

FLEX ELECTION FORM AND SALARY REDUCTION AGREEMENT

Employer _____

Plan Year _____

1 PERSONAL INFORMATION

Employee Name (required)	Employee Phone Number
Street Address, City, State, Zip (Required)	Social Security Number (required)
Email Address (required for online access)	Date of Birth (required)
Payroll Frequency/Number of Pay Periods Per Year (required)	Date of Hire (required)

2 BENEFIT ELECTION

Initial Request

New Year Request

Waive Participation

If you are part of a company health insurance plan, your premiums will automatically be paid pre-tax by payroll deduction. You may also choose any of the following benefits to add to your pre-tax deduction:

Flexible Spending Account <i>Must not exceed \$3,050/year as per IRS Regs</i> Enrollment Effective Date (required) Per Pay Period election (required) Annual Election (required)	Dependent Care Account <i>Must not exceed \$5,000/year as per IRS Regs</i> Enrollment Effective Date (required) Per Pay Period election (required) Annual Election (required)	Other Benefit Type (HSA, Outside Premium) (required) Enrollment Effective Date (required) Per Pay Period election (required) Annual Election (required)
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3 DIRECT DEPOSIT REQUEST

Financial Institution		
Financial Institution Address		
Checking Savings	Account Number	Routing Number
IMPORTANT! Please attach a voided check with this form (not a deposit slip). Only for a savings account is a deposit slip acceptable.		
I (We) authorize Keating & Associates, Inc. to initiate credit entries and, if necessary, debit and adjustment entries for any credit entries made in error to my (our) account indicated above and the financial institution indicated above.		
Employee Signature		Date

4 EMPLOYEE SIGNATURE

I understand that:

- I am authorizing my employer to reduce my compensation by the amount specified. This election will expire at the end of the plan year and I must make a new election each year.
- I am not permitted to change my FSA or DCA elections during the plan year unless the change is due to and in accordance with certain recognized IRS regulations for change in status events.
- Any funds left in my FSA and/or DCA at the close of the plan year will be forfeited.
- If I terminate employment, I have 90 days to turn in claims for dates of service that occurred prior to my termination.
- My employer may reduce or cancel this election as necessary to comply with provisions of the Internal Revenue Code.

Employee Signature _____

Date _____

TPA DEPARTMENT

KA KEATING
& ASSOCIATES