



Flexible Spending Account ENROLLMENT FORM

To be submitted by employer.

Company Name: _____ Location: _____

Employee Name: _____ SSN: _____

Employee Email Address: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Plan Year: _____ through _____

Date of Birth: _____ Date of Hire: _____ Effective Date: _____

TPG'S... (or during such portion of the year as remains after the date of this agreement). B... (eg...)

EMPLOYEE'S FLEXIBLE BENEFIT PER PAYEE DIRECTIONAL LOCATION

Medical Flexible Spending Account

Full Flexible Spending Account
\$ _____ \$ _____ % 5 J J Y5 G 8" < Era" B < /

Limited Purpose Flexible Spending Account (i.e., vision and dental only)
\$ _____ \$ _____ % 5 J J Y5 H 8" < Era" B < /

Dependent Care Spending Account
\$ _____ \$ _____ % 5 J J Y5 G 8" < Era" B < /

Commuter Reimbursement Account
M5P F C J @ _____ \$ _____ % 5 J J Y5 H 8" < Era" B < /

UP 5 J R B V _____ \$ _____ % 5 J J Y5 G 8" < Era" B < /

Y J : < P R T 5 J : _____ UA 5 T : _____

- (1) I... (2) Eo... Xq... f... g... d... q... r... s... t... u... v... w... x... y... z...

I was given the opportunity to participate in this Flexible Benefits Plan, and I have decided not to participate at this time.

Employee Signature _____ Date _____
Please fax or email this form to: Ameriflex Fax: 800.282.9818 Email: forms@myameriflex.com



TOLL FREE 888.868.FLEX (3539) mya...

?Sg... *



Flexible Spending Account Enrollment Form

ADDITIONAL CARDS *(only applicable if your employer has chosen this option)*

If you wish to have an Ameriflex Convenience Card® issued for a spouse or dependent, please be sure your spouse

[Redacted form fields]

[Redacted form fields]

4) For federal tax purposes, a spouse includes all legally married same-sex or opposite-sex spouses, regardless of state or federal recognition.

Fax:

Email:

