



## Enrollment Form

Cook County Flexible Spending Account Enrollment  
2021 Dependent Day Care Spending Account

Please note that annual contribution amounts elected outside of Open Enrollment will be spread over the remaining pay periods in the plan year.

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**Employee Information:** All fields are required; please print clearly.

Social Security # \_\_\_\_\_ Last Name \_\_\_\_\_ First Name \_\_\_\_\_ MI \_\_\_\_\_  
Address \_\_\_\_\_ Apt # \_\_\_\_\_ City/State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Home/Cell phone ( ) \_\_\_\_\_ Work phone ( ) \_\_\_\_\_  
Employee number \_\_\_\_\_ Hire Date \_\_\_\_\_

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### DEPENDENT DAY CARE SPENDING ACCOUNT

Use your dependent care spending account to cover the costs of **day care, after-school programs, and daily elder care for your eligible dependents**. Eligible dependents include children 14 or younger and disabled parents and/or spouse.

The amount you should enter on the form is the total of the amount you have spent and the amount you plan to spend. This represents your new election for 2021.

Minimum contribution amount .....\$250.00 per year  
Maximum contribution amount .....\$5,000.00 per year      Total annual contribution amount \$ \_\_\_\_\_

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### AUTHORIZATION

I have reviewed the enrollment materials for the Dependent Care Spending Account. I understand that by signing and submitting this form that I am making a binding benefit election for this plan year and that I cannot change this election during the plan year unless I experience a Qualifying Life Event. I also understand that any amount remaining in my account that I do not use for eligible expenses incurred during my participation in the plan year will be forfeited in accordance with the current tax law requirements. I authorize Cook County/Forest Preserves of Cook County to make the deduction from my salary for contributions as indicated above for my healthcare and/or dependent care spending accounts.

Signature \_\_\_\_\_ Date \_\_\_\_\_

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### RETURN THIS FORM

Fax: (866) 729-3040

Email: risk.mgmt@cookcountyil.gov

By mail: Department of Risk Management  
Employee Benefits Division  
118 North Clark Street, Room 1072  
Chicago, IL 60602-1304

### QUESTIONS?

Please call Risk Management at (312) 603-6385.