



2021

Human Resources Department - Benefits
Independent School District 625
360 Colborne Street, Saint Paul, MN 55102
benefits@spps.org

Plan Year 2021
Fillable PDF

Flexible and Dependent Care Spending Accounts

Employee ID: First Name: Last Name:

Flexible Spending Account (FSA)

Do you want to start a FSA account?

What do you want your FSA annual amount to be? \$2750 Maximum

Things To Know:

- A FSA allows you to set aside pre-tax dollars for eligible healthcare expenses for you, your spouse or your dependents that you expect to incur during the plan year.
Annual amount elected is divided equally among paychecks throughout the calendar year (January -December).
Monies elected must be used within the plan year. Any monies not spent within the plan year are forfeited.
Expenses are reimbursed by HealthPartners.

Dependent Care Spending Account (FSAD)

FSAD new accounts and changes.

Do you want to start a FSAD account?

Do you want to make a change to your FSAD account?

What do you want your FSAD annual amount to be? (Enter \$0.00 if canceling) \$5000 Maximum

Things To Know:

- A Dependent Care Account allows you to set aside pre tax dollars for dependent care services you expect to receive during the Plan Year.
It covers daycare expenses not only for your dependent children under age 14, but for anyone considered your dependent for income tax purposes, such as a disabled parent.
After incurring these expenses, you are reimbursed from your account through HealthPartners.
Each year during open enrollment, you elect to deposit from \$0 to \$5,000 (or less, if subject to additional limitations) into your dependent care spending account for the year.
If your spouse also participates in a dependent care spending account, the tax-free benefit is limited to \$5,000 for both of you combined. If you are married but filing taxes separately, the tax-free benefit is limited to \$2,500. Your election amount is deducted from your pay pre tax in equal amounts throughout the year.
Expenses are reimbursed by HealthPartners

By signing this form:

- I understand the payroll deductions will remain in effect and cannot be revoked or changed during the plan year unless I have a qualifying status change.
I further understand these payroll deductions can only be used to reimburse eligible expenses, and those expenses must be incurred during the period in which I am enrolled in the account in order to be reimbursable.
I understand account funds not used for eligible healthcare and/or dependent care expenses incurred within the plan year are forfeited; they are not carried over to the next plan year.

I authorize Saint Paul Public Schools to deduct the amount elected. I hereby consent that all personal information and elections are correct.

Signature:

Date: