

MONTGOMERY COUNTY PUBLIC SCHOOLS

Flexible Spending Account Calendar Year 2020 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 e-mail 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) _____	

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. 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.

FSA Deduction Schedule	
10-month	12-month
January 3	January 3
January 17	January 17
January 31	January 31
February 14	February 14
February 28	February 28
March 13	March 13
March 27	March 27
April 9	April 9
April 24	April 24
May 8	May 8
May 22	May 22
June 5	June 5
June 19	June 19
	July 2
	July 17
	July 31
	August 14
	August 28
	September 11
September 18	September 18
October 9	October 9
October 23	October 23
November 6	November 6
November 20	November 20
December 4	December 4
December 18	December 18

Medical Spending Account: <small>Eligible medical expenses are available at https://www.benstrat.com/resources-forms/</small>	Dependent/Child Care Spending Account (Non medical): <small>Eligible child care expenses are available at https://www.benstrat.com/resources-forms/</small>
Minimum annual contribution is \$100 Maximum annual contribution is \$2,700	Minimum annual contribution is \$100 Maximum combined family annual contribution is \$5,000
Enter your annual contribution amount \$.00	Enter your annual contribution amount \$.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
<p>I understand that this election may not be changed or cancelled during the calendar year, with the exception of a change in family or employment status. See specific list of qualifying events on the Benefit Strategies website. Money cannot be transferred to another spending account or refunded to the employee. IRS regulations impose a "use or lose" rule, requiring the forfeiture of money not used during the plan year (January 1, 2020, through March 15, 2021).</p> <p>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.</p>
Signature (required) _____ Date _____