

Cafeteria/Flex Plan Enrollment Form

Company Name (Employer)

Employee Information

First Name	Last Name	Middle Initial
SSN	Date of Birth	Email <i>(required)</i>
Address	City	State/Zip

Enrollment Information

☐ New	☐ Renewal	Effective Date	First Payroll Deduction Date
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Unreimbursed Medical

Annual amount of Unreimbursed Medical \$	Annual employer contribution (if offered) \$
Please check the one that applies to your situation	☐ Regular Flex Plan ☐ Limited Purpose Flex Plan (If you or your spouse contribute to an HSA in the FSA plan year, use this option for Dental and Vision expenses only)

Dependent Care

Annual election for dependent care \$	Annual employer contribution (if offered) \$
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Authorization: I certify the above information to be true to the best of my knowledge and that the children/dependent adults on whom I will be claiming dependent expenses or care either reside with me in a parent child relationship or are legally dependent on me for their support. I agree to have my compensation reduced by the deduction amount(s) stated above. I understand that any amounts remaining in my account(s) not used for qualified expenses incurred during the plan year will be forfeited in accordance with current plan provisions and tax laws. I further understand that the Flexible Compensation deduction(s) will be in effect for the entire plan year and cannot be revoked unless I experience a change in my family status or termination of employment.

Signature	Date
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I decline to participate in the Flex Spending account

Signature	Date
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Direct Deposit

If you are new to enrolling in the flex plan and are interested in signing up for direct deposit, please log in to the consumer portal at <https://kabelparticipant.lh1ondemand.com> after the start of the new plan year. If you have already provided isolved with direct deposit information in the past, there will be nothing further needed and we will continue to send your reimbursements as direct deposit. You can also update your banking information in the consumer portal.