



VILLAGE OF OAK LAWN 2026

Section 125 Pre-Tax / Flexible Spending Account Plan ENROLLMENT FORM

Employee Name _____ Last four digits of SSN _____

Address _____

City _____ State _____ Zip _____

Date of Birth _____ Marital Status _____

Spouse's Name _____ Spouse's Date of Birth _____

Department _____

HEALTH CARE FLEXIBLE SPENDING

ACCOUNT 2026 Tax Limit = \$3,300

The eligible max "roll over" amount from 2025 to 2026 is \$640

The eligible max "roll over" amount from 2026 to 2027 is \$660.

I would like to have the following amount withdrawn from my paycheck before taxes and deposited into my Health Care Flexible Spending Account:

\$ _____ per pay period (minimum - \$5.00, maximum - \$135.75)
for **24 pay periods** equaling \$ _____ per calendar year

DEPENDENT DAY CARE FLEXIBLE SPENDING

ACCOUNT 2026 Max Limit = \$7500

(\$3,750 per year if you are married and file a separate tax return)

I would like to have the following amount withdrawn from my paycheck before taxes and deposited into my Dependent Day Care Account:

\$ _____ per pay period (minimum - \$5.00, maximum - \$312.50) for
24 pay periods equaling \$ _____ per year

I understand that the above elections are irrevocable until the following fiscal year's re-enrollment except in the event of a major life change, i.e., loss of job by me or my spouse, death or birth or adoption of a child, death of a spouse, or divorce, and that any money remaining in the account(s) excluding the \$660 allowable annual rollover, after I have submitted all eligible expenses incurred during the plan year (January 1, 2026 - December 31, 2026) will be forfeited.

Employee's Signature

Date