



HOUSE STAFF
DEPENDENT CARE FLEXIBLE SPENDING ACCOUNT
Enrollment Form for Plan Year 2022
Open Enrollment, New Hires, and Life Events

INSTRUCTIONS

- PLEASE PRINT
Sign and date your enrollment form
You may fax this form to Student Benefits Desk, Registrar's Office, School of Medicine at 410-955-0826 or scan and email it to sombenefits@jh.edu.

SECTION 1 - PERSONAL INFORMATION

NAME
SOCIAL SECURITY NUMBER (last four digits only) XXX-XX-
STREET ADDRESS APT. #
CITY STATE ZIP
DAYTIME PHONE

SECTION 2 - ELECTIONS (Refer to your DCFSA Highlights for the maximum amount you may contribute)

Eligibility Status Effective Date of Eligibility
Open Enrollment.....January 1, 2022
New Full-time House Staffeffective the appointment date
Life Event (marriage, birth of child, etc.) DATE OF EVENT: effective date of the life event.

The total dollar amount I wish to place in this account for the plan year from effective date of eligibility to December 31, 2022 is \$. (Plan year ends December 31. Re-enrollment for following calendar year required.)

SECTION 3 - AUTHORIZATION

I understand that by signing and submitting this form, I authorize a salary reduction based on my election above. My election cannot be changed during the plan year, unless I experience an eligible Qualified Life Event. I further understand that this form must be signed and dated prior to my plan effective date to be eligible to participate in this plan year. My dependent care expenses will meet the criteria described in the DCFSA enrollment materials provide to me. Any unused amount remaining in my account at the end of the plan year will be forfeited. However, I will have until April 30th after the end of the plan year to submit receipts for reimbursement for services incurred during the plan year or employment period.

Print Name of House Officer: LAST NAME FIRST NAME

Signature Date

SECTION 4 (OFFICE USE ONLY)

Effective Date Date Processed