125 Cafeteria Plan Enrollment Form

NATIONAL BENEFIT SERVICES, LLC
Customer Care • Knowledge and Expertise • Organizational Excellence

(Please complete this form and return it to your Human Resource Department)

Personal Information

Company Name

First Name | Last Name | Social Security Number - (Required)

Street Address | Date Of Birth - (Required)

City | State | Zip Code | Date Of Hire - (Required)

Email Address (Required for ACH claim payment notification) | Phone Number

Benefit Election

If you are part of a company health insurance plan your insurance premiums will automatically be paid pre-tax by payroll deduction. You may also choose any of the following benefits to add to your pre-tax deduction:

☐ **Health Care Expenses:** $. PER YEAR
Please refer to the SPD for the maximum annual allowable election

☐ **Day Care Expenses:** $. PER YEAR
Maximum annual allowable election is $5,000 OR $2,500 if married and filing taxes separately

☐ **Orthodontic Expenses:** $. PER YEAR
Please refer to the SPD for the maximum annual allowable election

☐ Initial Request

☐ New Year Request

☐ Waive Participation

Debit Card

Would you like a Debit Card? **(For health Expenses only)** ☐ Yes ☐ No There is a $18 per year fee for the use of the Debit Card.

You will receive 2 debit cards in the participant's name, one for you and one for your spouse or dependent.

Employee Signature

I hereby authorize the appropriate payroll reductions as my contribution(s) to the Cafeteria Plan until changed by me in writing. I recognize that such payroll reductions shall be adjusted automatically in the event of a change in the insurance premiums of the benefits I have selected. I will only use the Flexible Spending Account (including the use of a Debit Card) for eligible expenses under the plan, and understand I will be responsible to pay for any transactions not allowed by the plan. In addition, I authorize the release of medical and account information to my spouse (if applicable).

Employee Signature | Date

X _____ _____

Direct Deposit Request

Your Financial Institution | ☐ Checking Account ☐ Savings Account

Financial Institution Address | Account Number | Routing Number

IMPORTANT! Please attach a voided check with this form (not a deposit slip). Only for a savings account is a deposit slip acceptable.

I (We) authorize National Benefit Services, LLC to initiate credit entries and, if necessary, debit and adjustment entries for any credit entries and adjustments made in error to my (our) account indicated above and the financial institution named above.

Employee Signature | Date

X

NBS - 418(10/07)

National Benefit Services, LLC
P.O. Box 6980, West Jordan, UT 84084 PH (888)353-9125 Toll Free Fax (800) 478-1528

Please return to your Human Resource department