



Flexible Spending Account Enrollment Form Plan Year 2024

Employee Name: _____

Employee ID#: _____

I would like to **enroll** in a Flexible Spending Account (FSA) for Plan Year 2024

(January 1, 2024 thru December 31, 2024).

Please Select your **Annual** Amount for Plan Year 2024 for the Available FSA Plans:

Medical Reimbursement \$ _____ Enroll with Debit Card - Yes No

Dependent Care Reimbursement \$ _____

I understand that my benefit selections for Plan Year 2024 are effective January 1st thru December 31, 2024 and that NO changes can be made to my enrollment status or Pretax Deduction(s) during the Plan Year unless I experience a qualifying event, in accordance to the IRS Code Section 125.

Signature

Date

Please return this form to:

HR&D – Benefits Office, 2500 W Burrel Ave, Visalia, CA 93291

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