

# City of Lynchburg Flexible Spending - Enrollment Form Section 125 Health, Dependent Care, & Parking Account

Employee Name (First, Last) \_\_\_\_\_

Social Security Number: \_\_\_ - \_\_\_ - \_\_\_\_\_

Date of Birth: \_\_\_/\_\_\_/\_\_\_

Date Hired: \_\_\_/\_\_\_/\_\_\_

Home (street) Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_

Email: \_\_\_\_\_

### Election / Payroll Deduction Section

Healthcare Account                      I elect to contribute \$ \_\_\_\_\_ per pay period (24 pay periods)  
Annual Maximum \$2500.00

Dependent Care Account                I elect to contribute \$ \_\_\_\_\_ per pay period (24 pay periods)  
Annual Maximum \$5000.00  
((\$5000 per family or \$2500 if married filing separate returns)

Parking Account                          I elect to contribute \$ \_\_\_\_\_ per pay period (24 pay periods)  
Annual Maximum \$2940.00

\* The amount(s) I have elected will be taken from my pay in equal installments on a pretax basis. I understand that if I fail to submit eligible claims for entire amount elected, I forfeit any remaining balance. The election(s) will continue throughout the Plan Year until I notify Human Resources in writing of a qualifying Status Change / Event.

\*Employee signature: \_\_\_\_\_ Date: \_\_\_\_\_

*\*You may click the signature field and apply your electronic signature. The form can be submitted to Human Resources by email. To submit by email, save the form and attach it to an email addressed to human.resources@lynchburgva.gov.*

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### For Human Resources Use Only

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*Employer to Complete or enrollment cannot be processed:*

Plan Year Start Date	Plan Year End Date	First Payroll Date	Number of Pay Periods	Department
/ /	/ /	/ /		