

COREFLEX
Flexible Benefits Election Form

EMPLOYEE NAME _____ (Print)	SSN: _____
STREET ADDRESS _____	DAYTIME PHONE NO: _____
CITY _____ STATE _____ ZIP _____	DATE OF HIRE _____
EMPLOYER NAME: <u>Huron City School District</u>	PLAN YEAR: _____ <u>2012</u>

You must choose to elect or decline for each program.

HEALTHCARE FLEXIBLE SPENDING PROGRAM

I elect to participate in the Healthcare Flexible Spending Program. I direct and authorize my employer to reduce my annual salary for the above plan year by \$ _____ and deposit this amount into my Healthcare Flexible Spending Account. (Annual Maximum: \$5,000)

_____	_____	_____
Annual Amount	No. of Pay Periods	Payroll Deduction

I elect not to participate in the Healthcare Flexible Spending Program.

DEPENDENT CARE PROGRAM

I elect to participate in the Dependent Care Program. I direct and authorize my employer to reduce my annual salary for the above plan year by \$ _____ and deposit this amount into my Dependent Care Account. (Annual maximum: \$5,000 or \$2,500 for married filing separately)

_____	_____	_____
Annual Amount	No. of Pay Periods	Payroll Deduction

I elect not to participate in the Dependent Care Program.

AUTHORIZATION

I have read all the enrollment literature explaining these benefits. I understand that any contributions to the account can only be used to reimburse eligible expenses under the account and that I forfeit any funds remaining in my account at the end of the plan year after all claims have been filed. I further understand that I may not change my contributions during the plan year unless I have a Qualifying Event. Furthermore, my Social Security benefits may be reduced since Social Security taxes are not paid on my contributions. I authorize payroll deductions as contributions to my Healthcare Flexible Spending Program and/or Dependent Care Program as indicated above.

Employee's Signature: _____ Date: _____

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