

**Harrisburg School District of PA
FLEXIBLE SPENDING ACCOUNTS
ENROLLMENT FORM**

For 2012 Plan Year

January 1, 2012 through December 31, 2012

<i>Social Security #</i>	<i>Last Name</i>	<i>First Name</i>	<i>Middle Name</i>	<i>Suffix</i>
<i>Sex</i>	<i>Date of Birth</i>	<i>Address</i>		
<i>City</i>	<i>State</i>	<i>Zip Code</i>	<i>Home Phone</i>	<i>Date of Hire</i>
<i>E-Mail Address (Tri-Star notices and statements are sent via email)</i>				

Making Your Election

To have coverage under this Plan, please indicate your election **per pay check** for the Accounts below. Elections are subject to the stated annual limits. Contributions are taken equally out of each of your 24 pay check issued in the Plan Year. Enter the amount you want to contribute per check below.

Election Category	Per Pay Deduction
Health Care Reimbursement Account—HCRA Maximum Annual = \$5,000	
Dependent Care Reimbursement Account—DCRA Maximum Annual = \$5,000	

Banking Information for Payment by Direct Deposit*

Bank Routing #	Bank Account #	Checking/Savings (circle one)
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*Attach a voided check to substantiate a valid account.

HCRA Debit Card

I read and understand the use and documentation requirements of the HCRA Debit Card. I have the option of receiving this card (at an annual cost of \$6). My preference is as noted here.

- Yes**, please issue HCRA Debit Cards to me.
- No**, I do not want the HCRA Debit Card at this time.

Authorization and Acknowledgement

I authorize my employer to enroll me in the coverage options as noted and deduct the amount(s) from my paycheck on a pre-tax basis. I understand that I cannot change or revoke this Agreement as of any date prior to the next plan year, unless a Change in Election Event occurs as defined in the plan (e.g., termination of employment, marriage, divorce, birth of dependent, etc.), and the election change is on account of and is consistent with the Change in Election Event. I authorize Tri-Star to collect the \$18 administrative charge for this 2012 Plan Year plus \$6 debit card charge for the 2012 Plan Year from my available balance at the beginning of the Plan Year. **In addition, I authorize \$1/reimbursement reduction for payments by check or paper notices of payment.** By completing the Banking Authorization, I authorize claims payment by Direct Deposit into my banking or savings account. I understand that I can change this authorization at any time and that it will be maintained until I give notice to Tri-Star of a change.

Signature	Date
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Please note: Effective January 1, 2011, over-the-counter (OTC) medicines and biologicals (allergy & sinus, anti-itch, cough, cold & flu, pain relievers, homeopathic remedies, etc.) will no longer qualify for the FSA. If your doctor annually prescribes specific OTC medicines to treat an existing condition these may still qualify, by submitting a written prescription with your claim. However, we caution you to be conservative in your election and **not** include costs you anticipate for non-qualified OTC medicines.