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FLEXIBLE SPENDING PLAN ELECTION FORM

Poseidon Water LLC

Plan Year: 7/1/2023 - 06/30/2024

Employee Information			
Employee Name		Social Security Number	
Home Address	Street	City	State Zip
Date of Birth	E-mail address or Phone number	Eff. Date of Enrollment	First Payroll Date
Dependents			
Name	Date of Birth	Name	Date of Birth
Name	Date of Birth	Name	Date of Birth

Benefit election / Authorization	
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I authorize my employer to reduce my gross paycheck each pay period by the following pre-tax amounts to fund flexible spending account (s):

☐ Healthcare Flexible Spending Account (HFSA) Total for plan year \$_____

For reimbursement of health related expenses for myself and my eligible dependent
(Maximum election \$3,050)

☐ Dependent Daycare Flexible Spending Account (DCAP) Total for plan year \$_____

For reimbursement of employment related dependent daycare expenses
(Maximum election \$5,000 per plan year if filing jointly; \$2,500 if married and filing separately)

By signing below, I understand that:

- ◆ These contributions to my flexible spending account (s) will be deducted from my paycheck on a per pay period basis.
- ◆ I understand that this authorization cannot be changed during the plan year unless I experience a change in family status as established by IRS regulations.
- ◆ I understand that any unused amounts remaining in either flexible spending account at the end of the plan year and grace period will be forfeited in accordance with the rules and regulations established by the IRS.
- ◆ I understand that if I leave the company before the end of the plan year I have 90 days from the date of termination in which to submit claims that were incurred before my termination date.

Employee Signature	Date
	