

## Section 125 Flexible Benefits Enrollment Form

### Participant Information (Required information)

Name \_\_\_\_\_ Social Security # \_\_\_\_\_  
(Print or type: Last, First, Middle Initial)

Date of Birth \_\_\_\_\_ Mailing Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_ Daytime Phone \_\_\_\_\_

Email Address \_\_\_\_\_ Date of Hire \_\_\_\_\_

<b>Employer's use only</b>	Effective Date _____	Per Pay Period Amount: _____	1 <sup>st</sup> Payroll Deduction Date: _____
----------------------------	----------------------	------------------------------	---

### Pretax Premiums (Employer-Sponsored Group Insurance premiums only)

I understand the company will reduce my pay before taxes for the amount I am required to contribute toward my employee group benefits throughout the Plan Year. The amount of reduction will automatically change in the event a change occurs in the contribution amount.

Check here to **authorize** pretaxing your insurance premiums.       Check here to **decline** pretaxing your insurance premiums.

Signature \_\_\_\_\_ Date: \_\_\_\_\_

### Flexible Spending Accounts

**Administrative fee** – If you choose to contribute to a Healthcare Flexible Spending Account and/or Dependent Care Reimbursement Account, a per pay period administrative fee of \$2.25 will automatically be deducted from your paycheck. Only one administrative fee applies if you contribute to both accounts.

**Annual Spending Account Elections for Plan Year:** I request the following amounts be deducted from my pay with pretax dollars

<b>Health Care Spending Account</b>	\$ _____	<b>Dependent Day Care Spending Account</b>	\$ _____
	<b>\$4,992</b> Maximum	(\$4,992 per family or \$2,500 for married employee filing separate tax returns.)	<b>\$ 4,992</b> Maximum

### Payment Card

WageWorks, Inc. will provide a payment card for use with your Health Care spending account.

### Authorization for Direct Deposit (for spending accounts only)

Check here authorize WageWorks, Inc. to deposit claim reimbursements for your spending account(s) directly into your bank account (checking account only) as indicated on the attached voided check, provided your employer offers this option. (Please attach a voided check – Deposit slips are not accepted.)

Signature \_\_\_\_\_ Date: \_\_\_\_\_

### Spending Account Agreement

The amount(s) I have elected will be taken from my pay in equal installments on a pretax basis. I understand that if I fail to submit eligible claims for entire amount elected, I forfeit any remaining balance. The election(s) will continue throughout the Plan Year or until I notify the company in writing of a qualifying Status Change. If I have provided an email address, I am requesting that all possible communications be sent through email.

Signature \_\_\_\_\_ Date: \_\_\_\_\_