

# Spending Account Enrollment and Change Form

Employer Name		<b>Select One:</b> <input type="checkbox"/> Open Enrollment <input type="checkbox"/> New/Newly Eligible Employee <input type="checkbox"/> Change of Election Request	
Your Name			
Address		Social Security Number	
City/State/Zip		Employee ID (if applicable)	
Home Phone Number	Work Phone Number	Your Hire Date	Your Birth Date
Your Email Address		Name of Spouse/Dependent for 2nd Debit Card	

New Benefit Elections	Benefit	Amount Per Pay Period	Number of Pay Periods	Annual Election	Benefit Limit Notes
		\$		\$	
		\$		\$	
		\$		\$	
		\$		\$	
		\$		\$	
		\$		\$	

<b>Direct Deposit</b>	<b>Enter Your Routing Number</b> The first set of nine (9) numbers at the bottom of your check starting with a 0, 1, 2 or 3.	<b>Enter Your Bank Account Number</b> This will be the second set of numbers at the bottom of your check.
	<b>Attach a copy of a void check to speed up the approval of your direct deposit enrollment.</b>	

<b>Mid-Year Election Changes</b>	<input type="checkbox"/> Marriage/Divorce <input type="checkbox"/> Birth, Adoption of Child or Placement For Adoption <input type="checkbox"/> Dependent/Spouse Death <input type="checkbox"/> Employee/Spouse Employment Status Change <input type="checkbox"/> Other/Describe Event					<b>Date of This Event</b>
	Benefit To Be Changed	Requested New Annual Election	Year-To-Date Contribution	Balance Left To Contribute	Number of Pay Periods	New Amount Per Pay Period
		\$	\$	\$		\$
		\$	\$	\$		\$

<b>Do you want a Debit Card?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO
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**SIGN HERE**

I have read the terms listed on page 2 of this form and agree to the terms.

**X**

Date: \_\_\_\_\_

Employer HR/Benefits Department Use Only:

Enrollment Effective Date:	First Payroll Deduction Date:	Approved by:	Date:

### FLEXIBLE BENEFIT PLAN ELECTION

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1. I hereby acknowledge that I have received a copy of the Summary Plan Description (SPD) and agree to abide by the rules and requirements under the Plan.
2. I understand that amounts shown will be withheld from my paycheck in equal amounts each payroll period to provide benefits under the Plan as described in the SPD.
3. In order to receive reimbursement from my account, I understand that I must submit independent, third-party documentation to support my requests for reimbursement for any "qualifying expenses."
4. I understand that the qualifying expenses must be incurred (services received, not necessarily paid) during the Plan Year while I am/was an active participant by either myself or my family members who qualify as my dependent(s) as defined by the SPD and any applicable federal laws.
5. I have been advised that any account balances which have not been used to pay for qualifying benefits and submitted within the prescribed claims filing period will be forfeited in accordance with the provisions of this Plan and the Internal Revenue Code.
6. I understand that the above shown deferral(s) will remain in effect for this Plan Year and cannot be changed except upon the event of a "change of status" as defined by the Internal Revenue Service (IRS) and only if such a change is provided for under the provisions of the Plan.
7. Finally, I understand that by reducing my taxable wage base, my future Social Security and other payroll compensation-related benefits could be reduced and I hereby indemnify my Employer and Plan Administrator from any claims I may have as a result of my decision.

### COMMUTER CHOICE ELECTION

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1. I acknowledge that I have received a copy of the Summary Plan Description (SPD) and agree to abide by the rules and requirements under the Plan.
2. I understand that amounts shown will be withheld from my paycheck each processing period to provide benefits under the Plan for "qualifying expenses" as described in the SPD.
3. I understand that by reducing my taxable wage base, my future Social Security and other compensation-based benefits could be reduced and I do hereby indemnify my Employer and Plan Administrator from any claims I may have as a result of my decision.
4. In order to receive reimbursement from my account, I understand that I must submit documentation to support my requests for reimbursement for any "qualifying expenses" which I have incurred during the Plan Year.
5. I understand that only my personal Commuter expenses are considered eligible and that the expenses of my spouse and/or dependents are not eligible expenses.
6. I have been advised that all expenses must be submitted within 6 months (180 days) of the date that the expense was incurred (services paid or the period of the pass or expense) or the annual claims filing deadline, whichever is earlier.
7. I have been advised that any account balances which have not been used to pay for eligible benefits incurred during the Plan Year will rollover to the next year but only so long as I remain an eligible and continually active participant in that benefit in the subsequent plan year(s).
8. If I terminate employment or participation, any remaining balances will be forfeited in accordance with the current provisions of this Plan and the Internal Revenue Code.

### DIRECT DEPOSIT AUTHORIZATION

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1. I hereby authorize FlexToday, Inc. the contract administrator working on behalf of the Employer, to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries in error to my account as shown above and the depository institution defined herein, hereinafter called Depository, to credit and/or debit the same to such account.
2. This authority is to remain in full force and effect until FlexToday, Inc. has received written notification of its termination in such time and in such manner as to afford FlexToday and the Depository a reasonable opportunity to act on it.

### FLEX DEBIT CARD ELECTION

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1. Each time I use the Debit Card or authorize the use of my Debit Card, I agree to the terms shown on the back side of the card and the terms that are sent with my Debit Card.
2. The Debit Card will only be used to pay Qualified Plan Expenses incurred (services received) during the Plan Year for eligible expenses for myself, my spouse and my eligible dependents.
3. The IRS requires that this card only be accepted at qualified locations. Some examples include doctor's offices, pharmacies, online drug stores, online stores for contact lenses, daycare centers, dentist's offices, optical shops, and hospitals. Therefore, I understand and acknowledge that this debit card may not be accepted at the pharmacy counter of a grocery store and other locations that are not identified by the banking system as an eligible location.
4. The IRS requires that I save detailed receipts for every purchase that I make with the Debit Card and understand that I may be asked to send independent, third-party documentation to verify that those transactions were made for Qualified Plan Expenses.
5. It is my responsibility to review my online account at [www.myflexonline.com](http://www.myflexonline.com) for Pending Payments regularly during the year and at least monthly.
6. This website will contain my account balances and a list of transactions for which receipts will be required. I agree to visit this website each month to verify that my card transactions were for Qualified Plan Expenses and to provide detailed bills to support those expenses.
7. If I fail to provide adequate supporting documentation for any Debit Card transaction within 90 days of the transaction, I understand that the transaction will be deemed to be ineligible and I am obligated to repay the amount of that transaction.
8. In such event, I further understand and agree that:
  - a) my Debit Card will be suspended and/or deactivated and I may be denied a Debit Card in future plan years until all Debit Card transactions have been documented or repaid;
  - b) any reimbursement(s) that I may be due now or in the future will be used first to offset the amount due on the unresolved debit card transactions, and;
  - c) if I fail to repay such amounts, my employer can withhold the amount of the ineligible Debit Card transaction from my compensation or report the unresolved Debit Card transaction amounts as taxable income paid to you without taxes withheld on your W-2 form.