Sentinel Benefits
& FINANCIAL GROUP

Health Care and Dependent Care Flexible Spending Account Enrollment/Change Form

General Information

Employer Name: TOWN OF WESTWOOD

Employee ID: _____

Participant Name (Last Name, First Name, Middle Initial)

Date of Birth

Social Security Number

Street Address

City

State

Zip Code

Phone

Email Address

Date of Hire

Pay Frequency: ☐ Weekly ☒ Bi-Weekly ☐ Semi-Monthly ☐ Monthly

Health Care Spending Account

☐ I choose to participate in the FlexChoice Health Care Spending Account. I authorize my employer to make the following payroll deductions:

$_____ per pay period for _____ pay periods for an annual amount of $_____.

Dependent Care Spending Account

☐ I choose to participate in the FlexChoice Dependent Care Spending Account. I authorize my employer to make the following payroll deductions:

$_____ per pay period for _____ pay periods for an annual amount of $_____.

If enrolling during the plan year, be sure to calculate your annual election based on the remaining pay periods in the plan year.

Debit Card

Debit cards come in sets of two (2). Debit cards are valid for three years and should be retained for use through their expiration date. Select "Yes" to add your election to your existing valid cards or to request new cards if you do not currently have a valid set.

	Elect Cards?	Number of Sets	Annual Fee
Employee Debit Cards	☐ Yes ☐ No	1	N/A
Dependent Debit Cards	☐ Yes ☐ No	_____	$5.00 per set

Authorization to Participate

I understand that I may not increase or decrease the amount of my income reduction until the next plan Year, except to reflect a change in my family status (e.g. marriage, birth of a child, divorce or death). In making contributions to the spending accounts, I understand that I may forfeit any amounts in my account if I do not incur eligible expenses by the end of the plan Year. In addition, I understand that my Social Security benefits may be slightly reduced because I will pay less Social Security taxes. This election replaces any previous elections and will terminate on the earlier of (1) the end of the plan Year; (2) when I am no longer being compensated in an amount at least equal to my total salary reduction; (3) termination of the plan. My employer may reduce or cancel this election if necessary to comply with provisions of the Internal Revenue Code.

I certify that: (i) I understand that pre-tax funds deposited into my FlexChoice account via payroll deductions as authorized by me upon enrollment in the FlexChoice program. (ii) I will only use the debit card to pay for any and all qualified expenses as defined under Sections 105, 125, 129, 132, and 213 of the Internal Revenue Code and as permitted by my Employer's plan. (iii) I understand that qualified expenses will be deducted directly from my FlexChoice account and that any non-qualified expenses or qualified purchases that exceed the available funds in my FlexChoice account may be declined by the merchant. (iv) I will only use the debit card for qualified expenses which have not been and will not be reimbursed under any other plan (v) I understand that if my Employer later identifies a reimbursed claim as a non-qualified expense, I will be responsible to repay the amount. my Employer may withhold the amount from my wages, my Employer may offset amounts reimbursed for non-qualified expenses against future claims for reimbursement, or my Employer may deny access to the debit card until the amount is repaid. (vi) I will retain receipts and other documentation for the expenses paid with the debit card. If the debit card fee is paid for by the employee, Sentinel will automatically deduct the annual fee from your FlexChoice Account when your enrollment form is processed.

✳ Signature _____ Date _____

Employer Verification (to be completed by HR)

Qualifying Event Date: Qualifying Event:

Benefit Effective Date: Verified by: Date:

This form must have an employer verification signature in order to be processed.

Participant: Complete and give to your HR Department for signature HR: Update in payroll, add the enrollment on Sentinel's employer portal and retain a copy for your records