

Kenyon College Flexible Spending Election Form



Name: Last, First, M.I.

Department/Division

Date of Birth

Social Security Number

Gender

Current Home Address. List Street Address, P.O. Box if applicable, City, State, Zip.

Phone

Marital Status

Today's Date

****By default, TWO (2) MyBenny cards will be mailed upon your enrollment. If you have previously participated in a Flexible Spending Account at Kenyon and it is not past the expiration date printed on the card, **Please Keep Your Current MyBenny Card** as it will be reloaded with your new election amount.**

Flexible Spending Account - [Click here for detailed Eligibility, Rates, and Plan Information](#)

I waive enrollment in my employer's Flexible Spending Account Plan.

I elect to participate in my employer's Flexible Spending Account Plan. I understand that the contribution(s) I have elected will be made with pre-tax salary reductions and that these reduce my compensation for Social Security benefit purposes. I understand receipts and/or documentation may be requested by the plan in order to substantiate expenses. I understand I am making a binding election for the entire plan year unless I have a qualifying life change.

Health Care *
Annual Contribution
Amount

Dependent Care*
Annual Contribution
Amount

For Enrollment Only: Pay Period

Bi-Weekly

Monthly

**For medical, Rx, dental, vision*

**For childcare*

Signature

Date

If your software does not allow for signatures, please type your initials here in lieu of a signature.