

Spending Account Enrollment and Change Form

Employer Name		Select One: <input type="checkbox"/> Open Enrollment <input type="checkbox"/> New/Newly Eligible Employee <input type="checkbox"/> Change of Election Request	
Your Name			
Address			
City/State/Zip		Social Security Number	
Home Phone Number		Employee ID (if applicable)	
Work Phone Number		Your Hire Date	
Your Email Address		Your Birth Date	
		Alternate email address:	

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

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

Mid-Year Election Changes	<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					Date of This Event
	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
		\$	\$	\$		\$
		\$	\$	\$		\$

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

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

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

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.