2021 Dependent Care Flexible Spending Account Special Enrollment

Name	Empl ID
Campus Address	Campus Phone

Dependent Care Spending Account (DCSA) Participation

I elect to establish/continue a Dependent Care Spending Account. *Complete the remainder of this form and sign the DCSA Agreement below.*

Amount of Salary Reduction: You can make this election once per month for a maximum of four elections in a calendar year. This election will become effective May 1, 2021

I direct that this amount be contributed on my behalf to my Dependent Care Savings Account for 2021.

\$

Annually (maximum annual contribution for 2021 is \$10,500).

Dependent Care Spending Account Agreement

I authorize Case Western Reserve University to reduce my basic salary, effective as of the first day of the month in which this agreement is executed. Such salary reduction amount will be applied by Case Western Reserve to a Dependent Care Spending Account set up as part of the dependent care spending account limit expansion for 2021. I acknowledge that this Agreement is subject to the conditions listed below. I understand that this Agreement will continue in force unless changed in writing by me.

Employee Signature		Date		
Benefits Administration Use Only				
Effective Date	Received by	Date		
Dependent Care Spending Account Agreement				
 I acknowledge that this Agreement is subject to the following conditions: It remains in effect through 2021 unless terminated by me upon 30 days' written notice, or my Case employment terminates. 				
• The amount of annual contribution is based on the 2021 limit expansion contained in the American Rescue Plan Act of 2021. For 2021 only, the maximum annual contribution amount is \$10,500.				

• Contributions due to the 2021 American Rescue Plan Act of 2021 can only be used for dependent care expenses occurring during 2021.

For information on the 2021 eligible dependent daycare expenses and contribution limits, go to https://case.edu/hr/benefits/health/flex-spending

