

Participant Information

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

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	Plan Year Contribution Max of \$3,050		# Pay Periods in the Plan Year		Pay Period Pre-Tax Contribution	

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	Plan Year Contribution Max of \$5,000 (\$2,500 if filing taxes separate)		# Pay Periods in the Plan Year		Pay Period Pre-Tax Contribution	

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	Plan Year Contribution Max of \$300.00		Months Remaining in the Plan Year		Monthly Contribution Max of \$270 pre-tax No limit post-tax	



Flexible Spending Accounts Enrollment Form

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	Plan Year Contribution Max of \$300.00		Months Remaining in the Plan Year		Monthly Contribution Max of \$270 pre-tax No limit post-tax

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** _____

