

# FLEXDOLLARS™ ENROLLMENT FORM

PLEASE PRINT CLEARLY TO ENSURE ACCURACY IN ENROLLMENT INFORMATION.

Plan year: \_\_\_\_\_ through \_\_\_\_\_

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Employer: _____	EE Social Security #: _____ - _____ - _____
Participant Name: _____	Dep Name - Spouse: _____
Address: _____	Dep Name - Child: _____ DOB _____
City, State, Zip _____	Dep Name - Child: _____ DOB _____
Email Address: _____	Dep Name - Child: _____ DOB _____
Contact Phone #: _____	Dep Name - Child: _____ DOB _____

## 1 INSURANCE PREMIUM CONTRIBUTIONS

FOR HEALTH CARE PREMIUMS DEDUCTED FROM PAYCHECK

I elect to participate:  Yes  No

The amount of salary reduction needed to pay premiums under the Plan will be determined by my employer. This amount will be changed as necessary if the premium charged by the insurance company changes. Check all that apply:

- Health Insurance  Dental Insurance  Other \_\_\_\_\_

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## 2 HEALTH CARE SPENDING ACCOUNT (FSA)

I elect to participate:  Yes  No

\$ \_\_\_\_\_ (not to exceed Plan limit)  
Annual Election

My employer will divide the annual election by the number of scheduled payroll dates during the active Plan Year to determine the per pay period deduction from my paycheck.

## 3 DEPENDENT CARE SPENDING ACCOUNT (DCA)

I elect to participate:  Yes  No

\$ \_\_\_\_\_ (not to exceed \$5,000, or \$2,500 if married filing separately)  
Annual Election

My employer will divide the annual election by the number of scheduled payroll dates during the active Plan Year to determine the per pay period deduction from my paycheck. (If a custom deduction amount is necessary, please discuss with your employer.)

## 4 LIMITED PURPOSE SPENDING ACCOUNT (LPF)

I elect to participate:  Yes  No

\$ \_\_\_\_\_ (not to exceed Plan limit)  
Annual Election

My employer will divide the annual election by the number of scheduled payroll dates during the active Plan Year to determine the per pay period deduction from my paycheck.

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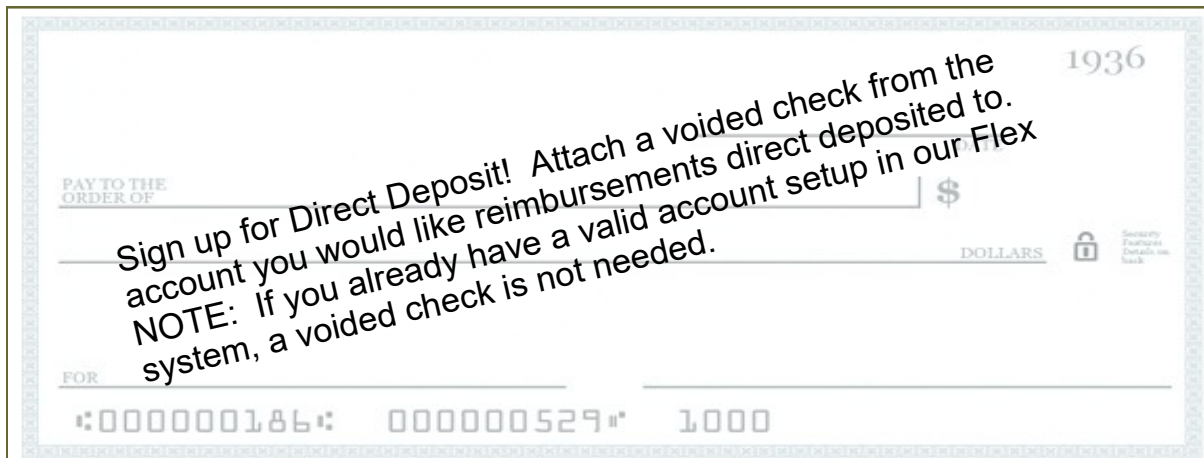
### EMPLOYER USE

#### Special Instructions:

# scheduled pay periods  
Divided by election: =  
\$ \_\_\_\_\_  
Per pay period deduction  
(round up to the nearest penny).

# scheduled pay periods  
Divided by election: =  
\$ \_\_\_\_\_  
Per pay period deduction  
(round up to the nearest penny).

# scheduled pay periods  
Divided by election: =  
\$ \_\_\_\_\_  
Per pay period deduction  
(round up to the nearest penny).



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I authorize my employer to reduce my earnings as indicated above. Funds deposited into my Health Care and/or Dependent Care Flexible Spending Account(s) will be available to pay for eligible expenses during the Plan Year. I understand that I can change my contributions during the Plan Year only if I experience a "status change". I have a forfeiture period following the end of the Plan Year to submit reimbursement requests for expenses incurred during the Plan Year. I understand that Internal Revenue Service rules require that I forfeit unused account balances.

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_