



Section 125 Flexible Benefits Enrollment Form

Participant Information (Required)

Name _____ Last 4 Social Security # _____
(Print or type: Last, First, Middle Initial)

Mailing Address _____

City, State, Zip _____

Email Address _____ Daytime Phone _____

Flexible Spending Accounts

Annual Spending Account Elections for Plan Year: I request the following amounts be deducted from my pay with pretax dollars

Health Care Spending Account

(\$3,300 maximum)

\$ _____ per year

Dependent Day Care Spending Account

(\$5,000 per family or \$2,500 for married
employee filing separate tax returns.)

\$ _____ per
year

Spending Account Agreement

The amount(s) I have elected will be taken from my pay in equal installments on a pretax basis. I understand that if I fail to submit eligible claims for entire amount elected, I forfeit any remaining balance. The election(s) will continue throughout the Plan Year or until I notify the company in writing of a qualifying Status Change. If I have provided an email address, I am requesting that all possible communications be sent through email.

Employee Signature _____ Date: _____

Employer's use only	Effective Date _____	Per Pay Period Amount: _____	1 st Payroll Deduction Date: _____
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