

ChamberFlex Participation Form

Plan year effective _____ through _____
Employer name _____
Employee name _____ Social Security No. _____
Department _____ E-mail _____
Home address _____
street city state zip
Home phone (____) _____ Work phone (____) _____
First payroll effective date _____ Paycheck frequency _____
Number of pay periods remaining in the plan year _____

Option I: Healthcare Reimbursement Account Agreement

- I elect to contribute \$ _____ (before taxes) per pay period, which is \$ _____ per plan year, to fund my account for reimbursement of qualified healthcare expenses not covered under my health and other insurance plans.
- I decline to participate in this option for this plan year.

Option II: Dependent Daycare Reimbursement Account Agreement

- I elect to contribute \$ _____ (before taxes) per pay period, which is \$ _____ per plan year, for funding reimbursement of qualified dependent daycare expenses. (Maximum amount per calendar year is the lesser of; (1) \$5,000 for married filing joint, or \$2,500 for married filing separate; (2) your spouse's total annual compensation; or (3) 1/2 of your total annual compensation. If you are single, the maximum amount is \$5,000.)
- I decline to participate in this option for this plan year.

Option III: Adoption Expense Reimbursement Account

- I elect to contribute \$ _____ (before taxes) per pay period, which is \$ _____ per plan year, for funding reimbursement of qualified adoption expenses. (Maximum amount per child adopted is \$10,000 through this plan. If additional expenses are incurred for the adoption of this child, a credit may be available to you. Please see your tax advisor for further details.)
- I decline to participate in this option for this plan year.

Option IV: Additional Benefit (please insert description provided by your HR Department)

- I elect to contribute \$ _____ (before taxes) per pay period, which is \$ _____ per plan year, for funding reimbursement of this additional benefit outlined by my Human Resource department.*
- I decline to participate in this option for this plan year.

* Do not complete this section unless you have received instructions from your HR department.

Option V: Premium Savings Account Agreement

- I have enrolled in certain employer-sponsored insurance benefits. I understand that my share of the premium for these insurance benefits will automatically be paid with pre-tax dollars. I also understand that if my required contributions for the elected benefits are increased or decreased while this agreement remains in effect, my taxable income will automatically be adjusted to reflect that increase or decrease.
- I decline to participate in this option for this plan year.

Option VI: Waiver of Tax Benefits

- I have been given the opportunity to enroll in these tax-savings plans and have declined to participate. I understand that I will lose all tax savings that I may have received as a participant.

My employer and I agree that my taxable income will be reduced each pay period by the amounts set forth in this agreement. I understand that I may change my election in the event of certain changes in my status. Prior to the first day of each plan year, I will be offered the opportunity to change my benefit election for the upcoming plan year. Any qualified expenses that are submitted by me will be reimbursed to me on a tax-free basis. Any contributions that are not used during the plan year may not be paid to me in cash or used in a later plan year. I acknowledge that I have received, read and understand the Summary Plan Description.

Employee Signature _____ Date _____