

For the 2019 plan year Employer _____

Employee name _____ E-mail _____

Address _____
Street Address City State Zip

Employee Social Security No. _____ Birth date _____ Phone no. _____

Effective date of enrollment ____/____/____ First payroll reduction date ____/____/____ No. of pay periods _____

I authorize my employer to make the following salary reductions:

	Annual*	Per Pay Period
<input type="checkbox"/> Flexible Spending Account —including deductibles, co-insurance and other expenses not paid by insurance as described in Part A on the back of this form.	\$ _____	\$ _____
<input type="checkbox"/> Dependent Care Reimbursement Account —for reduction limits and eligibility information of dependent care expenses see Part B on page two.	\$ _____	\$ _____

Before-Tax Group Insurance Premiums- I elect to pay the following premiums through a before-tax reduction of my salary:

	Annual*	Per Pay Period		Annual*	Per Pay Period
1. <input type="checkbox"/> Medical	\$ _____	\$ _____	4. <input type="checkbox"/> Health Savings Account	\$ _____	\$ _____
2. <input type="checkbox"/> Dental	\$ _____	\$ _____	5. <input type="checkbox"/> Other (<i>specify below</i>)	\$ _____	\$ _____
3. <input type="checkbox"/> Vision	\$ _____	\$ _____			
			Total pre-tax expense	\$ _____	\$ _____

I understand that:

- I cannot change this election during the plan year unless I have a change in status.
- If I terminate employment, I have 90 days to turn in claims for dates of service that occurred prior to my termination.
- Any amounts remaining in my reimbursement accounts at the end of the year will be forfeited.
- My Social Security benefits may be reduced by this election.
- My employer may reduce or cancel this election as necessary to comply with provisions of the Internal Revenue Code.

Employee Signature _____ Date _____

WAIVER OF PRE-TAX BENEFITS UNDER THE FLEXIBLE BENEFITS PLAN

I elect to waive all pre-tax benefits under the Flexible Benefits Plan, but I understand that I may elect similar coverage(s) on an after-tax basis. I understand that I cannot elect pre-tax benefits until the next anniversary date, and any after-tax coverage shall be outside the plan.

Employee Signature _____ Date _____

PART A MEDICAL CARE EXPENSES (I.R.C. §213)

The following are examples of medical or medically-related expenses which may be claimed as qualified health care expenses under the plan. All health care expenses must be for the diagnosis, cure, mitigation, treatment or prevention of disease or for the purpose of affecting any structure or function of the body to be a qualified health care expense under the comp-flex plan.

- Hospital, laboratory, surgery and x-ray expenses.
- Fees from medical doctors, chiropractors, osteopaths, nurses, psychologists, dentists, Christian Science practitioners and other licensed healing arts practitioners for diagnosis, treatment, routine exams and other non-diagnostic services.
- Co-insurance and deductibles.
- Artificial limbs and teeth.
- Braces, crutches, orthopedic shoes and wheelchairs. Vision and hearing exams, eyeglasses, contacts and hearing aids (*including batteries*).
- Prescribed drugs including insulin
- Care and treatment of alcoholism and alcohol and drug addiction.
- Transportation for medical treatment of specific problems including ambulance.
- Miscellaneous medical services and supplies.

PART B DEPENDENT CARE EXPENSES (I.R.C. §129)

Only those dependent care expenses which allow you (*and your spouse if you are married*) to be gainfully employed are eligible. This excludes care which is primarily for medical or educational purposes.

Eligible dependents:

- Dependent children under age 13, or any other dependent who is incapable of caring for himself or herself and whose principal residence is your home.

Eligible expenses:

- Reimbursement is limited to the income of the lower earning spouse and also \$5,000 per year; \$2,500 if married, filing separate return. Married employees in separate plans can only be reimbursed in total for \$5,000. The reimbursement amount may not exceed the employee's salary; or for married employees, the lesser of the spouse's salaries (*subject to certain exceptions*). If your spouse is a full time student or incapable of caring for himself or herself, the maximum is \$200 per month for one child or \$400 per month for two or more children.

Eligible providers:

- A licensed day care center which cares for six or more persons.
- An unlicensed provider caring for less than six persons.
- An in-home provider, as long as that provider is not your child under age 19 or someone you or your spouse claim as a dependent for tax purposes.

PART C—INDIVIDUAL PREMIUM EXPENSES

Eligible expenses:

- Premiums paid for dental, vision or disability* insurance, Medicare Part B, Part C, and Part D and other disease specific premiums.
*If disability insurance premiums are paid pre-tax, any benefits received are taxable to the employee.
- College/private school student health fees.
- Non-Employer sponsored major medical health premiums (*including spouse*)

Ineligible expenses:

- Whole life policies.
- Your spouse's group insurance premiums (*insurance sponsored by spouse's employer*).
- Lifetime care (*nursing home*) policy premiums.

PART D. CHANGE IN STATUS

The amounts reduced from your salary for group insurance premiums, medical care, dependent care and/or individual insurance premium reimbursement accounts may not be changed unless you have a change in status for the following reasons, the change is consistent with the change in status and such change is permitted by your employer.

- Marriage, divorce, legal separation or annulment of marriage of the employee.
- Birth or adoption of a child (*or placement of a child for adoption*) of the employee.
- Gain or loss of a dependent.
- Change in employment status of employee, spouse or dependent—includes an increase or decrease in hours worked, switching from full-time to part-time employment or vice-versa, a strike or lockout occurring at the place of employment, or commencement of or return from a leave of absence.
- Change in the place of residence or worksite of employee, spouse or dependent—if a participant moves out of the service area of an HMO or PPO, he or she may change the annual election amount of the pre-tax group insurance premium, NOT the medical care reimbursement account. Dependent care annual elections may be changed at this time also if the new provider's rates are different than the previous provider's rates.
- Significant cost or coverage changes in employee's or spouse's group health insurance plan—if this occurs, only items 1-7 on page one of this form may be changed.
- Significant increase or decrease of dependent care expenses. For more information, see IRS publication 503, "Child and Dependent Care Credit," available from your local IRS office.