



**State of Delaware**  
Flexible Spending Account (FSA) Enrollment Agreement  
**Plan Year July 1, 2023 – June 30, 2024**

<b>Name (Last, First MI)</b>		<b>Employee ID + Last 4 SSN</b>	
<b>Street Address</b>	<b>City</b>	<b>State</b>	<b>ZIP Code</b>
<b>Agency/School District Name</b>		<b>Date of Hire</b>	<b>Daytime Phone Number</b>

**Health Care Flexible Spending Account (HCFSA) Election – Medical, dental, vision, prescriptions**

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

<b>Plan Year Election Amount</b> (Minimum of \$125, Maximum of \$3,050)	Plan Year Election* \$ _____	<input type="checkbox"/> Add one-time plan contribution** to the amount elected. <b>NOTE: Plan contribution can only be applied to one account if enrolling in both Health and Dependent Care FSA</b>
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**Dependent Care Flexible Spending Account (DCFSA) Election - Child/elder daycare expenses**

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

<b>Plan Year Election Amount</b> (Minimum of \$125, Maximum of \$5,000)	Plan Year Election* \$ _____	<input type="checkbox"/> Add one-time plan contribution** to the amount elected. <b>NOTE: Plan contribution can only be applied to one account if enrolling in both Health and Dependent Care FSA</b>
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*\*Your plan year election will be divided by the number of pay dates remaining in the plan year.*

*\*\*The State is giving employees a one-time plan contribution of \$125, which will be prorated based on the date of enrollment. If you select to use the \$125 for dependent care, your max contribution cannot exceed \$4,875 since \$5,000 is the federal limit for dependent care reimbursement. If you select to use the \$125 for health care, your max contribution cannot exceed \$3,050, and the \$125 will be added to your election for a maximum of \$3,175.*

**Electronic Communications and Direct Deposit Reimbursement Authorization**

*If you are already signed up and do not wish to make a change, skip this section.*

Name of Financial Institution/Bank		Bank Routing Number (9-digit)	
Account number		Type of Account	
		<input type="checkbox"/> Checking <input type="checkbox"/> Savings	
Email	Cell Phone	Mobile Carrier	

Please use account information above to set up direct deposit to my bank account and send email/text alerts of my account activity. Attach a voided check or copy of a check to this form. **Note:** Standard text message charges may apply from your wireless provider.

Mail a check to my home address. ASIFlex and your employer are not responsible for lost or delayed mail.

**I understand:**

- The Health Care FSA and Dependent Care FSA benefits, **AND** my rights and obligations under this plan, as specified in the FSA Plan Booklets located at <https://dhr.delaware.gov/benefits/fsa/plan-booklet.shtml>
- I have elected to have pretax deductions from my pay based on the number of pay dates as set up by my employer during the plan year.
- I cannot change or terminate my election **UNLESS** I experience a qualified change in status as allowed under the Plan.
- I will have until **October 15, 2024** to submit claims for reimbursement for eligible services received during the current Plan Year (July 1, 2023-June 30, 2024) and accompanying Grace Period (July 1, 2024-September 15, 2024). Any unused amounts remaining in my account as of October 15, 2024 will be forfeited.
- This request is for the current plan year **ONLY** and will end on June 30, 2024. In order to participate in the future, I am required to enroll online during Open Enrollment in May. Elections do not roll over each plan year.
- My Election and this Agreement will cease upon termination of employment or retirement.

<b>Employee Signature</b>	<b>Date</b>

**RETURN THIS FORM TO STATEWIDE BENEFITS OFFICE BY FAX, (302) 739-8339.**

**PLEASE CONTACT THE STATEWIDE BENEFITS OFFICE AT 1-800-489-8933 WITH QUESTIONS.**

# Enrollment Agreement Flexible Spending Account



## How do I enroll in Flexible Spending?

Benefit eligible employees may enroll in an FSA after completing the **initial waiting period of 90 days**. Employees interested in participating should complete the FSA Enrollment Agreement. Enrollment Agreements should be sent by the first of the month preceding the date of eligibility 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.

## How will the one-time plan contribution be prorated?

- Participants enrolling during the **Open Enrollment period or before September 30, 2023** will receive the full amount of \$125.00;
- Participants enrolling **October 1 through December 31, 2023** will receive \$93.75 (75% of the employer contribution);
- Participants enrolling **January 1 through March 31, 2024** will receive \$62.50 (50% of the employer contribution); and
- Participants enrolling **April 1, 2024 through June 1, 2024** will receive \$31.25 (25% of the employer contribution).

## When must claims be filed for the FY24 (July 1, 2023-June 30, 2024) Plan Year?

You will have until **October 15, 2024** to submit claims for reimbursement for eligible services received during the current Plan Year (July 1, 2023-June 30, 2024) and accompanying Grace Period (July 1, 2024-September 15, 2024). Any unused amounts remaining in my account as of October 15, 2024 will be forfeited.

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

## Have Questions?

Please contact SBO Customer Service Team by phone at 1-800-489-8933 or by email at [benefits@delaware.gov](mailto:benefits@delaware.gov).