

HOUSE STAFF HEALTH CARE FLEXIBLE SPENDING ACCOUNT

Enrollment Form for Plan Year 2022 Open Enrollment, Life Events, and New Hires

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 IN	FORMATION		
NAME			
SOCIAL SECURITY NUMBER	(last four digits only) XXX-XX		
STREET ADDRESS		APT.#	-
CITY	STATE	ZIP	
DAYTIME PHONE			
SECTION 2 – The maximum	contribution is \$2,750 effective Janua	ary 1, 2022.	
Eligibility Status		Effective Date of E	ligibility
Open Enrollment		effective January 1, 2022	
New Full-time House Staff		. effective the date of appointment	
Life Event (marriage, birt	h of child, etc.) DATE of EVENT:	effective date of t	he life event.
	to place in this account <u>for the plan</u> an year ends December 31. Re-enrol		
SECTION 3 – AUTHORIZATIO	N		
changed during the plan year, undated prior to my plan effective d the HCFSA enrollment materials	submitting this form, I authorize a salar less I experience an eligible Qualified Lifate to be eligible to participate in this play provide to me. Any unused amount greahave until April 30 th after the end of the employment period.	te Event. I further understand that this an year. My health care expenses will mater than \$550 remaining in my account	s form must be signed and neet the criteria described in t at the end of the plan year
Print your name:LAST NAME	TYPOTE N		
Your Signature		Date	
SECTION 4 (OFFICE USE ONL	Y)		
Effective Date	Date Pr	ocessed	_