Enrollment Form: Flexible Spending Accounts

ENROLL ONLINE OR VIA PHONE

SEE ONLINE ENROLLMENT INSTRUCTIONS – PAGE 5

GENERAL INFORMATION: **01/01/2018 – 12/31/2018**

Employee Name			**EE ID#**		
Company Name			**Client #**		
Employee Mailing Address					
City		**State**		**Zip**	
Email Address		**Date of Birth**			
Social Security Number		**Date of Hire**			

CONTRIBUTION INFORMATION:

The 2018 IRS annual maximums are $2,650 for Health Care FSA and $5,000 for Dependent Care FSA			
	Monthly Amount		**Annual Election**
Health Care FSA	$ ________________	OR	$ ________________
Dependent Care FSA	$ ________________		$ ________________
(Day care expenses incurred during employment hours)			

Effective date of coverage:

My pay schedule is:
- ❑ Weekly – based on 52 deductions
- ❑ Bi-weekly – based on 26 deductions
- ❑ Semi-monthly – based on 24 deductions
- ❑ Monthly – based on 12 deductions

AUTHORIZATION AND ACKNOWLEDGEMENT:

I understand that I cannot revoke or change this election during the Plan Year, unless there is a qualifying "Change in Status" event that affects me or my dependents' eligibility under this Plan or another employer plan. The rules regarding election changes are described in more detail in the Summary Plan Description.

I understand that I must submit a claim and appropriate documentation (e.g., explanation of benefits, itemized bill) for out-of-pocket, Medical, Dental, Vision and/or Dependent Care expenses before I can be reimbursed. I certify that I will only submit claims for reimbursement under the Flexible Spending Accounts for eligible expenses incurred by myself or my eligible dependents, in accordance with the terms of the respective Flexible Spending Account Plan. I certify that I will not submit claims for reimbursement under the Flexible Spending Accounts for amounts that have already been reimbursed by another source nor will I seek reimbursement for such amounts from any other source.

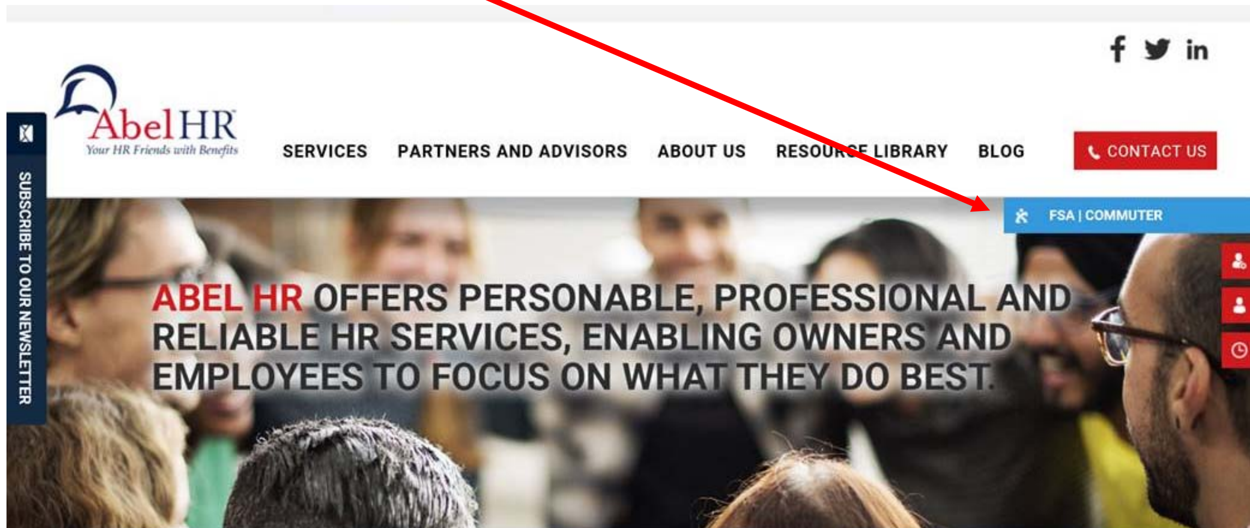
Employee Signature		**Date**	

Please scan and email the Completed form to Benefits@AbelHR.com or fax to Abel HR at 609-860-0440.

ENROLLING / CHANGES ONLINE

The following are instructions to access the Abel HR Webpage and to enroll at Businessolver.

1. https://www.abelhr.com/
2. Click on the BLUE ICON on the right-hand side of the Web Page
3. When it expands, it reads **“FSA | COMMUTER”**, click here



4. You will be routed to the Businessolver & Abel HR Welcome Page
5. Click on “Register” and enter the following information:
   - **Company Key:** AbelHR
   - **SSN** (123-45-6789)
   - **Date of Birth** (MM/DD/YYYY)
6. Continue to Create Username and Password
7. Contact Businessolver should you encounter any issues while registering online at 844-746-6662

Info | Create | Confirm | Login

Info

Company Key

case sensitive

Social Security Number

123-45-6789

Date of Birth

MM/DD/YYYY

Directions

All fields are required.

If you don't already have your Company Key, contact your benefits administrator.

Cancel | Continue