

# Flexible Spending Account Enrollment Form

## Personal Information

Last Name	_____	Employer	_____
First Name	_____	Location	_____
Middle Initial	_____	Date of Birth	_____
Address	_____	Social Security Number	_____
City	_____	Home Phone	_____
State	_____	Gender	_____
Zip	_____	Marital Status	_____
		Number of Dependents	_____

## Benefit Information

### Medical Expenses

Deduction Amount \_\_\_\_\_  
 The above deduction amount is

Per Payroll period

Per Plan Year

### Dependent Care

Deduction Amount \_\_\_\_\_  
 The above deduction amount is

Per Payroll period

Per Plan Year

## Dependent Information

Name	_____	Relation	_____
Social Security Number	_____	Date of Birth	_____
Name	_____	Relation	_____
Social Security Number	_____	Date of Birth	_____
Name	_____	Relation	_____
Social Security Number	_____	Date of Birth	_____
Name	_____	Relation	_____
Social Security Number	_____	Date of Birth	_____
Name	_____	Relation	_____
Social Security Number	_____	Date of Birth	_____

## Authorization for Payroll Deduction

I understand that I wish to have the above amount deducted from my paychecks. I understand that this will be deducted on a pre-tax basis. I understand that I will receive a Benny Prepaid Visa Card in the mail and by activating it, I agree to the terms and conditions set forth in the materials that come with it. I understand that I am required to retain all receipts from purchases using this card.

\_\_\_\_\_  
 (Signature and Date)