

Flexible Benefit Plan Election Form

Plan Year From:

Employer Name: _____

Employee Name: _____

Employee Address (Street & Number): _____

City: _____ State: _____ Zip: _____

Employee Social Number: Date of Hire: / /

<input type="text"/>					
/		/		/	
To					
<input type="text"/>					
/		/		/	

Election Statement: I hereby elect to participate in my Employer's Benefit Plan for benefits made available under the Flexible Spending Account (internal revenue code section 125) as amended from time to time. As a participant in the Plan, I understand that I may redirect a portion of my pay (or make contributions directly if deductions from my paycheck cannot be made) to provide benefits under the Plan and that all such benefits will be paid with pretax dollars. I also understand that it is an irrevocable election for the plan year unless I have a qualified family status change and that I am at risk of losing benefits if I do not spend the total amount of my election during the Plan Year.

My employer is hereby authorized to redirect my compensation in the amounts indicated below to provide for my benefit selections under the Premium Contribution Account. The amount redirected per pay period will be the amount I redirect for the year divided by the number of pay periods.

Premium Contribution Account
(limited to amount stated in the Plan) \$ _____ Per Plan Year

I understand that I can change my elections each year during the election period, and if I do not make a change at that time, my election will remain the same for the new Plan Year. If I terminate employment, I understand that the Plan Document will control any continued participation under the Plan. I understand that by participating in the Plan, my Social Security benefits may be affected because the above elections will be deducted before my salary is taxed.

I have made no election for and therefore decline participation in the following checked Flexible Benefit Plan Programs:

Premium Contribution Account

As an eligible employee, I hereby select the above choices, including any enrollment or decline choices selected.

Employee Signature: _____

Date: / /