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# FLEXIBLE BENEFITS ENROLLMENT FORM

PLAN EFFECTIVE/PAYROLL DEDUCTION DATE: January 1, 2001

New Enrollment  Re-enrollment

EMPLOYER: \_\_\_\_\_

EMPLOYEE: \_\_\_\_\_  
Last First Middle Initial

ADDRESS: \_\_\_\_\_

Social Security # \_\_\_\_\_ DOB: \_\_\_/\_\_\_/\_\_\_ Date Employed: \_\_\_\_\_

Male  Female  Married  Single  Divorced

Number of Pay Periods per Year: \_\_\_\_\_ Employment Status: **Part-Time**  or **Full-Time**

Spouse's Name: \_\_\_\_\_ DOB \_\_\_\_\_

Dependent's Name: \_\_\_\_\_ DOB \_\_\_\_\_

Dependent's Name: \_\_\_\_\_ DOB \_\_\_\_\_

Dependent's Name: \_\_\_\_\_ DOB \_\_\_\_\_

Dependent's Name: \_\_\_\_\_ DOB \_\_\_\_\_

AUTHORIZATION I certify the above information to be correct and true to the best of my knowledge and that the children listed either reside with me in a parent-child relationship or are legally dependent on me for their support. I understand that any remaining dollars in my account(s) not used for eligible expenses incurred in the elected category, during the Plan Year will be FORFEITED in accordance with current plan provisions and tax-laws. I understand that the Flexible Compensation reduction(s) will be in effect for the Plan Year and cannot be revoked unless I experience a change in family status or termination of my spouse's employment.

(See printed SPD)

**I ALSO UNDERSTAND THAT the flexible compensation reductions may have some effect on my Social Security receipts.**

To compensate for this I have been offered an optional supplement feature by my employer.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## FLEXIBLE COMPENSATION REDUCTIONS

<u>*Group Insurance Reductions</u>	<u>Individual Reductions</u>	<u>Per Pay</u>	<u>Annual</u>
Group Medical \$ _____	Individual Medical, Dental, Vision	\$ _____	\$ _____
Group Dental \$ _____	Individual Disability	\$ _____	\$ _____
Group Life \$ _____	Dependent Care	\$ _____	\$ _____
	Other Health Insurance	\$ _____	\$ _____

\*Group insurance reductions will automatically renew unless you terminate or change coverage. Premium increases or decreases, upon occurrence, are also automatically updated.

**PLEASE SIGN AND MAIL ORIGINAL ENROLLMENT FORM**