



# 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 8%... (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%... (E...)

Limited Purpose Flexible Spending Account (i.e., vision and dental only) \$ \_\_\_\_\_ \$ \_\_\_\_\_ 5% J J Y5 H 8%... (E...)

Dependent Care Spending Account \$ \_\_\_\_\_ \$ \_\_\_\_\_ 5% J J Y5 G 8%... (E...)

Commuter Reimbursement Account M5P F C J @... \$ \_\_\_\_\_ \$ \_\_\_\_\_ 5% J J Y5 H 8%... (E...)

UP 5 J R B V... \$ \_\_\_\_\_ \$ \_\_\_\_\_ 5% J J Y5 G 8%... (E...)

Y J J: <P R T5 J: ... UA5 T...

(1) I... (2) E... (3) X... (4) F...

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

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**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:



TOLL FREE: 888.868 FLEX (3539) [myameriflex.com](http://myameriflex.com)