

Location Name: _____

■ EMPLOYEE INFORMATION (Please Print):

Last Name	First Name	Middle Initial	Social Security Number
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■ FLEXIBLE SPENDING ACCOUNT ELECTIONS

Remember, you cannot change your Flexible Spending Account elections until the next open enrollment period (November of each year, for a January effective date) unless you have a change in your family status, e.g., birth, death, marriage or change in employment status (full time to part time).

You will now have an extended 2 ½ months into the following year to use the money set aside in your account. All reimbursements must be submitted by March 31, 2009.

EMPLOYEE SALARY DEDUCTION ELECTION (enter amount):

HEALTH CARE SPENDING ACCOUNT\$ _____ per year
 This can be any whole dollar amount between \$130 and \$5,000 per year.

Reimbursements for the Health Care Spending Account are made for eligible expenses incurred during the same plan year plus the health care FSA grace period. This period is from January 1 through March 15 of the following year.
Any unused amounts at year-end will be forfeited.

DEPENDENT CARE SPENDING ACCOUNT\$ _____ per year
 This can be any whole dollar amount between \$130 and \$5,000 per year.

If you are married and file a joint tax return, the maximum contribution is \$5,000 per year. If you are married and file a single tax return, the maximum contribution is \$2,500. This means that, together you and your spouse can contribute a maximum of \$5,000 per year.

■ AUTHORIZATION

My signature below authorizes payroll to make the appropriate salary deductions on a pre-tax basis each pay period.

Employee's Signature: _____ Date: _____

■ Return completed form to Human Resources

■ To be completed by Human Resources
 Effective for Pay Period beginning: ____/ ____/ ____