



MAIL TO:  
**Benefit Administration Corporation**  
 955 N Street  
 Fresno, CA 93721  
 (800) 282-5246

**FLEXIBLE BENEFITS PLAN  
 EMPLOYEE ENROLLMENT FORM**

ENROLLMENT   
 RE-ENROLLMENT   
 PLAN YEAR \_\_\_\_\_

Employer						Social Security No.									
Employee's Name (Last, First, Middle Initial)															
Employee's Home Address				(Street)				(City)				(State)		(Zip)	
Telephone Number			Date of Birth			Date of Hire			Officer <input type="checkbox"/> Yes <input type="checkbox"/> No		Ownership  %				
			Mo.	Day	Year	Mo.	Day	Year							

Dependent Information		
Spouse(if married):	(First Name)	(Last Name)
Dependents:	(First Name)	(Last Name) (Relationship)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

(If additional space needed, please attach a schedule listing dependents)

Elections											
<p>I elect the following coverage and request that the employee cost of the following benefit plans be deducted from my salary on a pre-tax basis            (Per pay period):</p> <p><input type="checkbox"/> Medical Premium \$ _____</p> <p><input type="checkbox"/> Dental Premium \$ _____</p> <p><input type="checkbox"/> Vision Premium \$ _____</p> <p><input type="checkbox"/> Life Insurance Premium \$ _____</p> <p><input type="checkbox"/> Other Eligible Insurance Premium \$ _____</p>	<p>I elect the following coverage and request that the employee cost of the following benefit plans be deducted from my salary on a pre-tax basis</p> <table style="width:100%; border-collapse: collapse;"> <tr> <td style="background-color: #333; color: white; text-align: center; padding: 5px;"><b>HEALTH CARE FLEXIBLE SPENDING ACCOUNT</b></td> <td style="padding: 5px;">CONTRIBUTION PER PAY PERIOD \$ _____</td> <td style="padding: 5px;">NUMBER OF PAY PERIODS REMAINING IN PLAN YEAR  X _____</td> <td style="padding: 5px;">YOUR ANNUAL ELECTION = _____</td> </tr> <tr> <td style="background-color: #333; color: white; text-align: center; padding: 5px;"><b>DEPENDENT CARE FLEXIBLE SPENDING ACCOUNT</b></td> <td style="padding: 5px;">CONTRIBUTION PER PAY PERIOD \$ _____</td> <td style="padding: 5px;">NUMBER OF PAY PERIODS REMAINING IN PLAN YEAR  X _____</td> <td style="padding: 5px;">YOUR ANNUAL ELECTION = _____</td> </tr> </table>	<b>HEALTH CARE FLEXIBLE SPENDING ACCOUNT</b>	CONTRIBUTION PER PAY PERIOD \$ _____	NUMBER OF PAY PERIODS REMAINING IN PLAN YEAR  X _____	YOUR ANNUAL ELECTION = _____	<b>DEPENDENT CARE FLEXIBLE SPENDING ACCOUNT</b>	CONTRIBUTION PER PAY PERIOD \$ _____	NUMBER OF PAY PERIODS REMAINING IN PLAN YEAR  X _____	YOUR ANNUAL ELECTION = _____	CANNOT EXCEED \$5,000 PER HOUSEHOLD	
<b>HEALTH CARE FLEXIBLE SPENDING ACCOUNT</b>	CONTRIBUTION PER PAY PERIOD \$ _____	NUMBER OF PAY PERIODS REMAINING IN PLAN YEAR  X _____	YOUR ANNUAL ELECTION = _____								
<b>DEPENDENT CARE FLEXIBLE SPENDING ACCOUNT</b>	CONTRIBUTION PER PAY PERIOD \$ _____	NUMBER OF PAY PERIODS REMAINING IN PLAN YEAR  X _____	YOUR ANNUAL ELECTION = _____								

I am participating in a Health Savings Account _____ Yes _____ No	If you participate in a Health Saving Account, in general, only the cost of dental, vision, preventive care and post-deductible expenses are eligible for reimbursement.
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I authorize my employer to deduct the monthly administration fee of \$ \_\_\_\_\_ from my pay.

**AUTHORIZATION:** I certify the above information to be correct and true to the best of my knowledge and that the children for whom I will be claiming dependent expenses or child care, either reside with me in a parent-child relationship or are legally dependent on me for their support. I understand that any amounts remaining in my account(s) not used for eligible expenses incurred during the plan year will be forfeited in accordance with current plan provisions and tax laws. I further understand that the Flexible Compensation deduction(s) will be in effect for the plan year and cannot be revoked unless I experience a change in my family status.

Signature \_\_\_\_\_ Date \_\_\_\_\_

DECLARATION OF PARTICIPATION I have been given the opportunity to participate in the above plans and have elected not to do so.

Signature \_\_\_\_\_ Date \_\_\_\_\_