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Douglas Waddell ▾

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Enrollment Confirmation

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Plan	Employer Contribution	Employee Contribution	Estimated Per Paycheck Reduction
FSA Healthcare 01/01/2025 with Carryover		\$3,300.00	\$63.46
FSA Limited 01/01/2025 with Carryover		\$0.00	\$0.00
Dependent Care 01/01/2025		\$0.00	\$0.00
Commuter Benefits - Mass Transit/Vanpool 01/01/2025		\$0.00	\$0.00
Commuter Benefits - Qualified Parking 01/01/2025		\$0.00	\$0.00
Total Estimated Reductions Per Paycheck :*			\$63.46

* Pay check reductions are based on your election and the number of scheduled pay periods within the plan year. True reductions will be determined by your employer.

You have elected Debit Card as your reimbursement option. Your alternate reimbursement method is Direct Deposit.

The payroll deduction to fund your spending accounts will begin on 1/2/2025 and end on your last paycheck of the plan year. You may begin filing claims for eligible expenses on 1/1/2025. All claims must be filed for expenses incurred while you are a participant, within the plan year 1/1/2025 - 12/31/2025

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Questions?

Contact Customer Service at: (800) 982-7715 or toll free at: (800) 982-7715 or askpenny@chard-snyder.com

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