

TPA Systems Flex Plan Enrollment/Declination - HSA Enrollee

Employer

1. Employee Information (all information is required)

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Participant Name (First MI Last)

Social Security Number

Day Telephone

Hire Date

Birth Date

Street Address

Email Address

City

State

Zip

2. Enrollment Information

Enrollment Type (select one of the following)

Plan Year Dates

Month

Day

Year

- Open Enrollment Period
- New Hire/Change of Benefit Eligibility
- Status Change (include a status change form)

Plan Year Starting Date			
Plan Year Ending Date			
Employee Eligibility Date			

3. Employee Premiums

If you have a payroll deduction for insurance premiums, eligible premiums will be deducted before taxes are calculated. Employees will automatically be enrolled in this portion of the Section 125 Plan. However, if you wish, you may opt out of the Employee Premium Conversion part of the Plan by contacting your HR Department and filling out a waiver form. *Please Note: Insurance premiums cannot be claimed as reimbursable expenses from your Medical Spending Account.

4. Election Deferral Amounts (note: be conservative in your election amounts!)

XXXXXXXXXXXXXXXXXX	HSA account	dependent care	separate dental/vision	payroll deduct start date
deduction per pay period				

Are you covering your dependents through your employer's health plan? ___yes ___no

5. Other Services

Flex Debit Card	A Flex Debit Card pays directly from your flexible spending account at the point of service. Keep your receipts. Submission of documentation is required. The flex card must be offered by the employer. Check with your employer to find out if the card is an option with your flexible benefits plan.
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6. Participant Authorization (mark box to participate)

I authorize my employer to reduce my pay on a per pay period basis as indicated above. I understand my reduction is for one flex plan year and that I cannot change or revoke my election unless I experience a status change in accordance with Internal Revenue Code Section 125 and submit the change within 30 days of the status change. I am aware of the plan's forfeiture provision and that my Social Security and federal unemployment benefits may be reduced because of my reduced salary for tax purposes. I authorize the release of any information necessary for Flexible Benefits. I hereby certify that the reimbursement requests I will be submitting are IRS eligible expenses and that I will not be nor have I been previously reimbursed for these expenses; nor am I seeking reimbursement for these expenses from insurance or any other source. I also understand that TPA Systems, its agents or employees, will not be held liable if I submit non-IRS eligible expenses for reimbursement.

7. Participant Refusal (mark box to waive participation)

I understand that if I elect not to participate, I cannot enter the program until next year unless I experience a status change in accordance with Internal Revenue Code Section 125 and submit the change within 30 days of the status change. I have chosen not to participate in the flexible spending accounts at this time.

Employee Signature

Date