



Flexible Benefit Plan Plan Participation Form

Company Name: _____

Employee Name: _____

Home Address: _____

Social Security: _____

Birth Date: _____

Hire Date: _____

INSURANCE PREMIUMS

Your portion of the cost for employer-sponsored insurance plans elected for yourself and dependents is automatically pretax by completing this box. If insurance premiums are available to you please list them. Completing the amount information below is optional.

DENTAL INSURANCE PREMIUM: \$ _____ PER PAY PERIOD.

HEALTH INSURANCE PREMIUM: \$ _____ PER PAY PERIOD.

CHECK HERE IF YOU WISH TO HAVE YOUR INSURANCE PREMIUMS AS AFTER-TAX DEDUCTIONS.

FLEXIBLE SPENDING ACCOUNTS

REQUEST TO PARTICIPATE

BENEFIT ELECTIONS

A. Medical/Dental/Vision Care

\$ _____ annually

The cost paid by you or your dependents for annual deductibles, Co-insurance, eye care, dental care, routine care, etc, which is not Reimbursed by insurance.

B. Dependent Care

\$ _____ annually

Employment related care for qualifying dependents (children under age 13, or dependent, disabled adults)

Acknowledgement: My employer's benefits have been explained to me and I understand that:

1. I cannot change or revoke my election unless I have a change in family status as defined by the FLEXPLAN, (usually marriage, divorce, death of a spouse or child, birth or adoption of a child or termination of a spouses employment).
2. My employer may adjust premiums if provider rates change, but I may not be able to change my election during the PLAN YEAR.
3. The total amount deducted for the Flexible Spending Account must be used during the PLAN YEAR or forfeited under IRS rules.
4. Participation in this PLAN may mean I will pay less Social Security tax, which could slightly reduce my Social Security Benefits.
5. I can only submit claims for expenses incurred while I was an active participant in the PLAN.

By signing below I authorize my employer to adjust my compensation by the amount of my benefit elections shown above.

REQUEST TO WAIVE The FLEXIBLE BENEFIT PLAN has been explained and I elect to waive participation in the FLEXIBLE SPENDING ACCOUNTS. I understand that my next opportunity to enter the PLAN will be at the start of the next PLAN year.

Employee's Signature: _____

Date: _____