Instructions: Enter your Client Number - Client Name, HCSA & DCSA annual maximum before printing.

51392 CITY OF PELHAM

Section 125 Flexible Benefits Enrollment Form

Participant Information (Required information)

Name _____ Social Security # _____
(Print or type: Last, First, Middle Initial)

Date of Birth _____ Mailing Address _____
Format date: mm/dd/yy

City, State, Zip _____ Daytime Phone _____

Email Address _____ Date of Hire _____

Employer's use only Effective Date _____ Per Pay Period Amount: _____ 1st Payroll Deduction Date: _____

Pretax Premiums (Employer-Sponsored Group Insurance premiums only)

I understand The City of Pelham will reduce my pay before taxes for the amount I am required to contribute toward my employee group benefits throughout the Plan Year.

☐ ☐ **Flexible Spending Accounts**

Annual Spending Account Elections for Plan Year: I request the following amounts be deducted from my pay with pretax dollars

Health Care Spending Account $_____

$3050_____ Maximum

$3,050

Dependent Day Care Spending Account
($5,000 per family or $2,500 for married employee filing separate tax returns.)

$_____

$5000_____ Maximum

$5,000

Dependent Information

Dependent's Last Name, First Name	Relationship	Social Security Number	Date of Birth

Authorization for Direct Deposit (for spending accounts only)

☐ Check here to authorize HealthEquity, Inc. to deposit claim reimbursements for your spending account(s) directly into your bank account (checking account only) as indicated on the attached voided check, provided your employer offers this option.

(Please attach a voided check - Deposit slips are not accepted.)

Reset Form

Signature _____ Date: _____

Spending Account Agreement

The amount(s) I have elected will be taken from my pay in equal installments on a pretax basis. I understand that if I fail to submit eligible claims for entire amount elected, I forfeit any remaining balance. The election(s) will continue throughout the Plan Year or until I notify the company in writing of a qualifying Status Change. If I have provided an email address, I am requesting that all possible communications be sent through email.

Signature _____ Date: _____