

FlexMagic® Employee Election Form

NAME	SOCIAL SECURITY #	E-MAIL
COMPANY	LOCATION	
HOME/MAILING ADDRESS	CITY	STATE ZIP
HOME PHONE	WORK PHONE	EMPLOYEE #
SPOUSE NAME (IF COVERED)	SPOUSE S.S.#	I AM A PARTICIPANT IN AN HSA TRUST: YES <input type="checkbox"/> NO <input type="checkbox"/>

Dependents: Yes No How Many? _____

I certify all participating dependents are eligible to participate in the plan under current tax regulations. _____

Insurance (Check One Box)

- Part I (Accept)** I elect to reduce my gross wages and have all my selected eligible health, dental and/or vision premiums paid on my behalf with before-tax dollars. Once elected, this before-tax payment will continue each Plan Year until I sign a waiver. This waiver can only be signed during an Open Enrollment or because of a Status Change during the Plan Year.
- Part I (Waive)** I do not want to pay my portion of the eligible premiums with before-tax dollars.

Spending Accounts (Check One Box)

- Part II (Accept)** I elect to reduce my gross wages and to redirect the following dollars to the Spending Account(s) specified below. I understand this election does not continue in the next Plan Year and that I must re-elect into the Spending Account(s) during the next Open Enrollment period
- Dependent Care Total Expenses* \$ _____ divided by # _____ pay dates in Plan Year = \$ _____ /pay period
- Health Care Total Expenses* \$ _____ divided by # _____ pay dates in Plan Year = \$ _____ /pay period
- *Must not exceed Plan Maximum Dollar Limits (See Information Page)*
- Part II (Waive)** I do not want to participate in the Flexible Spending Accounts.

I understand that if I do not claim spending account dollars within the 90-day Run-Out Period after the end of the Plan Year, I forfeit all remaining funds to the Employer. Eligible expenses must be incurred while I am active in the plan during the Plan Year or, if adopted, during the 2 ½ month Grace Period following the end of the Plan Year. I also understand future Social Security benefits may be affected by participation in this Plan and that dollars elected in the Plan cannot be used as a credit or deduction on my tax return.

Purpose: This agreement is designed to allow an employee to convert a portion of his/her taxable earnings to a tax-free benefit status, pursuant to IRS Code Section 125 Plan and other code sections listed under a Flexible Benefit Plan. The Employer and Employee mutually agree to this election. It is a binding agreement effective _____ through _____. **No election changes are allowed during a Plan Year unless an eligible Status Change occurs.**

Limitations: The program does not affect any other terms or conditions of employment. Termination of the employee's employment ends this agreement. Expenses reimbursed to the employee by any other company plan or insurance plans are not eligible expenses under the Flexible Benefit Plan.

Benefits: The non-taxable benefits offered by the Employer under this program may include: Part I: Employee-paid group health, dental and/or vision insurance premiums. Part II: Dependent Care expenses necessary to employment and "out-of-pocket" Health Care expenses. I understand the benefit options available to me and choose the election(s) above.

Employee Signature _____ Date _____

Employer Signature _____ Date _____

Plan Administrator/Coordinator Use Only	<input type="checkbox"/> Initial Election	<input type="checkbox"/> New-Hire Election	Date of Hire _____
<input type="checkbox"/> Status Change	Date Change Request Received _____		
Reason for change _____			
(New election must be consistent with a Status Change and be documented by a written request within 30 days of the qualifying event.)			
<input type="checkbox"/> Termination	Date Change Request Received _____		
COBRA Elected (Health Care Spending Account)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

Effective Date of Change _____ 1st or Final Payroll Deduction Date _____ No. Pay Period Deductions _____

Approved By _____ Date Approved _____

White Copy – Personnel File

Yellow Copy – Payroll/TPA

Pink Copy – Employee