Total Access FSA
ENROLLMENT / CHANGE FORM

Benergy OS OUTSOURCING STRATEGIES

Use this form to enroll in Total Access FSA and establish your flexible spending accounts (FSA) to save on taxes when you pay eligible expenses. You can also use this form to make a change to your elections. Please mail or deliver the completed form to your **Human Resources Department**.

Employee Name

Employee E-Mail Address

Social Security Number

Employer Name

Employee Home Street Address

Plan Year

[ ] Weekly (52) [ ] Bi-Weekly (26) [ ] Semi-Monthly (24) [ ] Monthly (12)

City State Zip Code

Pay Frequency (# pay periods per year)

Date of Birth

( ) Daytime Phone Number

Division (as applicable)

Health Care Flexible Spending Account - Allows you to use pre-tax dollars to pay for expenses, which are not 100% covered or are ineligible for payment through any group health care plan(s) under which you or your spouse are covered. Please check your selection:

[ ] Yes, I elect to participate: $ _____ ÷ _____ = $ _____

Plan Year Contribution | # of Pay Periods in Plan Year | Pay Period Pre-Tax Contribution

[ ] No, I elect not to participate

Dependent Care Flexible Spending Account - Allows you to use pre-tax dollars to pay for eligible dependent care (i.e. daycare) expenses, which enable you, or your spouse (if applicable) to work or attend school on a full-time basis. Please check your selection:

[ ] Yes, I elect to participate: $ _____ ÷ _____ = $ _____

Plan Year Contribution | # of Pay Periods in Plan Year | Pay Period Pre-Tax Contribution

[ ] No, I elect not to participate

Transit Flexible Spending Account - Allows you to use pre-tax dollars to pay eligible commuting expenses such as transit passes or transportation in a highway vehicle (e.g., carpool). Refer to plan information for details. By enrolling, you understand that any amounts remaining in your Transit FSA at the end of each month will be rolled into the next month. Upon termination, unused funds in your account will be forfeited in accordance with Section 132 regulations.

[ ] Yes, I elect to participate:

Transit: $ _____

Monthly Contribution Amount

[ ] No, I elect not to participate

Parking Flexible Spending Account -Allows you to use pre-tax dollars to pay eligible parking expenses including parking provided to you on or near your place of employment or a location from which you commute to work by commuter highway vehicle or carpool. Refer to plan information for details. By enrolling, you understand that any amounts remaining in your Parking FSA at the end of each month will be rolled into the next month. Upon termination, unused funds in your account will be forfeited in accordance with Section 132 regulations.

[ ] Yes, I elect to participate:

Parking: $ _____

Monthly Contribution Amount

[ ] No, I elect not to participate

Authorization - I authorize the above elections and the subsequent adjustments to my base salary. The above amounts may only be changed on a prospective basis and in accordance with the plan provisions. I understand any amounts remaining in my Transportation Account(s) at the end of each month will be rolled into the next month. Upon termination, unused funds in my Transportation Account(s) will be forfeited in accordance with Section 132 regulations. I also understand that the above reductions may also reduce my future Social Security benefits.

X _____ **X** _____

Employee Signature | Date

Change in Status - I understand I may change my benefit election only in limited circumstances in accordance with plan provisions, in any case, only upon a "Status Change" as defined by the plan. I am qualified to make this election change due to the following Status Change.

[ ] Marriage
[ ] Birth or Adoption of a Child
[ ] Death of Spouse or Child
[ ] Divorce/Legal Separation
[ ] Gain/Loss of Spouse's Coverage
[ ] Change in Employment Status of Participant or Spouse from Full-Time to Part-Time or vice versa
[ ] Unpaid Leave of Absence of Participant or Spouse
[ ] A Leave Under the Family and Medical Leave Act of 1993
[ ] Other_____

X _____

Date of Status Change

X _____ **X** _____

Employee Signature | Date

Must Be Completed By Employer:

Date of Hire | Effective Date | Pay Frequency | Payroll Number | Employer Initials | Date