

# Flex125™ Election Form

Date: \_\_\_\_\_

FAX - # Pages: \_\_\_\_\_

Company Name: \_\_\_\_\_

Effective Date of Election: \_\_\_/\_\_\_/\_\_\_\_\_

Date of Hire: \_\_\_/\_\_\_/\_\_\_\_\_

Employee Name: \_\_\_\_\_ SSN: \_\_\_-\_\_\_-\_\_\_\_\_ Date of Birth: \_\_\_/\_\_\_/\_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: (\_\_\_\_)\_\_\_\_-\_\_\_\_\_ Fax: (\_\_\_\_)\_\_\_\_-\_\_\_\_\_ E-mail: \_\_\_\_\_

### Enter Deductions Per Pay Period

*W=Weekly; B=Biweekly; S=Semi-monthly; M=Monthly*

	Pre-tax	Mode
<i>Employee Health Insurance Premium Account</i>		
▪ Health	\$ _____	_____
▪ Dental	\$ _____	_____
▪ Life	\$ _____	_____
<i>Flexible Spending Account (FSA)</i>	\$ _____	_____
<i>Dependent Care Spending Account</i>	\$ _____	_____
<i>Outside Individual Insurance Premium Account</i>	\$ _____	_____

Remember, when your needs change, *Flex125* does too! You can change your premium elections any time you have a qualifying event that would change the status and/or premium amount of your employee insurance (i.e. marriage, divorce, birth or death of a child, death of a spouse, adoption or change of employment by spouse).

By signing this form, I acknowledge that I am authorizing the company to deduct equal amounts from my paychecks to collect the designated pre-tax column above. I recognize that these selections constitute a deliberate binding decision on my part that may not be changed until the enrollment period for the next plan year or if I experience a change in status.

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I elect not to participate in any portion of the *Flex125* plan (i.e. Premium, FSA, Dependent Care, Outside Premium).

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_



**Flexible Benefit Service Corporation**  
*Defined Contribution Department*  
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