

Flexible Spending Account Enrollment Form Instructions

- 1) The enrollment form is attached to this email. After completing the form print it and hand into to Human Resources
- 2) You do not need to fill in “Location”
- 3) If you do not know your hire date (month, day, year) leave blank and Human Resources will fill in
- 4) The BRRSD offers a **Full Medical FSA, Dependent Care Account** and a Commuter Account – not a Limited Purpose Flexible Spending Account
- 5) The Annual Election maximum for Medical FSA is \$3,300 and the minimum is \$100
- 6) The IRS Annual Election maximum for Dependent Care Account is \$5,000 and the minimum is \$100
- 7) The Number of pay periods is 24 for 12-month employees and 20 for 10-month employees
- 8) Date of First Payroll is July 15, 2025 for 12-month employees and September 15, 2025 for 10-month employees
- 9) Participant Effective Date is July 1, 2025
- 10) Pay frequency is semi-monthly
- 11) Please don't forget to sign and date the form at the bottom

**Watch the Open Enrollment Video Referenced on Page 1
See the Following Pages for Additional Information**