

Flexible Spending Account (FSA) Payroll Deduction Change Authorization Form

Employee Legal Name (Printed):

Social Security Number:

XXX-XX-_____

Pay Group (circle one):

Weekly

Bi-Weekly

Semi-Monthly

Company Name:

iSolved Benefit Services Flexible Spending Accounts (FSAs)

Your change will be processed in the next available pay period. The minimum contribution for either account is \$250.

Health FSA – 2021 Maximum Contribution Limit is \$2,750

- New Account
 Change Current FSA Contribution Amount
 Cancel my FSA Contribution

Dependent Care FSA – 2021 Maximum Contribution Limit is \$10,500 (\$5,250 married filing separately)

- New Account
 Change Current FSA Contribution Amount
 Cancel my FSA Contribution

Contribution Per Pay Period: \$ _____

Contribution Per Pay Period: \$ _____

Payroll Acknowledgement

I understand that I can only participate in an FSA account if I elect to be covered under The Heritage Group High Deductible or Traditional PPO Health Plans. I hereby authorize The Heritage Group Payroll Department to withhold the amount listed above from each of my payroll checks.

I hereby authorize The Heritage Group (THG), or its agent(s) to initiate electronic credit entries, and if necessary, debit entries and adjustments for any credit entries made in error to the above-mentioned account each pay period. I acknowledge that the information on this form will be provided to the designated financial institution, and/or its agent(s) for the purpose of processing payments.

This authority will remain in effect until I have changed or cancelled my account by submitting the proper FSA Payroll Deduction Change Authorization Form or dropping a medical plan. A Photostat copy of this authorization shall be considered as effective and valid as the original.

I hereby authorize The Heritage Group Payroll Department to withhold the amount listed above from each of my payroll checks to fund my FSA account.

Employee Signature Section

Employee Signature:

Date:

Submit your completed form to HR Shared Services:

Scan & Email: HRSS@thgrp.com

Fax: (317) 228-8424

Questions? Call: 800-303-0408

Mail: The Heritage Group
ATTN: HR Shared Services
P.O. Box 68123
Indianapolis, IN 46268

