



2010 - Flexible Benefits Plan Election Form

Please complete this form with a blue/black pen.

Company Name: _____		Date of Eligibility: _____	
Name: _____		Social Security #: _____ - _____ - _____	
First	Last		
Address: _____		Apt # (if any) _____	
#	Street		
City & State: _____		Zip: _____	E-mail Address: _____
City	State		

Health Care Flexible Spending Account

The Health Care FSA allows you to use pre-tax dollars to pay for eligible health expenses which are not 100% covered or are ineligible for payment through any group health care plan(s) under which you, your spouse, and/or dependents are covered. You will automatically receive a debit card when you enroll in the Health Care FSA.

Yes, I elect to participate: \$ _____ = \$ _____

Plan Year Contribution # Pay Periods Remaining Pay Period Pre-Tax Contribution

No, I elect not to participate.

Dependent Care Flexible Spending Account

The Dependent Care FSA allows you to use pre-tax dollars to pay for eligible dependent care expenses (e.g. child care) which enable you and your spouse (if applicable) to work or attend school on a full-time basis.

Yes, I elect to participate: \$ _____ = \$ _____

Plan Year Contribution # Pay Periods Remaining Pay Period Pre-Tax Contribution

No, I elect not to participate.

Adoption Assistance Flexible Spending Account

The Adoption Assistance FSA allows you to use pre-tax dollars to pay for eligible adoption expenses.

Yes, I elect to participate: \$ _____ = \$ _____

Plan Year Contribution # Pay Periods Remaining Pay Period Pre-Tax Contribution

No, I elect not to participate.

I have received and read printed materials explaining my employer's Flexible Benefits Plan and my options as a participant.

- If I am waiving my participation in one or more of the accounts, I understand that I may not be eligible to enter the Plan in the current calendar year unless I have an eligible qualifying event.
- If I am electing one or more of the accounts, I understand that I am making a binding election for one full Plan year; that elections can be changed only during open enrollment or, in some cases, when permitted under the Plan's rules due to an eligible qualifying event.
- In the event of separation of employment prior to the end of the Plan year, I realize that my Health Care Reimbursement Account (HCRA) expenses must be incurred on or before my last day of employment to be eligible for reimbursement. If I wish to extend my HCRA past the last day of my separation of employment, I can either elect COBRA coverage by sending a check to the COBRA administrator for any remaining premiums as they fall due each month (after tax method), or I can elect to pay the remaining premiums by having HRinnovations withhold them from my last paycheck on a pre tax basis (I must contact HRinnovations within 7 business days prior to my last paycheck for the latter option to be viable).
- Participation in the Flexible Benefits Plan creates Personal Health Information. Unless otherwise directed by me, BAC (the Flexible Benefits Plan administrator) will assume that they are authorized to communicate with my spouse regarding my flex account for the purposes of claim questions, denials, balances, and other operations of the account. This release is revocable at any time by completing the Release of Information form. If I would like to limit the information available to my spouse or allow access to other dependents, I must complete the Release of Information form.

PLEASE RETURN FORM TO:
HRinnovations
FAX: (425) 451-3055
E-mail: Forms@hrinnovations.com

Participant Signature _____ Date _____

OFFICIAL USE ONLY: Payroll _____ Date _____	Benefits _____ Date _____	EE ID: _____
REVIEW ONLY: Payroll _____ Date _____	Benefits _____ Date _____	Consultant _____ Date _____