



FLEXIBLE SPENDING ACCOUNTS ENROLLMENT FORM

EMPLOYER NAME		EFFECTIVE DATE	
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EMPLOYEE INFORMATION

EMPLOYEE NAME (FIRST NAME, MIDDLE INITIAL, LAST NAME)

EMPLOYEE STREET ADDRESS (LINE 1)

EMPLOYEE STREET ADDRESS (LINE 2)

CITY, STATE, ZIP CODE	SOCIAL SECURITY NUMBER*
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GENDER	DATE OF BIRTH	E-MAIL ADDRESS
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HEALTH CARE ACCOUNT ELECTION

I would like to contribute \$_____ to the Flexible Reimbursement Account for health care for the upcoming calendar year or the remainder of the current year.

DEPENDENT CARE ACCOUNT ELECTION

I would like to contribute \$_____ to the Flexible Reimbursement Account for any care for the upcoming calendar year or the remainder of the current year.

PARKING ACCOUNT ELECTION - PRE-TAX

I would like to contribute **monthly** \$_____ to the Parking Reimbursement Account for the upcoming calendar year or the remainder of the current year.

PARKING ACCOUNT ELECTION - POST-TAX

I would like to contribute **monthly** \$_____ to the Parking Reimbursement Account for the upcoming calendar year or the remainder of the current year.

MASS TRANSIT ACCOUNT ELECTION - PRE-TAX

I would like to contribute **monthly** \$_____ to the Mass Transit Reimbursement Account for the upcoming calendar year or the remainder of the current year.

MASS TRANSIT ACCOUNT ELECTION - POST-TAX

I would like to contribute **monthly** \$_____ to the Mass Transit Reimbursement Account for the upcoming calendar year or the remainder of the current year.

DEPENDENT INFORMATION

SPOUSE	FIRST NAME	MIDDLE INITIAL	LAST NAME	
	DATE OF BIRTH	SOCIAL SECURITY NUMBER*		SEX

DEPENDENT CHILD FULL TIME STUDENT YES <input type="checkbox"/> NO <input type="checkbox"/>	FIRST NAME	MIDDLE INITIAL	LAST NAME	
	DATE OF BIRTH	SOCIAL SECURITY NUMBER*		SEX

DEPENDENT CHILD FULL TIME STUDENT YES <input type="checkbox"/> NO <input type="checkbox"/>	FIRST NAME	MIDDLE INITIAL	LAST NAME	
	DATE OF BIRTH	SOCIAL SECURITY NUMBER*		SEX

DEPENDENT CHILD FULL TIME STUDENT YES <input type="checkbox"/> NO <input type="checkbox"/>	FIRST NAME	MIDDLE INITIAL	LAST NAME	
	DATE OF BIRTH	SOCIAL SECURITY NUMBER*		SEX

I understand that the above elections will remain in effect until the last day of the Plan Year for which they are effective. In addition, I understand that I may change my elections during the Period of Coverage noted above only if (1) I experience a "status change," as defined under the Plan, and if my change in elections is consistent with that "status change," or (2) I exercise a Special Enrollment Period Right. I understand further that, if I do not complete and file a new Election Form during the next annual election period, the above elections will terminate at the end of the Plan Year for which they are effective and I will not participate in the Flexible Reimbursement Accounts. I understand that the Employer may modify my benefit elections if appropriate to insure that the Plan complies with the terms of the Plan and the requirements (including Tax-qualification requirements) of applicable law and that, subject to the requirements of applicable law, the Employer retains the right to amend or terminate the Plan. I also certify that all submitted expenses will not have been previously reimbursed, nor will they be reimbursed under any other benefit plan and will not be claimed as an income tax deduction. NOTE: All unused amounts will be forfeited.

EMPLOYEE SIGNATURE _____ **DATE** _____

**Due to Section 111 of the Medicare, Medicaid, and SCHIP Extension Act of 2007 (MMSEA) (P.L.110-173), social security numbers must be included or the form will be returned.*

WAIVER OF FLEXIBLE SPENDING ACCOUNT PLAN

- I do not wish to participate in the Flexible Spending Account for health care.
- I do not wish to participate in the Flexible Spending Account for dependent care.
- I do not wish to participate in a Parking Reimbursement Account.
- I do not wish to participate in a Mass Transit Reimbursement Account.

I understand that I will not be able to re-enroll until the next enrollment period or in the event I have a change in status.

EMPLOYEE SIGNATURE _____ **DATE** _____