

# FLEXIBLE SPENDING ACCOUNT ENROLLMENT FORM

ENROLLMENT

CHANGE OF FAMILY STATUS

## EMPLOYEE INFORMATION

LAST NAME:

FIRST NAME:

MI:

E-MAIL:

SS#:

SEX:

DATE OF BIRTH:

DATE OF HIRE:

MARITAL STATUS:

STREET ADDRESS:

APT#:

CITY:

STATE:

ZIP CODE:

## HEALTH CARE FLEXIBLE SPENDING ACCOUNT

I ELECT TO PARTICIPATE WITH AN ELECTION OF: \$ (MAXIMUM AMOUNT DETERMINED BY EMPLOYER)

## DEPENDENT CARE FLEXIBLE SPENDING ACCOUNT

I ELECT TO PARTICIPATE WITH AN ELECTION OF: \$ (\$5,000 MAXIMUM)

## ADDITIONAL MBI CARD

I WOULD LIKE AN ADDITIONAL MBI CARD FOR MY SPOUSE

SPOUSE'S NAME:

SPOUSE'S SS#:

I HEREBY REQUEST COVERAGE FOR MYSELF AND MY ELIGIBLE DEPENDENTS, AND AUTHORIZE MY EMPLOYER TO DEDUCT FROM MY PRE-TAX EARNINGS THE AMOUNT(S) REQUIRED TO PARTICIPATE IN THE PLAN(S) I AM ELECTING. I UNDERSTAND THAT IF I DECIDE AT A LATER DATE THAT I WANT ANY OF THE COVERAGES FOR WHICH I AM NOW ELIGIBLE, BUT HAVE NOW DECLINED, I MAY HAVE TO WAIT FOR THE NEXT OPEN ENROLLMENT PERIOD. I UNDERSTAND THAT UNDER THE FLEXIBLE BENEFITS PROGRAM, I MAY ONLY TERMINATE OR CHANGE MY ELECTION AT THE BEGINNING OF A PLAN YEAR UNLESS MY FAMILY STATUS CHANGES OR MY EMPLOYMENT TERMINATES. FURTHER, I UNDERSTAND THAT IF I DO NOT SUBMIT CLAIMS FOR THE AMOUNT(S) HELD IN MY FLEXIBLE SPENDING ACCOUNT(S) WITHIN 90 DAYS AFTER THE END OF THE PLAN YEAR, I WILL FORFEIT THE BALANCE IN THE ACCOUNT(S).

EMPLOYEE SIGNATURE:

DATE: