



Employee Name: _____

Home Address: _____

Social Security: _____ Birth Date: _____ Hire Date: _____

Note: Goodwill health insurance is automatically pre-tax through the Premium Only Plan – form not needed.

A. FSA– Medical Reimbursement (NON-health insurance costs)

The cost paid by you or your dependents for annual deductibles, co-pays, eye care, dental care, prescriptions, etc., which is not reimbursed by insurance. **Does not cover individual insurance policies.**

I wish to make the following Annual Election \$ _____ Maximum allowable \$2,700.00

B. FSA-Dependent Care

Employment related care for qualifying dependents (Children under age 13 or physically disabled adult)

I wish to make the following Annual Election \$ _____ Maximum allowable \$5,000.00

FLEX DEBIT CARD ELECTION – select one option if enrolling.

YES, I elect the debit card. NO, I do not want the debit card for the current plan year.

Please send an extra card for (spouse or dependent) _____ at no additional fee. (full spouse/ dependent name)

Additional cards can be ordered through the participant’s website – www.myflexonline.com at no additional fee.

Acknowledgement- My employer’s benefits have been explained to me and I understand that:

1. I cannot change or revoke my election unless I have a change in family status as defined by the FLEXPLAN, usually marriage, divorce, death of a spouse or child, birth or adoption of a child or termination of a spouse’s employment
2. My employer may adjust premiums if provider rates change, but I may not be able to change my election during the PLAN YEAR.
3. For healthcare FSA, up to \$500 will carryover from the previous plan year to the following plan year. The \$500 carryover will occur on the first day of the following plan year. Any amount in excess of \$500 will be forfeited if not submitted by your employer’s run-out period to submit claims.
4. Participation in this Plan may mean I will pay less Social Security tax, which could slightly reduce my Social Security Benefits.
5. I can only submit claims for expenses incurred while I was an ACTIVE participant in the Plan.
6. If the flex Plan Debit card is used for Non-Qualified Expenses (NQE), you will be responsible for repaying the NQE from your own personal funds. Each time you use your card for a NQE, there will be a charge of \$10.00 per occurrence that will be deducted from your benefit election. Failure to repay the NQE will result in suspension of the card.

DIRECT DEPOSIT OPTION: If you wish to utilize this option, you may need to include a copy of a voided check along with this form. (If enrolling online, fill out the form online, then fax your voided check to Tracy Bush – 336 714 3054, with a note stating it is for the FSA account.)

Choose one of the following: Checking Savings Account information on file at Flex-Pay

Request to Waive (I do not wish to participate) – The Flexible Benefits Plan has been explained to me and I elect to waive participation. I understand my next opportunity to enter the Plan will be next open enrollment period.

By signing below, I authorize my employer to adjust my compensation by the amount of my benefit elections above. Furthermore, I understand the terms and conditions of the Flex Plan Debit Card Program.

Employee Signature: _____

Date: _____