

FLEXIBLE SPENDING ACCOUNTS ENROLLMENT FORM

**EMPLOYEE
DATA**

Company Name: Centenary College of Louisiana H870549		
Name (First, Middle, Last):		Social Security Number ____/____/____
Home Address: (Street P.O. Box) _____ _____		Pay Schedule (Select One) <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Other: <input type="checkbox"/> Semi-Monthly
City	State	Zip
Effective Date (MM-DD-YY):	Hire Date (MM-DD-YY):	Date of Birth (MM-DD-YY):

**ELECTION
INFORMATION**

I elect to contribute to the following 125 accounts and authorize these amounts withheld from my salary

Reimbursement Amounts

\$ Per Pay Period

Unreimbursed Medical Expenses

\$ _____

Dependent Care Expense

\$ _____

Annual Maximum Per
Plan Provisions

\$5,000.00

\$5,000.00*

*This limit changes to \$2,500 if your tax filing status is Married filing separately.

WAIVER

I elect to waive automatic reimbursement.

- ACKNOWLEDGMENT**
1. Voluntary reduction of salary under Section 125 reduces the Social Security taxes to the employee, therefore, Social Security benefits may be affected. However, tax savings offered by Section 125 offset most any nominal reduction by Social Security.
 2. You cannot change your election during the plan year unless there is a change in family status (e.g., marriage, divorce, death of spouse or child, birth or adoption of child, termination of spouse's employment). You have 30 days after the qualifying event occurs to make the change. Once you have made an election, it is irrevocable unless a change occurs as above.
 3. Monies that you declare for expenses that are not used will be forfeited. The IRS rule is "USE IT OR LOSE IT" for each separate category of expense as listed above. The monies that you declare can only be used for eligible medical expenses; and can only be used for charges that have not been reimbursed from any other plan or source.

Signature of Employee _____	Date _____/_____/_____
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**INSTRUCTIONS
FOR
COMPLETION**

EMPLOYEE DATA

Complete all fields and be sure to select the pay schedule which corresponds to the frequency you receive your pay.

**ELECTION
INFORMATION**

If you chose to participate in one or both Reimbursement Accounts please place the amount per pay period per account. The Pay Period Amount Multiplied by the number of pay periods in a year cannot exceed the Annual Maximum indicated in the box.

ACKNOWLEDGMENT

Read the acknowledgment statement, sign and date form.

Employer Approval _____	Date _____/_____/_____
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