



Please check one: <input type="radio"/> 9 Month Employee <input type="radio"/> 12 Month Employee

2012 Enrollment Flexible Spending Account Application

Health Care Spending Account

A Medical Care FSA will allow you or an eligible dependent the option to save tax dollars on health care expenses. The minimum allowable annual deposit is \$208, and the maximum is \$5,000 for the plan year. Please elect your per pay period deposit.

\$ _____
Total Annual Amount
(maximum of \$5,000)

(Biweekly deduction = Total Annual Amount / number of pay periods remaining through December 31, 2012)

Dependent Care Spending Account

A Dependent Care FSA will allow you to save tax dollars on dependent care expenses. The minimum allowable annual deposit is \$208, and the maximum is \$5,000 for the plan year. Please elect your per pay period deposit.

\$ _____
Total Annual Amount
(maximum of \$5,000)

(Biweekly deduction = Total Annual Amount / number of pay periods remaining through December 31, 2012)

IMPORTANT: The amount you can deduct is limited to the lesser of your earned income or your spouse's earned income and is not to exceed \$5,000.

I elect to have the amount(s) stated above deducted each pay for 20 pays if I'm employed nine-months or 26 pays if I'm employed 12 months of the year. I understand this election will begin January 1, 2012 and is binding through December 31, 2012. I can only make midyear changes or enroll in a FSA if I experience a qualified status change as defined by the IRC.

Social Security Number Banner ID Number Name Date of Birth Sex (M/F)

Street Address City State ZIP CODE

Job Title Union Affiliation Phone number Employee Signature Date