



**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: _____	1st Payroll Deduction Date: _____
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**Flexible Spending Accounts**

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

**Health Care Spending Account** \$ \_\_\_\_\_  
 (\$500 maximum for 2019) Maximum

**Dependent Day Care Spending Account** \$ \_\_\_\_\_  
 (\$5,000 per family or \$2,500 for married employee filing separate tax returns.) Maximum

**Dependent Information**

Dependent's Last Name, First Name	Relationship	Social Security Number	Date of Birth

**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: \_\_\_\_\_