



## Flexible Spending / Cafeteria Plan Enrollment Form

Employer name: CITY OF PINOLE			<b>Plan Year: 2025</b>	
Last Name	First Name	M.I.	<input type="checkbox"/> Male <input type="checkbox"/> Female	
			Soc. Sec. No. <b>(Must be provided)</b>	
Street Address		City	State	Zip Code
Telephone Number (    )	Date of Birth	Date of Hire	Division of Company:	<input type="checkbox"/> Single <input type="checkbox"/> Family
E-mail Address:				
Payroll Cycle:    Bi-Weekly				
Date of first payroll withheld: 01/03/2025				

Account Type	Election Amount
Medical Expense Reimbursement (example: Doctor co-payments, eyeglasses)	_____ Annual (2024 Annual max: \$3,200) 2025 Annual max: <i>pending</i>
Dependent Care Assistance	_____ Annual (Max salary deferral: \$2,500 for those married and filing separately / \$5,000 for those single or married filing jointly)

**Minimum reimbursement amount for manual check is \$25**

**Please note:** For any enrollment/change forms effective outside of the initial plan year, the effective date will correspond with the next payroll period after the signature date. Claims reimbursement will be made only for expenses incurred on or after the signature date.

**AUTHORIZATION**

I hereby elect the benefits indicated above. I have read and understand the enrollment materials (flex brochure, enrollment form, daycare form, direct deposit form and claim form) and I authorize my employer to adjust my pay as required by my election. I understand that this election is binding and cannot be revoked or modified until the next plan year, except under the limited circumstances that are described in detail in the SPD that I have received from my employer (i.e. marriage, divorce, birth). I further understand that any amounts remaining in my account(s) not used for eligible expenses incurred during the period of coverage will be forfeited in accordance with the current plan provisions and tax laws.

**SIGNATURE OF PARTICIPANT** \_\_\_\_\_ **DATE** \_\_\_\_\_

**Please return all enrollment forms to your Employer**