

2024 Flex Spending Payroll Form

Employer Name: City of Mandan

Flex Spending Account Vendor: WEX, Inc.

Employee Name:		Employee SSN (last 4 digits):	
Date of Birth:	Hire Date:	Effective Date: 01/01/2024	
Address:			
City:	State:	Zip:	
Email Address:			
Employment Status:		Number of Pay Periods:	
<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time (Benefit Eligible)		24	
<input type="checkbox"/> Other: _____			

Employee Funded	Amount Per Pay Period	Yearly Total
<input type="checkbox"/> Medical FSA	\$	\$
<input type="checkbox"/> Dependent Care	\$	\$

Employee Signature: _____

Date: _____