

Flexible Spending Accounts (FSA)

I request and authorize the District to reduce the amount of salary payments due me by the above amount(s) and to divert the amount(s) of such reduction(s) to my FSA account(s). I agree that the District shall in no way be liable to me or my successors for any monetary damages which might arise from the federal or state tax consequences of my participation in this plan and consistent therewith. I further agree to save and hold harmless the District from any such monetary damages.

I understand that a reimbursable expense cannot be claimed under both an FSA and a Health Reimbursement Account (HRA).

I understand that the choices I have indicated above must remain in effect for the entire plan year unless I have an eligible family status change. Eligible family status changes include: change in employee's legal marital status; change in the number of tax dependents; termination or commencement of employment by employee, spouse or dependent; change in work schedule (summer recess and intersession periods are not considered family status changes); dependent satisfies (or ceases to satisfy) dependent eligibility requirements; change in residence or worksite of employee, spouse, or dependent.

I understand that any unused balances in either the Health Care or Dependent Care account at the end of the plan year will be forfeited.