



FLEXIBLE SPENDING ACCOUNTS

Your employer offers two types of Flexible Spending Accounts (FSAs):

Health Care and Dependent Day Care

These accounts provide a way to pay for certain types of expenses on a pre-tax basis.

The IRS released new guidance modifying the longstanding "use it or lose it" rule for Health FSAs. The new rule allows taxpayers to carryover up to \$500 of their unspent FSA funds to the following plan year. You may now elect a Health FSA of at least \$500 without worry of losing it!

Health Care FSA

- ✓ You may use the FSA even if your family is not enrolled in your employers benefit plan.
- ✓ A Health Care FSA is a great way to save for out-of-pocket health care expenses, because you contribute a small amount each pay period, rather than all at once.
- ✓ The money you contribute from each paycheck is deducted before taxes – no federal, state or SSN taxes will be withheld from any of those dollars – saving you up to 30 cents for each dollar.
- ✓ Make sure to spend any amounts above \$500 by the last day of your plan year. You may submit expenses for the current Plan Year during the grace period of 90 days.

Dependent Day Care FSA

- ✓ You can still contribute up to \$5,000 into your Dependent Day Care FSA each year. If you are married, both you and your spouse must work, and you and your spouse must each earn at least \$5,000 per year, unless your spouse is a full-time student.
- ✓ If you are married and you and your spouse file separate tax returns, the maximum contribution is \$2,500 per person.
- ✓ Dependents eligible for care can be your children up to age 13 or any other dependents (including a parent or in-law) who are not able to care for themselves because of a disability and who spend at least eight hours per day in your home.
- ✓ If required by law, a dependent care facility must be registered or licensed for you to receive reimbursement under the FSA program.
- ✓ If you employ an independent child care provider, you must provide their SSN or tax ID number and issue them a 1099 in order for you to receive reimbursement.

What you **NEED TO DO**.....

- ✓ Check out the online Calculator at myRSC.com to estimate what to contribute to your FSA this year.
- ✓ Complete a new election form for 2019

2019 CAFETERIA PLAN ELECTION FORM

EMPLOYEE INFORMATION

First Name	Last Name	Soc. Sec. #
Address	City & State	Zip Code

Listed below are the benefits that may be available under the plan. Please indicate which benefits you wish to select by completing the total per deduction-period cost and the amount paid by the pre-tax reduction. The selections will remain in effect until a subsequent election form is filed, in accordance with the plan.

Annual Elections	Annual Election	Per-Pay-Period Deduction
Medical Reimbursement Account – FSA Maximum = \$2,700		
Dependent Care Reimbursement Account Maximum = \$5,000		

AUTHORIZATION: By signing this form I acknowledge that I am authorizing the company to deduct equal amounts from my paychecks to collect the designated pre-tax amount indicated above. I recognize that these selections constitute a deliberate binding decision on my part that shall not be changed until the enrollment period for the next plan year or if I experience a change in status.

Signature _____

Date _____