## WAGEWORKS ENROLLMENT APPLICATION AND DEDUCTION AUTHORIZATION For Health Care and **Dependent** Care (Day Care) Flexible Spending Accounts

(Please F	Print Clearly)					80	ocial			
Name_			Social Security No							
	(Last)	(First)	(M	11)						
Home					0:1		21.1	<b></b> -		
Address	S	_			City		State	Zıp		
M#	Birthdate			Employment Hire Date						
	Month/Day/Year				Employment Hire Date					
E-Mail _	Work		Work Pho	Phone			Home Phone _			
Number	of Paycheck Deductions	during the Plan Yea	r (circle): 10	12	20	24	Purpose (circle):	Election	Revision	
Pleas	se Indicate You	r Elections E	Below:							
		HEALTH CA	RE FLEXIBLE	SPE	NDING	Ac	COUNT			
l v	I authorize a 2014 annual contribution of \$ to be made to my Health Care Flexible Spending Account. This amount will be deducted from my pay on a pre-tax basis in equal amounts throughout the course of the plan year. The minimum annual contribution is \$50 and the maximum contribution is \$2,500 for the plan year.									
	DEF	PENDENT CARE (	Day Care) I	FLEXIE	BLE S	PEN	DING ACCOUNT			
I authorize a 2014 annual contribution of \$ to be made to my Dependent Care (Day Care) Flexible Spending Account. This amount will be deducted from my pay on a pre-tax basis in equal amounts throughout the course of the plan year. The minimum annual contribution is \$50 and the maximum contribution is \$5,000 or \$2,500 if married and filing a separate tax return for the plan year.										
I unde	erstand by my partic	cipation in these	accounts t	hat	•					
1.	I may not change or stop my contributions during the plan year unless my family or employment status changes (i.e., marriage, divorce, death of a spouse or child, birth or adoption of a child, termination or commencement of employment of a spouse, unpaid leave of absence, etc.). Such a change in my election must be the result of, and consistent with, the event causing the election change, and must qualify under the terms and conditions of the plan which includes a thirty (30) day limit for changes outside of open enrollment. All changes must be submitted in writing within the 30 day limit to Human Resources.									
2.	IRS rules require that any amount not used for covered expenses under my Health Care Flexible Spending Account and Dependent Care (Day Care) Flexible Spending Account cannot be returned to me. I understand that I can incur claims on my Dependent Care Flexible Spending Account until December 31, 2014, that I can incur claims on my Health Care Flexible Spending Account until March 15, 2015, and that I have until May 31, 2015, to file claims under both flexible spending accounts.									
3.	services incurred by the	your employment is terminated mid-year, you have three (3) months from the Coverage End Date to submit claims for ervices incurred by the end of your coverage end date. You are eligible for COBRA for your Health Care FSA if you have a ositive balance remaining in your Health Care FSA account at the coverage end date. Contact the HR Office regarding COBRA eligibility.								
4.	I have received and reac forth in the written mater		provided to me	describ	oing the	e plar	ns, and agree to the	terms of pa	articipation set	
Employ	ee Signature				Date	<del></del>			-	

## COMPLETE, SIGN, AND DATE THIS FORM

Return to Human Resources