution(s) for Medical and Dental Health (if any) withheld prior to taxes as provided in Section 125.

Medical/Dental Election:

☐ I authorize that my earnings be reduced in the amount of $__________ (26 deductions) for other medical/dental expenses, for a yearly contribution of $ __________ ($2750 maximum).

Automatic Rollover:

☐ I elect to have any charges processed through the Health Plan to have any eligible amount to automatically roll to the Flexible Spending Plan for reimbursement from my account.

Dependent Care Election:

☐ I authorize that my earnings be reduced in the amount of $__________ (26 deductions) for dependent care expenses, for a yearly contribution of $ __________ ($5000 maximum).

Employee's Signature Date	Accepted by Date

Section III - Declining Flexible Spending Coverage

I hereby waive participation in the Dubuque County Flexible Spending Account Plan for 2020. I understand I will not be able to elect participation until the new plan year begins.

Employee's Signature Date	Accepted by Date