



Flexible Spending Account (FSA) Enrollment Form

Plan Year: January 1, 2026 – December 31, 2026

All employees must complete this form, whether you are enrolling in or declining this benefit. For additional information or if you need extra guidance completing this form, please refer to page 2.

Participant Information

Name:

Social Security Number:

Hire Date:

Coverage Effective Date*:

**Your coverage effective date will be the first of the month following your hire date.*

Flexible Spending Accounts (FSA):

I hereby elect to participate in the Flexible Spending Accounts

I hereby elect **NOT** to participate in the Flexible Spending Accounts

Health Care FSA

Employees can choose up to \$3,300 for the 2026 plan year. Up to \$660 of unused funds will carry over into 2027. Your total election amount will be split evenly across the remaining paychecks in 2026.

Per Pay Period Amount

Pay Periods

Annual Election

Dependent Care (Daycare) FSA

Employees can choose up to \$7,500 for the 2026 plan year, or \$3,750 if you're married and filing taxes separately. Your total election amount will be split evenly across the remaining paychecks in 2026.

Per Pay Period Amount

Pay Periods

Annual Election

Authorization

I certify that all information I provided is accurate and that any children for whom I claim dependent care expenses live with me or are legally my dependents. I agree to the payroll deductions listed above and understand that unused FSA funds must be used for eligible expenses within the plan year or they will be forfeited. I understand that my elections cannot be changed during the plan year unless allowed by federal law. I acknowledge that my share of eligible insurance premiums will be deducted before taxes unless I notify payroll otherwise. I understand that any TASC Cards issued to my spouse or dependents give them access to my FSA and MyCash accounts, and I am responsible for all charges made with those cards. I agree to return all TASC Cards if they are misused or when my employment ends.

Signature:

Date:

Instructions for Completing the Flexible Spending Account (FSA) Enrollment Form

Please follow the steps below to accurately complete your FSA enrollment. This benefit allows you to set aside pre-tax dollars for eligible health and dependent care expenses.

Please complete each line on the enrollment form even if you are not enrolling in this benefit.

- **For help calculating your per-paycheck deduction, please refer to the FSA Calculator Tool.**

1. Understand Your Options – Additional information can be found on the [Flexible Spending Accounts](#) webpage on the Employee Website.

When considering the **Health Care** account, estimate costs for co-payments of prescription drugs and doctor visits for yourself and your family members. You don't have to participate in Henrico County health care or dental coverage to participate in an FSA and your family members do not have to be covered by Henrico County's plans for you to be reimbursed for their eligible expenses.

When considering the **Dependent Care** account, review costs for childcare services for dependent children under the age of 13. This account may also be used if you have expenses for adult care services. Eligible child or adult care expenses are those that you incur when you are working and that enable you (and your spouse) to work.

2. Complete all fields in the “**participant information**” section of the form.

3. Your FSA benefit will begin on the **first day of the month after you're hired**. The total amount you choose for the year will be split evenly based on how many paychecks are left in the year after your benefits start date.

Example: If your hire date is **June 2**, your FSA benefit will be effective on **July 1**.

4. Choose Your Annual Election Amount(s) for Health Care and/or Dependent Care

Decide how much you would like to contribute for the remainder of the calendar year. You may elect up to the IRS annual limit for the current year. Contributions must be in whole-dollar amounts and the minimum amount you can elect is \$100.

- **Health FSA (Medical):** Up to \$3,300 in 2026 (IRS limit)
- **Dependent Care FSA:** Up to \$7,500 per household (IRS limit)

5. Understand Your Payroll Deductions

Your total annual election will be **divided into equal parts based on the number of pays remaining in the calendar year**.

- Count how many months are left in the year starting from the month your benefits start.
- **Benefit deductions occur twice a month.** To figure out how many deductions you'll have for the rest of the year, multiply the number of months left in the year by 2.
- Take your total annual FSA amount, divide it by the remaining months left in the year to get your monthly amount, then divide by that by 2 to get the amount taken from each paycheck.