

(I) EMPLOYER/EMPLOYEE INFORMATION

Employer Number: 000693	Plan Year: 09/01/2007 through 08/31/2008
Employee Social Security Number: _____	Employee Number: _____
Employee Name: _____ (Last, First MI)	
Home Address: _____	
_____ (City), _____ (St) _____ (Zip)	<input type="checkbox"/> Check here if address should be updated
Daytime Phone Number: (____) _____	Date of Birth: _____
Location: _____	Payroll Frequency: _____
Effective Date: _____	(To Be Provided by Group Contact)

(II) ELECTIONS

**Pretax Group Insurance Premium Account**

YOU WILL BE AUTOMATICALLY ENROLLED IN THIS ACCOUNT UNLESS YOU CHECK THE BOX BELOW.

I do NOT wish to have my group insurance premiums paid on a pretax basis.

**Medical Flexible Spending Account**

Plan Year Maximum of \$ 1,500.00

I want to contribute a total of \$ \_\_\_\_\_ during this Plan Year to my Medical Flexible Spending Account. I understand this amount will be deducted from my pay throughout the Plan Year.

**Dependent Care Flexible Spending Account**

Plan Year Maximum of \$5,000.00 (\$2,500.00 if married but filing separate tax returns)

I want to contribute a total of \$ \_\_\_\_\_ during this Plan Year to my Dependent Care Flexible Spending Account. I understand this amount will be deducted from my pay throughout the Plan Year.

(III) SIGNATURE

I have reviewed the above election(s) and understand my choices will remain in effect for the entire Plan Year unless I experience a change in status as defined by the IRS. It is also my understanding that any funds remaining in my account(s) at the end of the Plan Year will be forfeited.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date