



125 CAFETERIA PLAN EMPLOYEE ELECTION FORM

Employer Name:		Plan Year: 2019-2020	
Employee Name:		Social Security Number:	
Address:		City, State, Zip:	
Date of Birth:	Date of Hire:	Gender:	
Email Address:		Phone Number:	

FLEXIBLE SPENDING ACCOUNT (FSA)

I elect to participate.  YES  NO  
(Not to exceed \$2,700)

\$ \_\_\_\_\_ per pay X \_\_\_\_\_ pay periods = \$ \_\_\_\_\_ Annually

\*\*\* EMPLOYER MUST COMPLETE FOR MID YEAR ENROLLMENTS \*\*\*

Date of 1<sup>st</sup> Deduction: Eligibility Date:

DEPENDENT CARE ACCOUNT (DCA)

DAY CARE EXPENSES

I elect to participate.  YES  NO  
(Not to exceed \$5,000 or \$2,500 if married and filing separately.)

\$ \_\_\_\_\_ per pay X \_\_\_\_\_ pay periods = \$ \_\_\_\_\_ Annually

DIRECT DEPOSIT

PLEASE NOTE: NOT ALL EMPLOYERS ALLOW DIRECT DEPOSIT AS A REIMBURSEMENT OPTION.

Please check one:

- I elect NOT to participate in Direct Deposit.
- I elect to participate in Direct Deposit.

If you elected to participate in Direct Deposit, please provide account information below.

Checking Account:	Savings Account:
Financial Institution:	
Routing Number:	Account Number:

DEPENDENT INFORMATION

FIRST NAME	LAST NAME	DATE OF BIRTH <small>MMDDYYYY</small>	RELATIONSHIP <small>SPOUSE, DOMESTIC PARTNER, CHILD, OTHER</small>

**ACKNOWLEDGEMENT & SIGNATURE**

I acknowledge that I am authorizing the company to deduct equal amounts from my paychecks to collect the designated pre-tax amount above. I recognize that these selections constitute a deliberate binding decision on my part that may not be changed until the enrollment period for the next plan year or if I experience a change in status. I certify that I will only claim reimbursement for eligible expenses for myself and/or qualified dependents as defined in the SPD. I further certify that these expenses will not be reimbursed under any other benefit plan. I understand any unused dollars at the end of the plan year will be forfeited. I have examined the agreement and to the best of my knowledge, it is true, correct and complete.

Employee Signature:

Date: