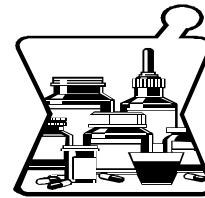




FLEX ENROLLMENT INSTRUCTIONS



1. Read the enclosed material about the Plan.
2. Pay special attention to *the Questions and Answers* enclosure.
3. Fill out the *Confidential Survey Form* on the reverse. Remember to estimate expenses you expect during the NEXT plan year, NOT last plan year!
4. From the Survey Form, categorize your expenses.

Category I: Employer sponsored health, dental, long-term disability, and non-statutory short-term insurance premium (if you do not have a payroll deduction for Survey Form items IA-C you do not have expenses in this category.)

Category II & III All Child Care and other dependent care costs for care of an eligible dependent while both spouses work. (This may include a dependent elder.) You will need the Social Security number or the Tax Identification number of the person or entity which provides the dependent care, even though we do not report that number to the IRS. When claiming a dependent care deduction, you must file Form 2441 with your annual 1040. This category can also be used for eligible adoption assistance expenses. Please contact your HR Director or e-mail info@flexbene.com to determine if your employer offers an Adoption Assistance account, or check your Summary Plan Description.

Category IV & V: All out of pocket medical, dental and vision care expenses. These are expenses not covered or only partially covered by your insurance. Specific exclusions to these types of expenses are cosmetic procedures, incidental supplies, vitamins, and supplements. From your Survey Form, items for inclusion in this Category include IV, A-J; and V, A-G.

5. Take the total of your anticipated expenses in each category and divide each total by the number of pay periods in the Plan Year. Transfer these amounts to the *Flexible Compensation Enrollment Form*.
6. Complete the top information of the *Flexible Compensation Enrollment Form* and sign the authorization.
7. Call the Flex Hotline toll-free at 1-800-836-8100 or (585) 385-6010 ext. 3007 between 9:00am and 4:30pm (EST) to request help with your enrollment or to verify the ability to deduct an expense. You may also e-mail us at info@flexbene.com.
8. Send the completed *Enrollment Form* and *Survey Form* to MA Services or your HR Director by your employer-specified deadline, (see your Summary Plan Description). You may also enroll online at www.flexbene.com

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