

**City of Petersburg
Flexible Spending Account
Election Form for the period July 1, 2025 through September 30, 2026**

Name:	SSN:
Address:	Employee ID:
	DOB:
Home Phone #:	Work Phone #:
Email Address:	Date of Hire:

Tax Savings Illustration					
Flexible Spending Accounts are a TAX FREE way to get reimbursed for your Medical and Day Care expenses. The following is an illustration of the SAVINGS with the Plan (<i>your actual savings may differ</i>):					
Annual Contribution	\$5,000.00	\$ 3,300.00	\$ 1,500.00	\$ 750.00	\$ 250.00
Per Pay Period (24 pay periods)	\$ 208.33	\$ 137.50	\$ 62.50	\$ 31.25	\$ 10.41
Estimated TAX SAVINGS (30%)	\$ 62.50	\$ 41.25	\$ 18.75	\$ 9.37	\$ 3.12
TOTAL ANNUAL TAX SAVINGS	\$ 1,500.00	\$ 990.00	\$ 450.00	\$ 225.00	\$ 75.00

Annual Election: Health Care and Dependent Care Flexible Spending Accounts (FSAs) allow you to set aside PRE-TAX dollars for reimbursement. Indicate below the annual amount you would like to contribute to each benefit:

Per Pay Period \$ _____	Annual Amount \$ _____	Health FSA	Reimbursement for out-of-pocket medical expenses for you, your spouse and your dependents. Some qualifying expenses include: dental, vision, contacts, prescriptions, orthodontia, deductibles and co-pays. The maximum annual election amount is \$3,300
Per Pay Period \$ _____	Annual Amount \$ _____	Dependent Daycare FSA	Reimbursement for work-related Dependent Daycare expenses for dependents under the age of 13 or incapable of self-care. Care may be provided by an individual or licensed day care facility for full time, after school, or summer care. The maximum annual election amount is \$5,000 (head of household or married filing jointly) or \$2,500 (married filing separately). These amounts will not change.

I understand that:

- The Annual Election remains in effect for the entire Plan Year unless I experience a “change in status” with regards to the Health FSA and a “change in family status” in regards to my Dependent Daycare FSA. These changes include such events as: change in marital status; change in number of dependents; or termination or commencement of employment-specifics are outlined in the Summary Plan Description. All election changes must be necessitated by and consistent with the change and notification must be made in a timely manner to the administrator of the Plan.
- Any amounts that are not used during the Plan Year to reimburse qualifying expenses will be forfeited by me, with the exception of **\$660** from my Health FSA which may be rolled over to the next plan year.
- **Reimbursements** will be available only for qualifying expenses as described by the Internal Revenue Service. I agree to notify my Employer if I have reason to believe that any expense for which I have obtained reimbursement is not a qualifying expense. **The IRS does not permit any service to be prepaid or paid for prior to the date of service.**
- I agree to indemnify and reimburse the Employer on demand for any liability the Employer may incur for failure to withhold federal, state, or social security tax from any reimbursement I receive for a non-qualifying expense.
- The guidelines for the administration and compliance of the Plan are outlined in the Summary Plan Description and Plan Document.
- This agreement is subject to the terms of the employer’s Flexible Benefits Plan. This plan shall be governed by and construed in accordance with the applicable laws. Completing this form revokes any prior Election Form relating to such plan.

<input type="radio"/> I elect to participate <input type="radio"/> I elect not to participate	Employee Signature:	Date:
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Effective Date (if other than July 1, 2025): _____

Benefits, rules, and regulations to consider for the Plan Year beginning July 1, 2025

Your Section 125 Plan has the following benefits available:

- A) Health Care Flexible Spending Account
- B) Dependent Daycare Flexible Spending Account.

You may choose one or both of these features. You will be subject to the rules and regulations of the Plan as summarized in employee handouts, and found in the official Plan document, which is available for your review. Should you not wish to enroll in this pre-tax feature for any reason, you may check the "I elect not to participate" located at the bottom of the front page and sign the form.

With all of these features, there are some rules that must be followed to keep the Plan in compliance with IRS regulations:

Your choices will be in effect for the entire Plan Year (July 1, 2025, through September 30, 2026). You may add, drop or change this coverage annually at enrollment or when any of the following Status Changes occur:

Marriage	Death of a Dependent
Divorce	Birth or Adoption of a Dependent
Change in Your Employment Status	Change in Your Spouse's Employment Status

Any changes you wish to make must be consistent with your change in status.

With the Health Care Flexible Spending Account, the following rules must be followed:

- Health related expenses are reimbursable if they can be considered "deductible" medical expenses on your tax return as defined under Section 213(d).
- The maximum you may contribute is **\$3,300** annually.
- Your claims will be paid for the amount of your "out-of-pocket" expense up to your annual election, less previous claims paid.
- If you terminate employment, you may submit claims for expenses incurred prior to your termination only.
- You may continue to participate in this plan after termination, but on an after-tax basis, through COBRA.

For the Health Care Flexible Spending Account (FSA), you will have 90 days after the end of the Plan Year to file claims for this Plan Year's expenses. If you have a balance at the end of the plan year, up to \$660 will be rolled over and added to the amount you elect for the new plan year. To utilize your prior plan year funds, you will need to file a manual claim however, any debit card transactions after the start of your new plan year will pull from your new election plus the \$660 available from the carryover.

With the Dependent Daycare Flexible Spending Account (DCA), the following rules must be followed:

- Dependent Daycare must be necessary for you and your spouse to be employed or attend school full time.
- Dependent Daycare expenses must be for your dependent child under age 13 or other dependents such as physically or mentally handicapped relative or household member who is unable to care for himself and over half of whose support you pay.
- You can contribute up to **\$5,000** per year if you are a single parent or married and filing a joint return. The maximum is the total family contribution allowable.
- Care cannot be provided by your spouse or anyone you claim as a tax dependent.
- You cannot claim the same day care expenses reimbursed under this plan as a tax credit.
- Claims will be paid for the amount of your expense up to the amount of your account balance.
- You will be required to identify the person performing the childcare services to the IRS by providing his/her Federal I.D. number or Social Security number.

For Dependent Daycare Flexible Spending Accounts, you will have 90 days after the end of the Plan Year to file claims for this Plan Year's expenses. Any money left in your account after you have claimed all of your expenses will not be reimbursed to you. IRS regards the date of a claim as being when the service is rendered, not when you actually pay the bill.

Because amounts contributed through the various Section 125 Plan features are not subject to Social Security taxes, a Plan participant may receive slightly less Social Security at retirement. If maximum retirement income is a concern, an employee may direct part of the tax savings as an additional contribution to the 401(k) Plan.