

## Enrollment Form

<b>Employer Name:</b> _____	<b>Employer/Location:</b> _____
<b>Employee Name:</b> _____ <small>(First Name)</small>	_____ <small>(Middle Initial)</small> _____ <small>(Last Name)</small>
<b>SSN/EEID:</b> _____	<b>Date of Birth:</b> _____
<b>Current Address:</b> _____ <small>(Street Address)</small>	<b>Gender:</b> <input type="checkbox"/> Male <input type="checkbox"/> Female  <b>Marital Status:</b> <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married Filing Separately
_____ <small>(Floor or Apt No.)</small>	
_____ <small>(City, State Zip)</small>	
<b>Phone Number:</b> _____ <small>(Cell Phone Number)</small>	_____ <small>(Home Phone Number)</small>

### Health Care Spending Account:

The Health Care Spending Account allows you to use pre-tax dollars to pay for expenses which are not 100% covered or are ineligible for payment through any group health care plan(s) under which you or your spouse are covered.

<input type="checkbox"/> Yes, I want to participate	\$	_____	÷	_____	=	\$ _____
<input type="checkbox"/> No, I do not want to participate		<b>Plan Year Contribution</b>		<b># Pay Periods in the Plan Year</b>		<b>Pay Period Pre-Tax Contribution</b>

### Limited Purpose FSA:

The Limited Purpose FSA Account allows you to use pre-tax dollars to pay for eligible dental and vision expenses which are not 100% covered or are ineligible for payment through any dental/vision plan(s) under which you or your spouse are covered.

<input type="checkbox"/> Yes, I want to participate	\$	_____	÷	_____	=	\$ _____
<input type="checkbox"/> No, I do not want to participate		<b>Plan Year Contribution</b>		<b># Pay Periods in the Plan Year</b>		<b>Pay Period Pre-Tax Contribution</b>

### Dependent Care Spending Account:

The Dependent Care Spending Account allows you to use pre-tax dollars to pay for eligible dependent care expenses which enable you or your spouse (if applicable) to work or attend school on a full-time basis.

<input type="checkbox"/> Yes, I want to participate	\$	_____	÷	_____	=	\$ _____
<input type="checkbox"/> No, I do not want to participate		<b>Plan Year Contribution</b> Max of \$5,000 (\$2,500 if filing taxes separate)		<b># Pay Periods in the Plan Year</b>		<b>Pay Period Pre-Tax Contribution</b>

**Transit Reimbursement Account:**

Uses pretax dollars to pay for **public** transportation expenses related to your commute to and from work.

<input type="checkbox"/> Yes, I want to participate <input type="checkbox"/> No, I do not want to participate	\$ _____ <b>Plan Year Contribution</b>	+	_____ <b>Months Remaining in the Plan Year</b>	=	\$ _____ <b>Monthly Contribution</b> Max of \$255 pre-tax No limit post-tax
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**Parking Reimbursement Account:**

Uses pretax dollars to pay for parking at your worksite, commuter bus, or rail station.

<input type="checkbox"/> Yes, I want to participate <input type="checkbox"/> No, I do not want to participate	\$ _____ <b>Plan Year Contribution</b>	÷	_____ <b>Months Remaining in the Plan Year</b>	=	\$ _____ <b>Monthly Contribution</b> Max of \$255 pre-tax No limit post-tax
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I certify that I am not a sole proprietor, partner in a partnership or 2% or greater shareholder in an S-corporation.

I authorize the above elections and the subsequent adjustments to my base annual salary. I am aware that I have a grace period in which to submit reimbursement requests for expenses incurred during the plan year. Upon expiration of the grace period, any unused funds will be forfeited. I understand that my elections are binding for the entire plan year and cannot be altered, other than by my employer, unless I experience a status change and that I may experience future reductions in life, disability and Social Security benefits by participating in this Flexible Spending Plan.

**PLEASE SUBMIT THIS COMPLETED FORM TO BENEFITS COORDINATOR. LATE ENROLLMENTS WILL NOT BE ACCEPTED.**

**Participant Signature** \_\_\_\_\_ **Date** \_\_\_\_\_