



# Flexible Spending Account Enrollment Form

Company Name _____	Group Number _____	Location _____
Social Security Number <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		
First Name _____	MI _____	Last Name _____
Address _____		
City _____	State _____	Zip Code _____
Gender _____	Marital Status _____	Date of Birth _____

Date of Hire: _____
Flex Effective Date: _____

Payroll Schedule	<input type="checkbox"/> Monthly	<input type="checkbox"/> Semi-Monthly
	<input type="checkbox"/> Bi-Weekly	<input type="checkbox"/> Weekly

HEALTHCARE	Contribution per Pay Period \$ <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>	Number of Pay Periods Remaining in Plan Year X <input type="text"/> <input type="text"/>	=	Annual Election Amount <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> \$2,500 Annual Limit
DEPENDENT CARE	Contribution per Pay Period \$ <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>	Number of Pay Periods Remaining in Plan Year X <input type="text"/> <input type="text"/>	=	Annual Election Amount <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> \$5,000 Household Annual Limit

### AUTOMATIC REIMBURSEMENT

The automatic reimbursement feature gives you the ability to have claims automatically reimbursed by the Healthcare flexible spending account. This means that for those claims applied to the deductible or otherwise not covered by the medical plan, the claims will automatically roll to the Healthcare flexible spending account for processing. A manual claim will not need to be filed.

**The automatic reimbursement feature is not an option for employees who coordinate benefits with other coverage (i.e. spouse's coverage, etc).**

Elect Automatic Reimbursement      YES       NO

## DIRECT DEPOSIT

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If you do not make a selection or if you elect Direct Deposit and do not submit a voided check or deposit slip, you will automatically be reimbursed via a paper check mailed to your home.

**I elect to receive reimbursement from my flexible spending account for the plan year by:**

- Direct Deposit
    - Checking Account (attach a voided check)
    - Savings Account (attach a deposit slip)
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**AUTHORIZATION:** Please select your enrollment option below, then sign and date your form and submit to your benefit services department.

- I elect to participate in my employer's Flexible Spending Account Plan and agree to be bound by the terms of my employer's plan. I understand that the contribution(s) I have elected will be made with pre-tax salary reductions and that such reductions reduce my compensation for Social Security benefit purposes. I understand that this agreement is only for eligible services and treatment provided during the Plan Year and that said services must be provided before the submission of claims for reimbursement. I also understand that I am making a binding election for the entire Plan Year unless I have a qualified change of status as defined by my employer's plan. Any salary deductions that have not been used for expenses incurred in the Current Plan Year will be forfeited.

If the Plan Administrator determines that an expense I submitted for reimbursement was not a qualified expense under the Plan Documents, I shall immediately reimburse the plan for the entire amount of the unqualified expense. If I fail to timely reimburse the Plan, I understand that amounts may be withheld from wages or from otherwise valid expenses under the Plan in order to reimburse the unqualified expense.

- I decline enrollment in my employer's Flexible Spending Account Plan.

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Employee Signature

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Date