

Flexible Spending Account (FSA) Enrollment Form

I. Account Holder Profile Information

| | | |
|--|----------------|-------------|
| First Name: | Last Name: | SSN: |
| Date of Birth: | Email Address: | |
| Mailing Address Line 1: | | |
| Mailing Address Line 2: | | |
| City: | State: | Zip: |
| Home Phone: | | Cell Phone: |
| Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Single | | Employer: |

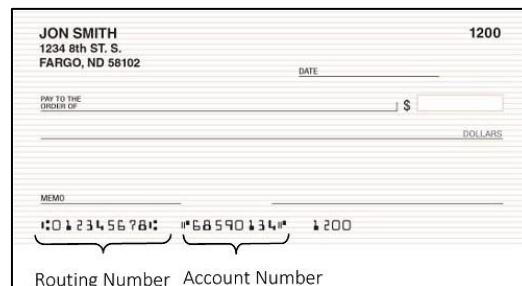
II. Election

I authorize my employer to make the following pre-tax deductions from my paycheck according to the elections I have chosen below. These elections cannot be changed until the beginning of the next plan year or if I have a qualifying event such as marriage, divorce, death, or birth. I will only submit claims for reimbursement or through my VISA that are eligible. If I am reimbursed for a claim that wasn't eligible, I will be responsible for paying the ineligible amount back into the plan through sending payment or having it deducted from my paycheck.

| | | |
|---|---|-----------------------------------|
| Effective Date: | 1 st Payroll Deduction Date: | |
| Number of Payrolls this plan year: <input type="checkbox"/> 52 <input type="checkbox"/> 26 <input type="checkbox"/> 24 <input type="checkbox"/> 12 <input type="checkbox"/> Other # _____ | | |
| Healthcare Standard FSA | Employee Annual Election: \$ _____ | Per Pay Period Election: \$ _____ |
| Healthcare Limited FSA <i>(Only if enrolled in a HSA)</i> | Employee Annual Election: \$ _____ | Per Pay Period Election: \$ _____ |
| Dependent Care Account | Employee Annual Election: \$ _____ | Per Pay Period Election: \$ _____ |

III. Direct Deposit Setup

| | | |
|---|--------|------|
| Bank Name: <input type="checkbox"/> Checking <input type="checkbox"/> Savings | | |
| Account Number: | | |
| Routing Number: | | |
| Address: | | |
| City: | State: | Zip: |



IV. Debit Card

A Debit Card will automatically be issued in the account holders name and shipped to the address above. Once the enrollment is processed it should arrive within 10-14 days.

Note: To issue separate debit cards to any dependents 18 years of age or older, please complete the following section.

| | | | |
|-------|------|------|---------------|
| Name: | DOB: | SSN: | Relationship: |
| Name: | DOB: | SSN: | Relationship: |

V. Authorization

| | |
|---|-------------------------------|
| Signature _____ Date _____ | Employer Authorization: _____ |
| **Please be sure to return this form to your employer for approval. ** | |