



State of Delaware
Flexible Spending Account (FSA) Enrollment Agreement
Plan Year July 1, 2026 – June 30, 2027

Section 1 Employee Information

Name (Last, First):

Employee ID Plus Last 4 Social Security Number:

Street Address:

City, State, Zip Code:

Agency/School District Name:

Date of Hire:

Daytime Phone Number:

Section 2 Health Care FSA Election

Qualified Expenses include medical, dental, vision, and prescriptions for you and your dependents that are not reimbursed under any other source.

Plan Year Election Amount (Minimum \$50, Maximum \$3,400):

NOTE: *Your plan year election will be divided by the number of pay dates remaining in the plan year.*

Section 3 Dependent Care FSA Election

Qualified expenses include care for the protection and well-being of a child (under age 13) or elder dependent while you work. Examples include child daycare and camps and elder care.

Plan Year Election Amount (Minimum \$50, Maximum \$7,500):

NOTE: *Your plan year election will be divided by the number of pay dates remaining in the plan year.*

Section 4 Direct Deposit Reimbursement Authorization

*To set up direct deposit to your bank account, fill in the information below. If no information is provided you will receive reimbursement from your FSA via check to your home address. **NOTE:** ASIFlex and your employer are not responsible for lost or delayed mail.*

Name of Financial Institution/Bank:

Bank Routing Number (9-digit):

Account Number:

Type of Account (check one): Checking Savings

By signing below, I attest to the following:

- My rights and obligations under the FSA Plan are specified in the FSA Plan Booklets located at <https://dhr.delaware.gov/benefits/fsa/plan-booklet.shtml>.
- I elect to have pretax deductions from my pay as set up by my employer during the plan year.
- This request is for the current plan year **ONLY**, which ends on June 30, 2027. I cannot change or terminate my election **UNLESS** I experience a qualifying event as allowed under the Plan.
- My Election and this Agreement will cease upon termination of employment or retirement.

Employee Signature:

Date:

Return this form to the Statewide Benefits Office (SBO) by fax at 1-302-739-8339. Questions? Call 1-800-489-8933.

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How do I enroll in a Flexible Spending Account?

Benefit eligible employees are eligible to begin FSA coverage effective the first of the month following the date of hire. Employees interested in participating should complete the FSA Enrollment Agreement. Enrollment Agreements must be submitted within 30 days of the employee's hire date to ensure timely enrollment. If you fail to enroll within this time period, then you may not elect to participate in the Plan until the next Open Enrollment Period or until a qualifying event occurs that would allow a mid-year election change.

When must claims be filed for the FY27 (July 1, 2026-June 30, 2027) Plan Year?

You will have until October 15, 2027 to submit claims for reimbursement for eligible services received during the current Plan Year (July 1, 2026-June 30, 2027) and accompanying Grace Period (July 1, 2027-September 15, 2027). Any unused amounts remaining in my account as of October 15, 2027 will be forfeited.

For more information on Flexible Spending Accounts, visit the SBO website at <https://dhr.delaware.gov/benefits/fsa/index.shtml>.