

Flexible Spending Account 2012 Enrollment Form

Employee Information:

First Name:	Last Name:		
Street Address:	City:	State:	Zip:
E-mail Address:	Phone #:		
Date of Birth:	Social Security #:		

Dependent/s Information:

Dependent Name:	Relation:	Date of Birth:
Dependent Name:	Relation:	Date of Birth:
Dependent Name:	Relation:	Date of Birth:
Dependent Name:	Relation:	Date of Birth:

** Please list additional dependents on back side of this enrollment form*

Employee's Flexible Benefit Per Pay Deduction/ Allocation:

Healthcare Reimbursement Account:	Per Pay Period \$ _____	# of Pay Periods <u>26</u>
\$ _____ Maximum Annual Contribution <i>\$2,500.00</i>	Annual Contribution \$ _____	Date of First Payroll _____
Dependent Care Reimbursement Account:	Per Pay Period \$ _____	# of Pay Periods <u>26</u>
\$ _____ Maximum Annual Contribution <i>\$5,000.00</i>	Annual Contribution \$ _____	Date of First Payroll _____
Commuter Reimbursement Account:	Per Pay Period \$ _____	# of Pay Periods <u>26</u>
\$ _____ Maximum Annual Contribution For Parking <i>\$2,880.00</i>	Annual Contribution \$ _____	Date of First Payroll _____
\$ _____ Maximum Annual Contribution For Transit <i>\$1,500.00</i>	Per Pay Period \$ _____	# of Pay Periods <u>26</u>
	Annual Contribution \$ _____	Date of First Payroll _____

I Understand That:

- (1) My accounts will not automatically renew. During each annual open enrollment period, I understand that I must complete a new enrollment form indicating my account contributions for each new plan year.
- (2) I cannot change or revoke this agreement at any time during the plan year unless I have a change in family status, marriage, divorce, death of spouse or child, birth or adoption of child, termination or commencement of employment of a spouse, or such other qualifying events as the London Health Administrators determines will permit a change or revocation of an election.
- (3) London Health Administrators may reduce, cancel, or otherwise modify this agreement in the event they believe it is advisable in order to satisfy certain provisions of the Internal Revenue Code.
- (4) This agreement is subject to the terms of the Company's Flexible Spending Benefits Plan, as amended from time to time, which shall be governed under applicable laws, and revokes any prior agreement relating to such plan(s).
- (5) By signing this form, I agree to the terms and procedures listed herein.

Employee Signature:

Date: