

Plan Year: 2011

Company #:



### FSA Company Set-Up Form

Health Care Flexible Spending Account (HCFSA) & Dependent Care Flexible Spending Account (DCFSA)

\*Company:

\*Company Address: \_\_\_\_\_ \*City: \_\_\_\_\_ \*State: \_\_\_\_\_ \*Zip: \_\_\_\_\_

\*Contact Name: \_\_\_\_\_ \*Phone #: ( ) - Ext. \_\_\_\_\_

\*Fax #: ( ) - \_\_\_\_\_

\*Email Address: \_\_\_\_\_ \*Tax ID Number: \_\_\_\_\_

Total # of Company Employees: \_\_\_\_\_ Anticipated # of FSA Participants: \_\_\_\_\_

#### Health Care Flexible Spending Account (HCFSA) Participation Enrollment

**The funds an employee elects are 100% available day 1 of the plan year, should an employee utilize more funds than (s)he has contributed to date, it is the employers responsibility to float the outstanding election contributions to NYCON.**

We wish to offer our employees the benefit of a Health Care Flexible Spending Account

Plan Year Begin Date: \_\_\_\_\_ Plan Year End Date: \_\_\_\_\_

Employee **Minimum** Allowable Contribution:  
\$ \_\_\_\_\_

Employee **Maximum** Allowable Contribution:  
\$ \_\_\_\_\_

Do you wish to extend a 2.5 Month Rule to your employees? (2.5 month rule controls the amount of time in which employees can incur expenses to be reimbursed for)  Yes  No

We will **not** offer a Health Care Flexible Spending Account at this time.

#### Dependent Care Flexible Spending Account (DCFSA) Participation Enrollment

**Monies contributed to a DCFSA are available for reimbursement only as they are contributed by the employee, therefore no employer risk exists.**

We wish to offer our employees the benefit of a Dependent Care Flexible Spending Account

Plan Year Begin Date: \_\_\_\_\_ Plan Year End Date: \_\_\_\_\_

Employee **Minimum** Allowable Contribution:  
\$ \_\_\_\_\_

Employee **Maximum** Allowable Contribution (Federal Max. Exists of \$5000./family):  
\$ \_\_\_\_\_

We Will **not** offer a Dependent Care Flexible Spending Account at this time.

#### Employees are eligible for FSA Benefits When? (Check all that apply):

- Upon Hire  1st of the month, following \_\_\_\_\_ months of service **AND** are
- Full time  Part time  Hourly  Salary  Other \_\_\_\_\_

#### Company Payroll:

Frequency:

- Weekly (52)  Bi-Weekly (26)  Semi-Monthly (24)  Monthly (12)

First payroll processing date: \_\_\_\_\_ First actual pay date: \_\_\_\_\_

