Flexible Benefits Enrollment Form

premium only plan, health care and dependent reimbursement

CONEXIS
human resourceful®

complete this form and return it to your benefits representative

part 1 - employee data

employee name (last, first, m.i.)

social security number

employee id number

home address (include apartment number)

city

state

zip code

date of birth

date of hire

sex (m or f)

part 2 - elections

health care reimbursement account

You may contribute a minimum of $260 per plan year up to a maximum annual election of $5000 per plan year.

☐ I elect to participate $_____ per pay period x____ remaining pay periods = $_____ plan year total

☐ I elect to waive coverage

dependent care reimbursement account (child or adult)

You may contribute a minimum of $260 per plan year up to a maximum annual election of $5000 per plan year.

Annual maximum allowable is:

$5000 for married filing jointly or single

$2500 if married filing separately

Annual minimum allowable is:

$260 for married filing jointly or single

☐ I elect to participate $_____ per pay period x____ remaining pay periods = $_____ plan year total

☐ I elect to waive coverage

part 3 - authorization

I have reviewed the terms of my employer's Flexible Benefits Plan. I understand that I may elect coverage under any or all of the above components. I understand that the premiums for the coverages that I elect will be deducted from my compensation on a pre-tax basis and the deductions cannot be changed until the next plan year unless there is a change in status. I have read and agree to the terms of participation.

_____ employee signature

_____ date