

Flexible Spending Accounts

2023 ENROLLMENT and CHANGE FORM



King County

Instructions: To enroll mid-year, or request changes to your Flexible Spending Account (FSA), complete, sign, date, and return to Benefits, Payroll and Retirement Operations.

1. Employee Information

Last _____ First _____ MI _____

Employee ID _____ Phone _____ Email _____

2. Health Care FSA

A Health Care FSA account can be used to pay for eligible medical, dental, and vision care expenses for you, your spouse or eligible domestic partner, and your dependents—for example, deductibles, coinsurance, and copays. Up to \$610 in unused funds in your Health Care FSA can rollover to the following plan year and any other unused funds are forfeited. The minimum annual contribution is \$300 and the maximum is \$2,850.

Enroll/Change: Current annual contribution: \$ _____ New annual contribution: \$ _____

3. Dependent Day Care FSA: Annual contribution change

A Day Care FSA can be used to pay for day care or dependent care expenses for your child under age 13, disabled spouse, or dependent parent, so you can work or attend school full-time. Unused funds cannot be refunded to you. The minimum annual contribution is \$300 and the maximum is \$5,000 per household or \$2,500 if married, filing separately.

Enroll/Change: Current annual contribution: \$ _____ New annual contribution: \$ _____

4. Indicate the Qualifying Life Event

Life Event	Event Date
<input type="checkbox"/> Birth/adoption of a child (may be retroactive)	_____
<input type="checkbox"/> Change in dependent day care cost or coverage	_____
<input type="checkbox"/> Change in employment status: <input type="checkbox"/> Self <input type="checkbox"/> Spouse	_____
<input type="checkbox"/> Change in legal marital status: <input type="checkbox"/> Marriage <input type="checkbox"/> Divorce <input type="checkbox"/> Legal Separation	_____
<input type="checkbox"/> Death: <input type="checkbox"/> Spouse <input type="checkbox"/> Child	_____
<input type="checkbox"/> Other: Please explain:	_____

5. Acknowledgement and Authorization

I have read and understand this form, including the information about qualifying life events. The information I have provided on this form is accurate and complete. I authorize King County to make any necessary payroll deductions or refunds for my requested changes. I understand that willful falsification of information on this form may lead to disciplinary action, up to and including discharge from employment.

Signature _____ Date _____

Office use only	Date received	Processed by	Pay date effective	FSA change effective date
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Revised: 02172023