



Flexible Spending Account Enrollment Form

Discovery Benefits
simplify.™

1. Employee Information (all information is required)

<input type="text"/>		<input type="text"/>	
Company Name		Employee ID/Number	
<input type="text"/>		<input type="text"/>	
Participant Name (First MI Last)		Social Security Number	
<input type="text"/>	- <input type="text"/>	- <input type="text"/>	<input type="text"/>
Day Telephone		Hire Date	
<input type="text"/>		<input type="text"/>	
Street Address		Email Address (If provided, all notifications will be sent via email)	
<input type="text"/>		<input type="text"/>	
City		State	Zip
<input type="text"/>		<input type="text"/>	<input type="text"/>
Pay Frequency: <input type="checkbox"/> 12 <input type="checkbox"/> 24 <input type="checkbox"/> 26 <input type="checkbox"/> 48 <input type="checkbox"/> 52 <input type="checkbox"/> Other _____		Gender	Marital Status
		<input type="text"/>	<input type="text"/>

2. Enrollment Information

Enrollment Type (select one of the following)	Plan Year Dates	Month	Day	Year
<input type="checkbox"/> Open Enrollment Period	Participant Effective Date	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> New Hire/Change of Benefit Eligibility	Plan Year Ending Date	<input type="text"/>	<input type="text"/>	<input type="text"/>

3. Employee Premiums

If you have a payroll deduction for insurance premiums, eligible premiums will be deducted before taxes are calculated. Employees will automatically be enrolled in this portion of the Section 125 Plan. However, if you wish, you may opt out of the Employee Premium Conversion part of the Plan by contacting your HR Department and filling out a waiver form. *Please Note: Insurance premiums cannot be claimed as reimbursable expenses from your Medical Spending Account.

4. Annual Election

	Medical Spending Account		Dependent Care Spending Account
Annual Election (limit is set by your company)	\$ <input type="text"/>	Annual Election (IRS limit is \$5,000)	\$ <input type="text"/>
Number of Pay Periods	÷ <input type="text"/>	Number of Pay Periods	÷ <input type="text"/>
Per Pay Period Amount (to be deducted each pay period)	= <input type="text"/>	Per Pay Period Amount (to be deducted each pay period)	= <input type="text"/>

5. Other Services

A. Do you elect the Flex Debit Card? Yes No (if offered by employer, all FSA participants receive a flex debit card.)

Flex Debit Card	A Flex Debit Card pays directly from your flexible spending account at the point of service. Keep your receipts. Submission of documentation is required. The flex card must be offered by the employer. Check with your employer to find out if the card is an option with your flexible benefits plan. You may not elect both the Auto EOB and the Flex Card as it will result in duplicate reimbursement.
-----------------	--

B. Would you like to set up Auto EOB? Yes No (You may not elect both the Auto EOB and the Flex Debit Card as it will result in duplicate reimbursement.)

Auto EOB	Auto EOB is the automatic crossover of eligible health claims from a participant's health insurance carrier. Payment is made automatically to you from your flexible spending account. Not all carriers offer this feature and it may not be available for your group. Check with your employer to find out if Auto EOB is an option with your flexible benefits plan.
----------	---

6. Participant Authorization

I authorize my employer to reduce my pay on a per pay period basis as indicated above. I understand my reduction is for one flex plan year and that I cannot change or revoke my election unless I experience a status change in accordance with Internal Revenue Code Section 125 and submit the change within 30 days of the status change. I am aware of the plan's forfeiture provision and that my Social Security and federal unemployment benefits may be reduced because of my reduced salary for tax purposes. I authorize the release of any information necessary for Flexible Benefits. I hereby certify that the reimbursement requests I will be submitting are IRS eligible expenses and that I will not be nor have I been previously reimbursed for these expenses; nor am I seeking reimbursement for these expenses from insurance or any other source. I also understand that Discovery Benefits, its agents or employees, will not be held liable if I submit non-IRS eligible expenses for reimbursement.

7. Participant Refusal

I understand that if I elect not to participate, I cannot enter the program until next year unless I experience a status change in accordance with Internal Revenue Code Section 125 and submit the change within 30 days of the status change.

<input type="text"/>	<input type="text"/>
Employee Signature	Date