

**FLEXIBLE SPENDING ACCOUNT (FSA) ADD A DEPENDENT FORM**

Election Effective Dates ____/____/____ - 03/31/2017	WORKSITE EMPLOYER NAME	Social Security Number
Employee Last Name	First Name	Middle Initial
		Are You A Highly Compensated Employee (\$120k+)? <input type="checkbox"/> No <input type="checkbox"/> Yes
Home Address	City	State Zip

Dependent's Full Name	Date of Birth	Check for additional debit card(s) for dependent(s)
Spouse/D.P.		<input type="checkbox"/>
Child		<input type="checkbox"/>
Child		<input type="checkbox"/>
Child		<input type="checkbox"/>
Child		<input type="checkbox"/>

AUTHORIZATION:

I am requesting to add dependents to my Flexible Spending Account Plan. I understand and agree that:

1. TriNet SOI cannot provide tax or legal advice. Please consult with your tax advisor for information on the tax implications of participating in a health care or a dependent day care FSA.
2. Eligible expenses must incurred by me, and/or my spouse and/or eligible dependents.
3. FSA tax benefits only extend to domestic partners and their children if these individuals qualify as your federal tax dependent(s).
4. Eligible dependents for the dependent day care FSA must be claimed as a dependent on your federal tax return and must live with you for more than half of the tax year. Children must be under age 13 and be a son, daughter, stepchild, sibling or step-sibling, or the child or grandchild of any of these relatives, including an adopted child lawfully placed with you or a child for whom you have been appointed legal guardianship pursuant to a valid court order.
5. Under IRS rules, your spouse, dependent parent or other tax dependent of any age must be physically or mentally incapable of self-care to be an eligible dependent. In addition, your dependent parent or any other tax dependent not your spouse or child must regularly spend at least eight hours per day in your home if services are received outside of the home.

Signature_____
Date

In order to be eligible for processing all election forms MUST be submitted to the TriNet SOI Benefits Department at PO Box 241448; Charlotte, NC 28224; OR they may be faxed to 704.426.1180 or emailed to soi-fsa@trinet.com.