

2016

FLEXIBLE SPENDING ACCOUNT ENROLLMENT FORM \$130.00 to \$2,500.00 for the year 2016

CITY OF CHARLESTON				EFFECTIVE DATE: January 1, 2016			
EMPLOYEE'S NAME (Last, First, Middle)				Social Security #:			
				Date Employed:			
Employee#		Department:					
Employee Address:				City		State	Zip Code
Date of Birth		Check Male or Female		Check One			Dependent Coverage
Month Day Year		Male		Married	Widowed		Yes
		Female		Single	Divorced		No
Spouse Name			Date of Birth	Month	Day	Year	
Dependent Name			Date of Birth	Month	Day	Year	
Dependent Name			Date of Birth	Month	Day	Year	
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Dependent Name			Date of Birth	Month	Day	Year	

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

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: _____

C-Lect is administered by:
HealthSmart Benefit Solutions: P.O. Box 3262 Charleston, WV 25332 Toll Free 800.432.8315