



### Enrollment Form

Employer Name: \_\_\_\_\_ Employer/Location: \_\_\_\_\_

Employee Name: \_\_\_\_\_  
(First Name) (Middle Initial) (Last Name)

SSN/EEID: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Current Address: \_\_\_\_\_ Gender:  Male  
(Street Address)  Female  
\_\_\_\_\_  
(Floor or Apt No.) Marital Status:  Single  
 Married  
\_\_\_\_\_  
(City, State Zip)  Married Filing Separately

Phone Number: \_\_\_\_\_ EMAIL ADDRESS: \_\_\_\_\_  
(Cell 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.

	\$ _____	÷ _____	= \$ _____
	<b>Plan Year Contribution</b>	<b># Pay Periods in the Plan Year</b>	<b>Pay Period Pre-Tax Contribution</b>
<input type="checkbox"/> Yes, I want to participate	<hr/>		
<input type="checkbox"/> No, I do not want to participate	<b>Plan Year Contribution Max of \$3,200.00</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.

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

#### Transit Reimbursement Account:

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

	\$ _____	÷ _____	= \$ _____
	<b>Plan Year Contribution</b>	<b>Months Remaining in the</b>	<b>Monthly Contribution Max of \$315 pre-tax</b>
<input type="checkbox"/> Yes, I want to participate	<hr/>		
<input type="checkbox"/> No, I do not want to participate			



\_\_\_\_\_ Plan Year

No limit post-tax

**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 Max of \$315 pre-tax No limit post-tax</b>

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** \_\_\_\_\_