

# 125 Cafeteria Plan Enrollment Form



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

<b>Personal Information</b>	Company Name <input style="width: 100%;" type="text"/>	
	First Name <input style="width: 30%;" type="text"/>	Last Name <input style="width: 30%;" type="text"/>
	Street Address <input style="width: 100%;" type="text"/>	
	City <input style="width: 40%;" type="text"/>	State <input style="width: 5%; text-align: center;" type="text"/> Zip Code <input style="width: 35%;" type="text"/>
	Email Address (Required for ACH claim payment notification) <input style="width: 100%;" type="text"/>	

Social Security Number - (Required) <input style="width: 10%; text-align: center;" type="text"/> - <input style="width: 10%; text-align: center;" type="text"/> - <input style="width: 30%;" type="text"/>
Date Of Birth - (Required) <input style="width: 10%; text-align: center;" type="text"/> - <input style="width: 10%; text-align: center;" type="text"/> - <input style="width: 30%;" type="text"/>
Date Of Hire - (Required) <input style="width: 10%; text-align: center;" type="text"/> - <input style="width: 10%; text-align: center;" type="text"/> - <input style="width: 30%;" type="text"/>
Phone Number <input style="width: 10%; text-align: center;" type="text"/> - <input style="width: 10%; text-align: center;" type="text"/> - <input style="width: 30%;" type="text"/>

<b>Benefit Election</b>	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:	
	<input type="checkbox"/> <b>Health Care Expenses:</b> \$ <input style="width: 15%; text-align: center;" type="text"/> PER YEAR <small>Please refer to the SPD for the maximum annual allowable election</small>	<input type="checkbox"/> <b>Day Care Expenses:</b> \$ <input style="width: 15%; text-align: center;" type="text"/> PER YEAR <small>Maximum annual allowable election is \$5,000 OR \$2,500 if married and filing taxes separately</small>

<input type="checkbox"/> Initial Request
<input type="checkbox"/> New Year Request
<input type="checkbox"/> Waive Participation

<b>Debit Card</b>	Would you like a Debit Card? (For health Expenses only) <input type="checkbox"/> Yes <input type="checkbox"/> No Please see your HR department for payment instructions You will receive 2 debit cards in the participant's name, one for you and one for your spouse or dependent.
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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 X	Date
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<b>Direct Deposit Request</b>	Your Financial Institution	<input type="checkbox"/> Checking Account <input type="checkbox"/> Savings Account
	Financial Institution Address	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 X	Date
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