



# C-Lect - Flexible Spending Account (FSA)

## Police and Fire Retirees

Annual Minimum \$180.00 to Annual Maximum \$2850.00  
Monthly per pay deduction \$15 to \$237.50

### Retiree Information

|                                       |                        |               |     |
|---------------------------------------|------------------------|---------------|-----|
| Employee's Name (Last, First, Middle) | Social Security Number | Date of Birth |     |
| Employee's Address                    | City                   | State         | ZIP |

### Dependent Information

|                |               |
|----------------|---------------|
| Spouse's Name  | Date of Birth |
| Dependent Name | Date of Birth |
| Dependent Name | Date of Birth |
| Dependent Name | Date of Birth |
| Dependent Name | Date of Birth |
| Dependent Name | Date of Birth |

I request that my pension be reduced \$\_\_\_\_\_ per month, for an Annual Total:\$\_\_\_\_\_

### Authorization for Flexible Spending Account

Authorization: I certify the above information to be correct and true to the best of knowledge and that the children based under "Dependent Coverage" either reside with me in a parent-child relationship or are legally dependent on me for support. I understand that any amounts remaining in my account(s) not used for eligible expenses incurred during the plan year will be forfeited in accordance with current plan provisions and tax laws. I further understand that the Flexible Compensation reduction(s) will be in effect for the plan year and cannot be revoked unless I experience a change in my family status or termination of spouse's employment.

Signature \_\_\_\_\_ Date \_\_\_\_\_

REMINDER: This enrollment is for the plan year of July 1, 2022 to June 30, 2023.