

Employer _____
 Employee name _____ E-mail _____
 Address _____
Street Address City State Zip+4
 Employee Social Security no. _____ Birth date ____/____/____ Phone no. (____) _____
 Effective date of enrollment ____/____/____ First payroll reduction date ____/____/____ No. of pay periods _____

I authorize my employer to make the following salary reductions:

Before-Tax Group Insurance Premiums- I elect to pay the following premiums through a before-tax reduction of my salary:

Medical Care Reimbursement Account – including deductibles, co-insurance and other expenses not paid by insurance

Company maximum is \$2,700 per year. There is a \$500 carry forward each year on any remaining balance at year end. This is a prefunded account and is payable the first day of your plan year.

Per Pay Period	or	Annual Amount

\$ _____	or	\$ _____

Dependent Care Reimbursement Account – Only those dependent care expenses which allow you (and your spouse) to be gainfully employed are eligible.

Company maximum is \$5,000 per year. This is a family maximum per IRS regulations. This is reimbursable as funds are deducted from your pay.

\$ _____	or	\$ _____
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Total pre-tax expense \$ _____ or \$ _____

I AGREE TO THIS BENEFIT AND UNDERSTAND

- I cannot change this election during the plan year unless I have a change in status.
- Any amounts remaining in my FSA reimbursement accounts at the end of the year may be forfeited.
- My Social Security benefits may be reduced by this election.
- My employer may reduce or cancel this election as necessary to comply with provisions of the Internal Revenue Code.

Employee Signature _____ Date _____

I AM WAIVING MY RIGHTS TO THIS BENEFIT

I elect to waive Medical Care and Dependent Care pre-tax benefits under the Flexible Benefits Plan. I understand I cannot elect different pre-tax benefits until the next plan anniversary date or I have a change in life status. *If I utilize employer covered health, dental, or vision premiums, these may still be paid pre-tax.*

Employee Signature _____ Date _____

PART A MEDICAL CARE EXPENSES (I.R.C. §213)

The following are examples of medical or medically-related expenses which may be claimed as qualified health care expenses under the plan. All health care expenses must be for the diagnosis, cure, mitigation, treatment or prevention of disease or for the purpose of affecting any structure or function of the body to be a qualified health care expense under the comp-flex plan.

- Hospital, laboratory, surgery and x-ray expenses.
- Fees from medical doctors, chiropractors, osteopaths, nurses, psychologists, dentists, Christian Science practitioners and other licensed healing arts practitioners for diagnosis, treatment, routine exams and other non-diagnostic services.
- Co-insurance and deductibles.
- Artificial limbs and teeth.
- Braces, crutches, orthopedic shoes and wheelchairs. Vision and hearing exams, eyeglasses, contacts and hearing aids (*including batteries*).
- Prescribed drugs including insulin
- Care and treatment of alcoholism and alcohol and drug addiction.
- Transportation for medical treatment of specific problems including ambulance.
- Miscellaneous medical services and supplies.

PART B DEPENDENT CARE EXPENSES (I.R.C. §129)

Only those dependent care expenses which allow you (*and your spouse if you are married*) to be gainfully employed are eligible. This excludes care which is primarily for medical or educational purposes.

Eligible dependents:

- Dependent children under age 13, or any other dependent who is incapable of caring for himself or herself and whose principal residence is your home.

Eligible expenses:

- Reimbursement is limited to the income of the lower earning spouse and also \$5,000 per year; \$2,500 if married, filing separate return. Married employees in separate plans can only be reimbursed in total for \$5,000. The reimbursement amount may not exceed the employee's salary; or for married employees, the lesser of the spouse's salaries (*subject to certain exceptions*). If your spouse is a full time student or incapable of caring for himself or herself, the maximum is \$200 per month for one child or \$400 per month for two or more children.

Eligible providers:

- A licensed day care center which cares for six or more persons.
- An unlicensed provider caring for less than six persons.
- An in-home provider, as long as that provider is not your child under age 19 or someone you or your spouse claim as a dependent for tax purposes.

PART C—INDIVIDUAL PREMIUM EXPENSES

Eligible expenses:

- Premiums paid for dental, vision or disability* insurance, Medicare Part B, Part C, and Part D and other disease specific premiums.
*If disability insurance premiums are paid pre-tax, any benefits received are taxable to the employee.
- College/private school student health fees.
- Non-Employer sponsored major medical health premiums (*including spouse*)

Ineligible expenses:

- Whole life policies.
- Your spouse's group insurance premiums (*insurance sponsored by spouse's employer*).
- Lifetime care (*nursing home*) policy premiums.

PART D. CHANGE IN STATUS

The amounts reduced from your salary for group insurance premiums, medical care, dependent care and/or individual insurance premium reimbursement accounts may not be changed unless you have a change in status for the following reasons, the change is consistent with the change in status and such change is permitted by your employer.

- Marriage, divorce, legal separation or annulment of marriage of the employee.
- Birth or adoption of a child (*or placement of a child for adoption*) of the employee.
- Gain or loss of a dependent.
- Change in employment status of employee, spouse or dependent—includes an increase or decrease in hours worked, switching from full-time to part-time employment or vice-versa, a strike or lockout occurring at the place of employment, or commencement of or return from a leave of absence.
- Change in the place of residence or worksite of employee, spouse or dependent—if a participant moves out of the service area of an HMO or PPO, he or she may change the annual election amount of the pre-tax group insurance premium, NOT the medical care reimbursement account. Dependent care annual elections may be changed at this time also if the new provider's rates are different than the previous provider's rates.
- Significant cost or coverage changes in employee's or spouse's group health insurance plan—if this occurs, only items 1-7 on page one of this form may be changed.
- Significant increase or decrease of dependent care expenses. For more information, see IRS publication 503, "Child and Dependent Care Credit," available from your local IRS office.