



C-Lect - Flexible Spending Account (FSA)

Annual Minimum \$130.00 to Annual Maximum \$2,700.00

Bi-weekly per pay deduction \$5 to \$103.84

Employee Information

Employee's Name (Last, First, Middle)	Social Security Number	Date of Birth	
Employee's Address	City	State	ZIP

Dependent Information

Spouse's Name	Date of Birth
Dependent Name	Date of Birth
Dependent Name	Date of Birth
Dependent Name	Date of Birth
Dependent Name	Date of Birth
Dependent Name	Date of Birth

I request that my salary be reduced per pay as follows: \$ _____

Authorization for Flexible Spending Account

Authorization: I certify the above information to be correct and true to the best of knowledge and that the children based under "Dependent Coverage" either reside with me in a parent-child relationship or are legally dependent on me for support. I understand that any amounts remaining in my account(s) not used for eligible expenses incurred during the plan year will be forfeited in accordance with current plan provisions and tax laws. I further understand that the Flexible Compensation reduction(s) will be in effect for the plan year and cannot be revoked unless I experience a change in my family status or termination of spouse's employment.

Signature _____ Date _____