



Omnify

Flexible Spending Account Authorization Form

Employee name: _____

Last four digits of SSN: _____ Effective date: _____

2023 Plan Year Enrollment

	Per Pay Period Amount	★ Number of Pay Periods	= Annual Election
<input type="checkbox"/> Medical flexible spending account (maximum \$3,050 per employee)	\$ _____	_____	\$ _____
<input type="checkbox"/> Dependent care flexible spending account (maximum \$5,000 per employee or \$2,500 if married and filing separately)	\$ _____	_____	\$ _____
<input type="checkbox"/> Waive participation for the current plan year.			

I elect/waive the above benefits. I understand that with any flexible spending account, the election is irrevocable during the plan year unless I experience an IRS-qualified event.

Signature Date

Please return to your HR department.

