

Flexible Spending Account Enrollment Form

Participant Information			
Employer Name (Do not abbreviate)			
Last Name	First Name	Initial	Social Security Number
Street Mailing Address			Mobile Number
City, State, Zip Code			Date of Birth
Email Address			Hire Date
Spouse and Dependent Information		Date of Birth	Social Security Number
Spouse Name:			
Dependent Name:			
Dependent Name:			
Dependent Name:			
Plan Election			Annual Election Amount
Healthcare Flexible Spending Account			
Dependent Day Care Flexible Spending Account			
Limited Purpose Flexible Spending Account (Dental & Vision only)			

My employer and I hereby agree that my cash compensation will be redirected by the amounts set forth above for each pay period during the Plan Year (or during such portion of the year that remains after the date of this agreement). I understand that if I do not return this form to my employer by my effective date, I am effectively waiving participation in the flexible spending programs offered by my Employer's Section 125 Cafeteria Plan. I understand that:

- I cannot change or revoke my election for the Flexible Spending Accounts unless I have a change in status (including marriage, divorce, death of a spouse or dependent child, birth or adoption of a child, termination or commencement of employment of a spouse, or such other qualifying events).
- The Plan Administrator may reduce or cancel my taxable compensation redirection or otherwise modify this agreement in the event it is believed that it is advisable in order to satisfy certain provisions of the Internal Revenue Code.
- This agreement is subject to the terms of the Company's Flexible Benefits Plan, as amended from time to time, which shall be governed under applicable laws, and revokes any prior election and Taxable Compensation Redirection Agreement relating to such plan(s). By signing this form, I agree to the terms and procedures listed herein.

Employee Signature _____ **Date** _____

Employer Authorization	
Benefit Effective Date:	Pay Frequency:
Employer Representative: _____ Date: _____	