

**Flexible spending account (FSA)  
employee enrollment form**



Please return this form to your HR department.

<b>Employer information</b>	
Employer name City of Newport News	

<b>Account holder information</b>			
First name	M.I.	Last name	
EIN	Date of birth (mm/dd/yyyy)		
Email address		Home phone	
Physical street address	City	State	ZIP
Mailing address (if different)	City	State	ZIP

<b>FSA coverage</b>
Coverage effective date

<b>Annual elections</b>				
	Contribution per pay period	Number of pay periods remaining in plan year	=	Your annual election amount
<b>Flexible spending account</b>	\$ 0.00	X 0	=	\$ 0.00
<b>Dependent care flexible spending account (DCRA)</b>	\$ 0.00	X 0	=	\$ 0.00
Contribution per pay period x number of pay periods = your annual election amount				

<b>Signature</b>		
Print name	Signature	Date