



Flexible Spending Account: Employee Allocation

Please complete this form if you are eligible and enrolled in benefits.

Please note employees in the following groups are eligible for this benefit: Management, Non-Management (Non-Union), and UFCW 649, and RWDSU 540.

1. Please enter your First Name

2. Please enter your Last Name

3. Please enter your Business Unit

4. Please enter your Cooperators Benefits Certificate Number. This information can be found in Benefits Now under My Account; Personal Information. (i.e., for example, 8888 followed by your employee ID)

5. Please select the Account Number from the options below. Account numbers are driven by legal entity. If you are unsure, this information can be found in Benefits Now under My Account; Personal Information.
 - FCL = 2
 - CRC = 5
 - CEC = 1003

6. For your Flexible Spending Account (FSA) you are provided both a Health Care Spending Account (HCSA) and a Personal Spending Account (PSA). Please enter your HCSA allocation (total allocations between HCSA and PSA must equal \$750). Please note that the amount selected must be a whole number. If you wish to put the full amount into your HCSA account, please enter 0 for the PSA below.

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