

# Flexible Benefit Election/Change Form

Please submit this form to your employer before the plan effective date, within 30 days of employment, or within 30 days of change in family status. You may make a photocopy of this form for your records.

Questions regarding the administration of your reimbursement accounts (if elected) should be directed to Flexible Benefits Unit, Inc. at (800) 433-4169

Please type or print all information

## Personal Information

Last Name	First Name	MI	
Social Security Number	Name of employer		
Street address	City	State	ZIP

## Purpose of Form

<input type="checkbox"/> election	<input type="checkbox"/> revision due to change in family status (check one):	<input type="checkbox"/> marriage or divorce	<input type="checkbox"/> commencement of spouse's employment
		<input type="checkbox"/> gaining a dependent	<input type="checkbox"/> termination of spouse's employment
		<input type="checkbox"/> losing a dependent	<input type="checkbox"/> change in your or your spouse's eligibility for coverage due to change in employment

## Insurance Premium Redirection Account

If you pay by payroll deduction, your share of premiums will automatically be tax -free. No election is necessary to receive this benefit.

## Health Care Reimbursement Account

If you choose to participate in the Health Care Reimbursement Account, use the information from the worksheet in your booklet to determine the amount you want to redirect during the plan year. Divide this amount by the number of paychecks you will receive during the plan year to determine the amount to be redirected each payday.

	Number of paydays during the plan year	Annual Amount
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## Dependent Care Reimbursement Account

If you choose to participate in the Dependent Care Reimbursement Account for work-related day care expenses, use the information from the worksheet in your booklet to determine the amount you want to redirect during the plan year. Divide this amount by the number of paychecks you will receive during the plan year to calculate the amount to be redirected each payday. The calendar year maximum is the smallest of your or your spouse's taxable income, \$5,000, or \$2,500 if you are married and you or your spouse file separate income tax returns.

	Number of paydays during the plan year	Annual Amount
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## Authorization

By signing this form, I authorize my employer to redirect (reduce) my taxable pay by the indicated amounts. I understand and agree that:

- I cannot change or suspend my election until next plan year unless my family status changes.
- I cannot transfer money between the reimbursement accounts.
- Any money in my accounts not used to pay qualified expenses incurred during the plan year will be forfeited.
- The redirection I have elected are made in accordance with the plan document and the provisions of the Internal Revenue Code Section 125, and will be deducted from my paycheck in equal installments throughout the year.

Signature	Date
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