



Flexible Spending Account Enrollment Form

Step 1: Participant Information

*=Required Fields

<input type="text"/>	<input type="text"/>
*Employer Name (Do not abbreviate)	*Employee ID Number
<input type="text"/>	<input type="text"/> - <input type="text"/> - <input type="text"/>
*Participant Name (First, MI, Last)	*Social Security Number
<input type="text"/>	<input type="text"/>
*Participant Mailing Address	Email Address (If provided, all notifications will be sent via email)
<input type="text"/>	<input type="text"/>
*City	*State
<input type="text"/>	*Zip
<input type="text"/>	<input type="text"/>
Day Telephone	*Birth Date (mm/dd/yyyy)
<input type="text"/>	*Hire Date (mm/dd/yyyy)
*Pay Frequency (Please circle one): Monthly / Semi-Monthly / Bi-Weekly (24) / Bi-Weekly (26) / Weekly / Other	Gender (Please circle one): Male/Female
	Marital Status (Please circle one): Married/Single

Step 2: Employee Premiums

If you have a payroll deduction for insurance premiums, eligible premiums will be deducted before taxes are calculated. You will automatically be enrolled in this portion of your Section 125 Plan. However, if you wish, you may opt out of the Employee Premium Conversion part of the Plan by contacting your HR Department and filling out the waiver form. *Please Note: Insurance premiums are not eligible for reimbursement with your Medical or Limited Medical Spending Account.

Step 3: Enrollment and Election Information

*Enrollment Type (Please circle one):	Open Enrollment Period / New Hire		
	Medical Spending Account Limit set by employer	Dependent Care Account Limit set by employer up to IRS maximum	Limited FSA (If applicable)
*Annual Election	\$		
*Number of Pay Periods (Note: If enrolling mid-year, please enter the number of remaining pay periods within the plan year)	÷		
*Per Pay Period Amount (To be deducted each pay period)	=		
*Date of First Payroll (mm/dd/yyyy)			
*Participant Effective Date (mm/dd/yyyy)			

Step 4: Optional Services

Please select only one. Check with your employer as to which services your plan offers.

<input type="checkbox"/>	Debit Card	A debit card pays directly from your Flexible Spending Account at the point-of-sale. Itemized receipts are required for all transactions that are not auto-substantiated at the point-of-sale.
<input type="checkbox"/>	Auto-EOB	Auto-EOB is the automatic crossover of eligible health claims from a participant's health insurance carrier. Payment is made automatically to you from your Flexible Spending Account.

Step 5: Authorization or Refusal

*Please select only one.

<input type="checkbox"/>	Participant Authorization I authorize my employer to reduce my pay on a per pay period basis as indicated above. I understand my reduction is for one flex plan year and that I cannot change or revoke my election unless I experience a qualifying event in accordance with Internal Revenue Code Section 125 and submit my request within a reasonable amount of time as deemed by the IRS and my employer. I am aware of the plan's forfeiture provision and that my Social Security and federal unemployment benefits may be reduced because of my reduced salary for tax purposes. Further, I authorize the release of any information necessary to substantiate claims submitted against my Flexible Spending Account.
<input type="checkbox"/>	Participant Refusal I do not want to participate. I understand that by refusing to participate, I will be unable to enroll this plan year unless I experience a qualifying event in accordance with Internal Revenue Code Section 125 and submit the change within a reasonable amount of time as deemed by the IRS and my employer.

<input type="text"/>	<input type="text"/>
*Employer Signature (Not required during open enrollment)	*Date
<input type="text"/>	<input type="text"/>
*Participant Signature	*Date