FSA | Flexible Spending Account
Enrollment Form

Gallagher | HealthInvest

EMPLOYEE: Complete **Sections 1, 2, and 3** of this Enrollment Form and return it to your employer.

EMPLOYER: Complete the **Employer Use Only** section. Submit completed form online: (1) Log in at **goHealthInvest.com**; (2) Click the **envelope icon** (✉) to send as an attachment via secure messaging. Or, mail to: Gallagher HealthInvest, PO Box 4390, Clinton, IA 52733-4390. For questions, contact us at: **1-844-342-5505.**

Employer Use Only

Employer Name: _____ Employer Number: _____

Withholding Schedule: ◯ Weekly ◯ Bi-Weekly ◯ Semi-Monthly ◯ Monthly

Effective Date: _____ First Withholding Date: _____

Enrollment Type: ◯ Open Enrollment ◯ New Hire ◯ Re-Enrollment

Authorized Employer Signature: _____

1 Employee Information

Social Security Number: _____ Date of Birth: _____

First Name: _____ Middle Initial: _____ Last Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____

Email: _____

☐ **Check if you want to receive plan communications via email.**

2 Employee FSA Election(s)

☐ **Healthcare FSA**
Annual Election Amount:
$ _____

☐ **Limited Purpose FSA***
Annual Election Amount:
$ _____

☐ **Dependent Care FSA**
Annual Election Amount:
$ _____

- Elections must be made before the start of the plan year and cannot exceed IRS or plan maximum contribution amounts, as applicable.
- Election amounts will be prorated and deducted from your paychecks pretax.
- A Healthcare or Limited Purpose FSA annual election amount will become available in full on the first day of the plan year for expenses incurred in that plan year.
- Dependent Care FSA amounts will become available as they are deducted from your paycheck.
- All unused funds remaining at the end of a runout or grace period (as applicable) that are not eligible for a carryover will be forfeited back to your employer.

***IMPORTANT:** You should choose a Limited Purpose FSA instead of a Healthcare FSA if you or your spouse will be making or receiving contributions to a health savings account (HSA) during your FSA coverage period (plan year). To be eligible for HSA contributions, IRS rules require that your Healthcare FSA coverage be limited to dental and vision care only. Gallagher HealthInvest's Limited Purpose FSA is designed to help you meet this requirement.

3 Employee Authorization

By signing and submitting this FSA Enrollment Form, I understand and agree that: (1) All elections set forth are considered irrevocable for the entire plan year unless a qualifying life event occurs as described in the Plan Document or Summary Plan Description; (2) Healthcare or Limited Purpose FSA reimbursements will be available only for qualifying medical care expenses for myself, spouse, and dependents; (3) Dependent Care FSA reimbursements will be available only for qualifying dependent care expenses; (4) I must submit a claim and proper documentation (e.g., explanation of benefits, itemized bill, detailed receipt) for out-of-pocket healthcare and/or dependent care expenses before I can be reimbursed; (5) I must notify my Employer or Gallagher HealthInvest if I have reason to believe that any expense for which I have obtained reimbursement is not a qualifying expense; and (6) I will not submit claims for amounts that have already been reimbursed by another source nor will I seek reimbursement for such amounts from any other source. Further, I agree to the Terms and Conditions, as amended from time to time, in the Summary Plan Description. To get a copy, log in at **goHealthInvest.com** and click **Resources**.

Employee Signature: _____ Date: _____