



FLEXIBLE BENEFIT PLAN ENROLLMENT FORM

PLAN YEAR: JANUARY 1, 2010 TO DECEMBER 31, 2010

A. Employee Information *Please Print Clearly!* Instructions on Back

Name: _____ Social Security Number: _____
 Home Address: _____
 Check if New: _____
 City: _____ State: _____ Zip Code: _____ Day Phone: _____
 E-mail Address: _____ Date of Birth: _____

B. Flexible Benefit Plan Pre-tax Elections

1. Premium Conversion Account (Pre-Tax Insurance Premiums)
 I would like to have my insurance premium contributions deducted from my pay:
 Pre-Tax After Tax Please check one

2. Health Care Reimbursement Account
 (Enter your election below:)
 Eligible health expenses include professional medical expenses incurred by my dependents or myself during the Plan Year for "the diagnosis, cure mitigation, treatment or prevention of disease, or for the purpose of affecting any structure or function of the body".

\$ _____	X	_____	=	\$ _____	
<small>Your Contribution Per Pay Period</small>		<small># of Pay Periods</small>		<small>Total Election</small>	Maximum Election allowed \$100 minimum/5,000

3. Dependent Care Assistance Account
 (Enter your election below:)
 Eligible dependent day care expenses are incurred to allow you and your spouse (if applicable) to be gainfully employed. Please remember that the IRS will require you to disclose the Tax ID or Social Security Number of your day care provider(s) when you file your income taxes.

\$ _____	X	_____	=	\$ _____	
<small>Your Contribution Per Pay Period</small>		<small># of Pay Periods</small>		<small>Total Election</small>	Maximum Election allowed \$100 minimum/\$5,000 (\$2,500 if married filing separately)

C. FlexExpress® Debit Card The FlexExpress Card® is optional. If you would like to reactivate or order a new card, a \$5 fee will be deducted from your reimbursement account each plan year. (Additional cards are \$5). Please indicate your selections below.

Check One: No FlexExpress® Card Re-activate my current FlexExpress® Card I would like a New FlexExpress® Card

Information: List your spouse or dependents (over age 18) you would like to order a FlexExpress® Card for. This is for your legal dependents only. Domestic/Civil Union Partners are not IRS eligible dependents in most cases.

Full Name	Social Security Number	Date of Birth	New or Reactivate Card
1.			___New ___Reactivate
2.			___New ___Reactivate

D. Direct Deposit Authorization If you would like non-FlexExpress® reimbursements to be direct deposited to your bank account (rather than receiving paper checks) fill out the information below EACH PLAN YEAR AND attach a voided check.

Bank Name: (See #1 on sample) Routing Number - 9 digits (See #2 on sample): <div style="display: flex; border: 1px solid black; width: 100%; height: 20px; margin-top: 5px;"></div>	<input type="checkbox"/> Checking Account <input type="checkbox"/> Savings Account	Account Number (See #3 on sample): <div style="border-bottom: 1px solid black; width: 100%; height: 20px; margin-top: 5px;"></div>
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SAMPLE

E. Signatures By signing below, I agree to all of the Terms and Conditions stated on the opposite side of this form.

Employee Signature (required):		Date:	
Employer Acceptance (required):		Effective Date:	

Enrollment Form Instructions

Section A	EMPLOYEE INFORMATION - Please print your name and complete address clearly. Your phone number and e-mail address will be used only to communicate with you with regards to this plan. It will not be distributed to any other organization or used for marketing purposes in any way. Statements of your account balance and activity will be sent via e-mail whenever possible. Please understand that this is an employee account and due to federal and state laws we cannot release detailed information to anyone other than the participant, this also includes your spouse and/or dependent(s). Please contact our office for further information.
Section B	<p>FLEXIBLE BENEFIT PLAN PRE-TAX ELECTIONS</p> <ol style="list-style-type: none"> 1. Premium Conversion Account - This part of your Flex plan allows your portion of the employer sponsored insurance premium(s) to be deducted pre-tax. You must complete this section each Plan Year. If nothing is selected it will be assumed that you waived this option. 2. Health Care Reimbursement Account - Carefully consider how much money you would like to set aside each pay period during the Plan Year to pay for your family's eligible out-of-pocket medical expenses. Make sure you read your Summary Plan Description and/or the Health Care brochure to fully understand how the plan works. 3. Dependent Care Assistance Account - Carefully consider how much money you would like to set aside each pay period during the Plan Year to cover the expenses you will incur to care for your eligible dependents while you and your spouse (if applicable) are gainfully employed. Make sure you read your Summary Plan Description and/or the Dependent Care brochure to fully understand how the plan works.
Section C	FlexExpress® Debit Card - Please indicate in this section whether you would like a FlexExpress® Card. You may order a new card or reactivate an existing card if you had one last year. You may order an additional card for your spouse or children over 18 if desired. <u>Each plan year you will be required to reactivate your card as well as all of your dependent cards.</u>
Section D	Direct Deposit Authorization - Claims that are faxed, mailed or filed on-line are normally reimbursed by sending you a paper check. If you would like your reimbursements sent directly to your checking or savings account via Direct Deposit, fill out this section and attach a voided check (for checking) or deposit slip (for savings). Confirmations are sent via email and will show current transaction information as well as available funds in the account.
Section E	Signatures - After you have completely filled out this form and carefully read the following Terms and Conditions please sign and date then return the enrollment form to the HR office as applicable. Employers must review the elections and sign that the employee meets the eligibility requirements.

Flexible Benefit Plan Terms and Conditions

I UNDERSTAND THAT:

- I cannot change this election during the Plan Year unless I have a qualifying change in family status.
- My Social Security benefits may be reduced by this election due to the pre-tax treatment of these expenses.
- **Pre-Tax Premiums:** My election to pay my premiums pre-tax must be made every Plan Year. If my premiums increase or decrease during the Plan Year, my salary reduction will be adjusted.
- I must make all of my elections carefully and conservatively. Expenses from Reimbursement Accounts *cannot* be reimbursed from any other source and *must* be incurred during the Plan Year. Any money unclaimed from my reimbursement account(s) at the end of the Plan Year will be forfeited to my employer after a 90-run-out period. I will not receive it back.
- I may have an additional 2½-month Grace Period at the end of the current plan year to incur eligible expenses for reimbursement. See your Flexible Benefit Plan Summary Plan Description for more details.
- I understand that Flexible Benefit Plans are to reimburse expenses incurred by my legal dependents or myself only. *Domestic/Civil Union Partners are not IRS eligible dependents in most cases.*
- Health Care Reimbursement Accounts will be reimbursed up to the annual election (minus previous payments). Dependent Care Assistance Accounts will be reimbursed up to the balance currently credited to the account.
- 1. **FlexExpress® Card:** The FlexExpress® Card is to be used only to pay for IRS eligible health and/or dependent care expenses. It cannot be used to purchase any items or services not specifically approved by IRS guidelines.
 2. For expenses paid with the FlexExpress® Card I certify I have not been reimbursed and will not seek reimbursement under any other plan covering health benefits.
 3. The IRS requires me to keep documentation of all my expenses the card is used for, and supply them to Benefit Strategies if requested.
 4. Misuse of the FlexExpress® Card will result in permanent revocation and repayment of ineligible expenses.