

MONTGOMERY COUNTY PUBLIC SCHOOLS

Flexible Spending Account Calendar Year 2022 Election

for Employees with a Qualifying Life Event Only

Employee and Retiree Service Center (ERSC)
MONTGOMERY COUNTY PUBLIC SCHOOLS
Rockville, Maryland

PLEASE NOTE: To enroll in a flexible spending account using this form, please complete, sign electronically or manually, and return to the Employee and Retiree Service Center (ERSC). You may fax the signed form to 301-279-3651 or 301-279-3642, or email a PDF of the signed form to ERSC@mcpsmd.org. Please only submit your elections via one method. Submitting via multiple methods can cause errors and delay the processing of your elections. Please visit the [ERSC website](#) for additional information. A confirmation of your elections will be sent to you.

PART I: EMPLOYEE INFORMATION—Please print.

Name:	Employee ID:
Last Four Digits of SSN:	Home Phone:
You must select one of the following reasons for your account election:	
<input type="checkbox"/> Qualifying Event (supporting documentation required): <input type="radio"/> Marriage/Divorce <input type="radio"/> Birth/Loss of a Child <input type="radio"/> Return from Leave <input type="radio"/> Other (i.e., change in job status, death) _____ <input type="radio"/> COVID-19 Pandemic	

PART II: ACCOUNT ELECTIONS

Annual contributions are **calendar** year (January 1 through December 31) and are divided into equal installments over 20 pay periods for 10-month employees or 26 pay periods for 12-month employees (see a schedule of paydays at <https://www.montgomeryschoolsmd.org/departments/ersc/employees/pay/schedules/paydays.aspx>. Reminder: If you enroll outside of Open Enrollment, deductions will begin on the first pay period from the date this form is received. Deductions will be taken in equal installments over the remaining pay periods in the current calendar year. You may only incur expenses from the date we receive this form through the end of the extended plan year.

Medical Spending Account: Eligible medical expenses are available at https://www.benstrat.com/resources-forms/	Dependent/Child Care Spending Account (Non-medical Expenses): Eligible child care expenses are available at https://www.benstrat.com/resources-forms/				
Minimum annual contribution is \$100 Maximum annual contribution is \$2,750	Minimum annual contribution is \$100 Maximum combined family annual contribution is \$5,000				
Enter your annual contribution amount <table style="margin-left: auto; margin-right: auto; border: 1px solid black; padding: 5px;"> <tr> <td style="text-align: center; width: 20px;">\$</td> <td style="text-align: center; width: 100px;">.00</td> </tr> </table>	\$.00	Enter your annual contribution amount <table style="margin-left: auto; margin-right: auto; border: 1px solid black; padding: 5px;"> <tr> <td style="text-align: center; width: 20px;">\$</td> <td style="text-align: center; width: 100px;">.00</td> </tr> </table>	\$.00
\$.00				
\$.00				
<input type="checkbox"/> Cancel current account: Cancels existing medical spending account elections due to a qualifying event	<input type="checkbox"/> Cancel current account: Cancels existing dependent/childcare spending account elections due to a qualifying event				

PART III: SIGNATURE

I understand and acknowledge that even though I may change my election during the calendar year, I cannot decrease my contribution to an amount less than the election I have already made. Learn about FSA rule changes made as a result of the COVID 19 pandemic at <https://www.montgomeryschoolsmd.org/departments/ersc/employees/news/index.aspx?id=666201>

IRS regulations impose a "use or lose" rule, requiring the forfeiture of money not used during the plan year or within the allowed grace period.

I understand that my electronic submission of this form and my electronic signature are intended to be, constitute, and are equivalent to my personal signature.

Signature (required) _____ Date _____