## take care<sup>®</sup> Flex Benefits Plan **Enrollment Form**

PLEASE PRINT. All inf	ormat	ion is	s req	Juire	d or y	our (	enrol	lmen	t ca	annot	be	pro	cesse	ed.										
Employer										Socia	Sec	urity	/ Num	ber										
Employee Name (First, L	ast)																							
Date of Birth (MM-DD-YY	YY)									Date Hired (MM-DD-YYYY)														
Home (Street) Address																		1	Δ	PT.		T		
															1		<u> </u>		~	· ·.				
City															State				Zip					
Home Phone							Er	nail _																
<i>By enrolling in the plan you v</i> <i>Card for your spouse or depo</i>																								
Employer to complete o	r enroll	lment	cann	not be	proce	essed																		
Plan year start (MM/DD/	YY)	/_		/	_ and	d end		_/	/	/	Fi	irst p	ayrol	l st	art d	ate _		_/_		_ /				
No. of Pays		Dept																						
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qualified out-o				,											•							unti	inat	pays
<i>NO</i> I decline this o																					-			
OPTION 2 Depend	lent Ca	əre A	ςςοι	Int																				
This pays for day care and after school care t																								fore
YES 🗌 I elect to contri	_			-							r			_										ays
qualified deper																								
NO 🗌 I decline this o											ax sa	aving	is that	lco	ould	recei	ve as	; a p	oarti	cipar	nt.			
OPTION 3 Agreem																								
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<i>NO</i> I decline this o					-	-					-		is that	lco	ould i	recei	ve as	sap	barti	cipaı	nt.			
<b>OPTION 4</b> <i>Additional Benefit</i> (please insert description provided by your HR department, if applicable)																								
YES   I elect to contri this additional		outlin	ed by					Plan Ye	ear, v	which	is\$			pe	er pa	y per	iod f	or fi	undi	ng re	eimt	ours	eme	ent of
<i>NO</i> I decline this o			-	-				at I wil	ll los	se all t	ax sa	aving	is that	lco	ould i	ecei	ve as	sap	barti	cipaı	nt.			
IMPORTANT: Please read the foll equal portion of the benefit elec: changes in my status and that, that I have received, read, and expenses paid with the Card car that when using the take care® payment is made that is not for of (if permitted by state law).	tions set f prior to th understar not be re Card I mu	forth ab he first nd the s imburs ust keep	oove ar day of Summ sed by o all re	nd that f each p ary Pla any oth eceipts	qualifie olan yea an Desc aer plar and tha	ed expe ar, I will cription and th at, on or	nses w l be off . I unde at I will ccasior	ill be pa ered the erstand I not see n, I may	iid on e opp that ek re be a:	a tax-f oortunit the tak imburs sked fo	ree ba y to c e care emen r docu	asis. I hange e® Cai t for e ument	unders e my be d is av xpense ation o	tanc nefi ailal s pa f cha	I that I t elect ole to id wit arges	may ion fo pay o h the made	chang or the nly qu Card f with	je my upco ualifi from my C	y elec oming ed ex any o Card.	tion ii plan penso ther lalso	n the year es an sourc unde	even r. I acl nd tha ce. I u ersta	t of c knov at qu indei nd th	ertain vledge alified rstand nat if a

Employee signature \_

Date\_