2027 WEX Voluntary Benefits

Plan year: January 1 - December 31, 2027

www.wexinc.com
Phone: 866-451-3399
PO Box 2926 - Fargo, ND 58108-2926

Form must be completed in its entirety. Return to your HR representative.

1 EMPLOYEE INFORMATION

Name: Last, First, MI

Phone number

Company/Location

Email Address (Required)

Date of birth (MM/DD/YYYY)

Date of hire (MM/DD/YYYY)

Cell Phone (Required)

2 BENEFIT ELECTIONS

Select one choice per benefit. If declining, leave the amount blank.

Enter ANNUAL amounts for FSA/HSA. Divide by 26 for biweekly contributions or by 52 for weekly contributions.
Enter MONTHLY amounts for transit/parking.

Medical Flexible Spending Account (FSA)

☐ Elect ☐ Decline

Annual Maximum Election: $2,500

Per Pay Period Amount

$ ÷ 26 $_____ Biweekly
÷ 52 $_____ Weekly

Dependent Care Flexible Spending Account (FSA)

☐ Elect ☐ Decline

Annual Maximum Election: $7,500 (married filing jointly/head of household); $3,750 if married filing separately

$ ÷ 26 $_____ Biweekly
÷ 52 $_____ Weekly

Health Savings Account (HSA)

☐ Elect ☐ Decline

Annual Maximum Election: $7,500 Self Only; $9,000 Family

$ ÷ 26 $_____ Biweekly
÷ 52 $_____ Weekly

Commuter - Transit

☐ Elect ☐ Decline

Monthly employee election (Maximum $350)

$ ÷ 26 $_____ Biweekly
÷ 52 $_____ Weekly

Commuter - Parking

☐ Elect ☐ Decline

Monthly employee election (Maximum $350)

$ ÷ 26 $_____ Biweekly
÷ 52 $_____ Weekly

- Flexible Spending Account (FSA) elections must be renewed each year. All elections are subject to plan limits and eligibility.
- HSA contributions require enrollment in an HSA-qualified High Deductible Health Plan (HDHP) and satisfaction of HSA eligibility rules.
- Medical FSA and HSA elections together require HR review for compatibility.

3 EMPLOYEE AUTHORIZATION

I authorize payroll deductions for the benefits and amounts elected above, subject to plan rules.
I understand that changes are subject to the applicable plan rules. A declined benefit has no new election.

Employee signature (type full name or sign after printing)

Date (MM/DD/YYYY)