

TAI**Flexible Benefit Plan - Enrollment Form****ONLINE***All Information Required - Print Clearly - Sign & Date Below***► EMPLOYER** _____

Employee _____ Social Security # _____

Home Address (Street) _____

City _____ State _____ Zip code _____

Date of Birth _____ Home Telephone () _____

E-Mail Address _____

ELECTION TO PARTICIPATE

The payment of insurance premiums charged to me by my employer, as applicable, will be paid pretax via my paycheck. My tax savings will be included in each paycheck - Enrollment Form Not Required.

I also authorize pretax deductions from my salary for the Reimbursement Accounts listed below. I understand that the amount(s) elected for any of the two Reimbursement Accounts will be deducted evenly each pay period throughout the plan year. I am also aware that I have 90 days (referred to as the "grace period") from the end of the plan year to submit claims for expenses incurred during this plan year and that unclaimed expenses after the grace period will be forfeited. I also understand that my elections may not be changed during the plan year unless I experience a family status change.

HEALTH CARE REIMBURSEMENT ACCOUNT

- I elect to enroll in the Health Care Reimbursement Account
 Transfer the annual amount from your Employee Worksheet
 Maximum Contribution: Refer to Plan Year Open
 Enrollment Packet - Contact H.R. Department

\$ _____

DEPENDENT CARE REIMBURSEMENT ACCOUNT

- I elect to enroll in the Dependent Care Reimbursement Account
 Transfer the annual amount from your Employee Worksheet
 Maximum Contribution:
 \$5,000 per Calendar Year [\$416.66 per Month]
 \$2,500 if married, but file separate tax returns.
 These amounts are household limits and coordinated
 with other Flex-Plans.

\$ _____

► Employee Signature _____ **Date** _____**TRUST ADMINISTRATORS, INC.**For Assistance, Call: (800) 932-3539
www.trustadmin.com

Effective Date for Deductions

Completed by Employer _____

Routing: Original to Employer 's H.R. Dept. • Copies for Participant and TAI • © 1997- 2002 TAI All Rights Reserved