

City of Springfield MA

FY2021 Flexible Spending Account Deduction Authorization Form

For all Eligible COS and SPS Employees

Please use this form to make your elections. Return your completed and signed form to the City Benefits Office during Open Enrollment, which begins on April 6, 2020 and ends June 1, 2020 @ 4:00PM EST, or **within 10 days** after your first day of employment. Forms submitted after these deadlines will not be accepted. **These elections remain in effect from July 1, 2020 through June 30, 2021.** You must **re-enroll** in a Flexible Spending Account each year that you wish to participate. Election changes can not be made after you enroll without a Qualifying Status Change per IRS regulations.

Employee Information

Employee ID _____ Re-Enrolling _____ New Enrollee _____
Last Name _____ First Name _____ Middle Initial _____
Street _____ City _____ State _____ Zip _____
Email Address _____ Phone Number _____
Last 4 Social Security No. _____ Date of Birth (MM/DD/YYYY) ____/____/____

Election of Contribution

Please enter the Annual amount you wish to contribute to your flexible spending account (FSA) and select the number of Pay Periods you have yearly. The amount that will be taken from each paycheck is automatically calculated for you. **(Teachers & Paras please use 22 pay periods)**

Health Care FSA (Minimum \$300 - Maximum \$2,500; Debit Card & Reimbursement)

Annual Amount	Number of Pay Periods	Contribution per Paycheck
\$ _____ ÷	_____ =	\$ _____

Dependent Care FSA (Minimum \$500 - Maximum \$5,000; Reimbursement only)

Annual Amount	Number of Pay Periods	Contribution per Paycheck
\$ _____ ÷	_____ =	\$ _____

Employee Signature _____ Date _____

Return Your Signed and Completed Form

By Mail:

City of Springfield, MA
Attn: Benefits Dept.
36 Court St, Room 018
Springfield, MA 01103

By Email:

benefits@springfieldcityhall.com

Please be advised that incomplete forms will be returned to the employee for correction and resubmission.

If you have any questions, please view the [Human Resources website](#), send us an email, or call the Benefits Office at 413-787-6055, Monday through Thursday from 8:15AM to 4:00PM, and Friday 9:00AM to 4:00PM.

The City of Springfield participates in FSA accounts through Take Care by WageWorks. To create an account and log in, visit <http://www.takecarewageworks.com/>. Here you can view your account balance and all claims or by calling Plan Support at 800-950-0105.