2027 Health Benefit/FSA Election Form

Important! Every employee MUST complete and return an enrollment form regardless if you are making changes or enrolled in coverage.

SECTION 1: EMPLOYEE INFORMATION - PLEASE PRINT

Last Name	*First Name*

SECTION 2: 2027 MEDICAL /DENTAL COVERAGE – Dental Buy Up Plan

Please select one plan only and check (✓) only one box for coverage level.
Please check (✓) coverage level under waive column, if you are NOT taking any coverge.

	PPO2	PPO3	PPO4	Dental Buy Up Plan	Dental Only	Waiving Coverage
Employee Only						
Employee/Spouse						
Employee/Child(ren)						
Family						

*** If waiving coverage check the box of the coverage level you are eligible to waive**

SECTION 3: FSA Elections -- As per the IRS regulations, you must elect to participate in the FSA plan(s) each year. Your current FSA election(s) will NOT carry over for the 2027 plan year.

Dependent Care Account		
☐ Waive	☐ Enroll	In order to enroll you must complete additional paperwork for FlexFacts. The necessary form is available on the Benefit Portal at www.winslowtownshipbenefits.com or from Payroll
Health Care Account		
☐ Waive	☐ Enroll	In order to enroll you must complete additional paperwork for FlexFacts. The necessary form is available on the Benefit Portal at www.winslowtownshipbenefits.com or from Payroll

To complete the FSA enrollment process, you must complete an additional form!

The FSA section above must be completed or the form will be returned to you.

Employee Signature **Date**