

# Employee Flexible Benefits Plan Election Form



Please check one of the following:

Open Enrollment for New Plan Year (Plan Year: \_\_\_\_\_)

New Employee (Plan Year: \_\_\_\_\_)

Change of Contribution/Payroll Deduction

Event/Reason for Change: \_\_\_\_\_

Date of first paycheck affected: \_\_\_\_\_

SHADED AREA COMPLETED BY EMPLOYER

Group Number	Location	Employee Classification	Effective Date

(Indicate New Annual Election and per Paycheck Contribution Amount in Section 2)

<b>1.</b> Employee Information	Last Name                      First Name                      Middle Initial			Date of Birth                      Month                      Day                      Year				Sex Male <input type="checkbox"/> Female <input type="checkbox"/>		
	Mailing Address						Social Security Number         --     --			
	City                                      State                                      Zip			Marital Status Married <input type="checkbox"/> Unmarried <input type="checkbox"/>			Date Employed                      /                      /			
	Employer Name						Home Telephone No. (                      )			
<b>2.</b> I elect to allocate the following on a monthly basis:  Medical Reimbursement Plan	Medical Reimbursement Plan		<input type="text"/>	X	<input type="text"/>	=	<input type="text"/>	Annual Before-Tax Dollars		
	Payroll Deductions		<input type="text"/>	÷	<input type="text"/>	=	<input type="text"/>	Contribution per Paycheck		
	Total Annual Before-Tax Dollars				# of Payroll Periods					
This is a change. New annual election \$ _____ New per paycheck contribution \$ _____										
<b>3.</b> I elect to allocate the following on a monthly basis:  Dependent Care Reimbursement Plan	Dependent Care Reimbursement Plan		<input type="text"/>	X	<input type="text"/>	=	<input type="text"/>	Annual Before-Tax Dollars		
	Payroll Deductions		<input type="text"/>	÷	<input type="text"/>	=	<input type="text"/>	Contribution per paycheck		
	Total Annual Before-Tax Dollars				# of Payroll Periods					
This is a change. New annual election \$ _____ New per paycheck contribution \$ _____										
<b>4.</b> Designate your beneficiary.	I hereby make the following beneficiary designation. In the event of my death, checks payable out of my flexible spending account should be made payable to the undersigned.									
	Relationship _____				Beneficiary _____					
<b>5.</b> Sign <b>ONLY</b> if you decline to participate in the Medical and Dependent Care Reimbursement Plans.	I have been given the opportunity to participate in the above Medical and Dependent Care Reimbursement Plans and have elected not to do so.									
	Signature _____				Date _____					
<b>6.</b> Premium Payment Plan	Group sponsored insurance premiums may be funded with pre-tax dollars. I authorize my employer to reduce my salary by the employee contribution amount, as designated by my employer, to cover the premium for my employer sponsored insurance plans in which I have elected to enroll.									
	Signature _____				Date _____					
<b>7.</b> Read and sign.	My signature on this form certifies that I have received and read the printed material explaining my employer's flexible spending program. I understand that by signing and submitting this form I am making a binding decision which cannot be changed or revoked during the plan year unless there is a change in my family status (i.e., marriage, divorce, birth or adoption of a child, or termination of spouse's employment). I understand that all unused amounts at the end of the plan year will be forfeited to the employer. I understand that any amounts designated for dependent care reimbursement cannot be used to claim a dependent care income tax credit. I understand any medical reimbursements I receive may not be included as a deduction on my income tax return. I am only requesting reimbursement of any medical or dependent care expenses to the extent they will not be paid or reimbursed under any other plan. I authorize my employer to reduce my pay by the amount I have indicated above.									
	Signature of Applicant _____				Date _____					