

Pennsbury School District  
Support Staff/Confidential Exempt Flexible Spending Enrollment Form  
2022-2023

CAFETERIA/SECTION 125  
FLEXIBLE SPENDING ACCOUNT

Section 125 of the Internal Revenue Code allow participants in a Cafeteria Plan to **increase** their take home pay by electing to pay medical and childcare costs from money placed inside their Cafeteria account. Participants may also pay for their contributions to medical, dental, and certain other benefit programs with **before** tax dollars. **This election form, completed each plan year, is used by the participants to elect what amounts they want to place in their Cafeteria account during the Cafeteria plan year.**

**PENNSBURY SCHOOL DISTRICT** PHONE: (215) 428 - 4100

**EMPLOYEE NAME:** SS#: - -

**HOME ADDRESS:**  
Street/Apt # City State Zip Code

**HOME PHONE:** ( ) - **EMAIL:**

**DATE OF BIRTH:** / /

**# OF PAY PERIODS PER YEAR:** Annual Election:

I do not want to participate in the Flexible Spending Plan

Signature \_\_\_\_\_ Date \_\_\_\_\_

I WOULD LIKE TO PARTICIPATE IN THE FLEXIBLE SPENDING PLAN

2. **UNREIMBURSED MEDICAL:** Estimate your uninsured Medical costs per paycheck. Keep in mind you may have out-of-pocket expenses over and above what your insurance company pays for the following:  
**(Maximum 2022 contribution is \$2,850)**

**EMPLOYEE BUDGET  
PER PAYCHECK (21 pays):**

\$ 6.19 District Benefit

- ❖ Health/Dental Insurance Deductibles
- ❖ Vision care (eye-exams, contacts, eyeglasses)
- ❖ Routine exams (OBGYN, school physicals, etc.)
- ❖ Prescription Drugs (including Birth Control)
- ❖ Coinsurance (usually 20% or 30% of covered charges)
- ❖ Routine dental exams and cleaning, X-Rays, etc.
- ❖ Braces and retainers, orthodontic, etc.
- ❖ Fillings, crowns and bridges, etc.

\$ \_\_\_\_\_ Extra FSA

\$ \_\_\_\_\_ Total Annual Election

The above are just a few examples of out-of-pocket expenses that can be budgeted together and used interchangeably. Please note: In most circumstances, claims must first be submitted to your insurance carrier. When you receive an Explanation of Benefits (EOB), attach a copy to the claim form. When an EOB is not applicable, (e.g. co-payments, vision care, and other non-covered expenses), please submit receipt.

3. **DAY CARE:** If you are a single parent or your spouse works, how much do you pay for dependent day care for children 12 years or younger?

EMPLOYEE BUDGET  
FOR DAY CARE  
PER PAYCHECK (21 pays):

Maximum 2022 contribution is:

\$ \_\_\_\_\_

\$5,000 if the employee is married and filing a joint return or is a single parent.  
\$2,500 if the employee is married and filing separately.

**Please note: Form 2441 should be completed when filing your individual 1040 Tax return.  
Please consult your Tax Advisor for details.**

**The above amounts are being selected for an entire plan year and may only be changed for certain changes in family status. These include:**

- |  |                         |                                  |
|--|-------------------------|----------------------------------|
| *Marriage  | *Divorce                | *Death of family member          |
| *Birth   | *Adoption               | *Spouse's employment termination |
| *Part time to full time  | *Full time to part time | *Leave of absence                |
| *Change in my, or spouse's health coverage attributable to spouse's employment |                         |                                  |

My company's Flexible Benefit Program has been explained to me and I understand that I cannot (except under certain specific exceptions), change or revoke my election until open enrollment for the next Plan Year. The exceptions pertain to a valid change in status as listed above. I further understand that the total amount deducted for the reimbursement accounts must be used in that plan year or forfeited under the terms of the Cafeteria plan and that participation in the Flexible Benefit Program may mean that I will be paying less Social Security tax, which could slightly reduce my benefits when I retire.

I understand the terms above and authorize my employer to release any information from my payroll records that may be necessary to complete this form.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_