

Participation Form for the Flexible Benefits Plan

Plan year effective _____ First payroll effective date _____

Employer name _____ E-mail _____

Employee name _____ SSN _____ D-O-B _____ - _____ - _____

Home address _____
Street city state zip

Home phone (_____) _____ Work phone (_____) _____

Yes! Send me a *Qualified Benefits DEBIT CARD*

No. I do not want a *Debit Card* at this time

Yes! Please DIRECT DEPOSIT my reimbursements into my account so I receive my money 3-5 days faster.

No. Please send my reimbursement by check thru mail.

Account # _____ Routing # _____

Option I: Healthcare Reimbursement Account Agreement

I elect to contribute \$_____ (before taxes) per pay period, which is \$_____ per plan year, to fund my account for reimbursement of qualified out-of-pocket healthcare expenses not covered under my health and other insurance plans.

Option II: Dependent Daycare Reimbursement Account Agreement

I elect to contribute \$_____ (before taxes) per pay period, which is \$_____ per plan year, for funding reimbursement of qualified dependent daycare expenses. (Maximum amount per calendar year is the lesser of; (1)\$5,000 for married filing joint, or \$2,500 for married filing separate; (2) your spouse's total annual compensation; or (3) 1/2 of your total annual compensation. If you are single, the maximum amount is \$5,000.)

Option III: Adoption Expense Reimbursement Account

I elect to contribute \$_____ (before taxes) per pay period, which is \$_____ per plan year, for funding reimbursement of qualified adoption expenses. (Maximum amount per child adopted is \$10,160 through this plan. If additional expenses are incurred for the adoption of this child, a credit may be available to you. Please see your tax advisor for further details.)

Option IV: Additional Benefit (please insert description provided by your HR Department)

I elect to contribute \$_____ (before taxes) per pay period, which is \$_____ per plan year, for funding reimbursement of this additional benefit outlined by my Human Resource department.*

* Do not complete this section unless you have received instructions from your HR department.

Option V: Premium Savings Account Agreement

I have enrolled in certain employer-sponsored insurance benefits. I understand that my share of the premium for these insurance benefits will automatically be paid with pre-tax dollars. I also understand that if my required contributions for the elected benefits are increased or decreased while this agreement remains in effect, my taxable income will automatically be adjusted to reflect that increase or decrease.

Option VI: Waiver of Tax Benefits

I have been given the opportunity to enroll in these tax-savings plans and have declined to participate. I understand that I will lose all tax savings that I may have received as a participant.

My employer and I agree that my taxable income will be reduced each pay period by the amounts set forth in this agreement. I understand that I may change my election in the event of certain changes in my status. Prior to the first day of each plan year, I will be offered the opportunity to change my benefit election for the upcoming plan year. Any qualified expenses that are submitted by me will be reimbursed to me on a tax-free basis. Any contributions that are not used during the plan year may not be paid to me in cash or used in a later plan year. I acknowledge that I have received, read and understand the Summary Plan Description.

Employee Signature _____

Date _____