



RIGHT PLANS
RIGHT NOW

Pre-tax Benefits Election Form

Please complete this form and return to your employer.

Participant Information Please print clearly.

Check One: New Enrollment Re-enrollment Key Employee (Officer or Owner)

Name _____ Company _____

Email address (required) _____ Soc.Sec. #

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Street Address _____ **Payroll Frequency**
 Weekly (52) Semi-Monthly (24)
City _____ State _____ Zip _____ Bi-Weekly (26) Monthly (12)

Marital Status: Single Married Home Phone: (____) _____ Other Phone: (____) _____

Desired Effective Date ____/____/____ Hire Date ____/____/____ Date of Birth ____/____/____

Dependents:	Name	Gender	Relationship	DOB	FT Student?	
1.	_____	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____	Attach separate
3.	_____	_____	_____	_____	_____	sheet if needed.

Benefit Elections

Employee contributions for group benefits will automatically be deducted on a pre-tax basis. The pre-tax deduction may increase or decrease as your employer makes changes to employee contribution requirements. If you do not want to participate in the pre-tax premium portion of this plan, contact your employer. Check the box beside the pre-tax plans you desire. Then, enter your annual salary reduction amount for each account selected. Divide by the number of pay periods to calculate your per payroll deduction.

	Annual Amount	No. of Pay Days	Per Payroll Reduction
<input type="checkbox"/> Healthcare FSA For out-of-pocket medical, vision and dental expenses (Not to exceed your Plan's maximum)	\$ _____ / _____	=	\$ _____

<input type="checkbox"/> Healthcare LimFSA For out-of-pocket vision and dental expenses (Not to exceed your Plan's maximum)	\$ _____ / _____	=	\$ _____
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By signing below, I understand:

I am authorizing my employer to reduce my gross earnings by the specified amounts in equal pre-tax installments during the Plan Year. I am also authorizing my employer to electronically deposit reimbursements into the bank account I use for my payroll deposits. I understand I may use the funds in my account(s) for out-of-pocket expenses incurred during the plan year and Grace Period (if applicable.) If I have not used all the funds within the Plan Year and Grace Period, the remaining funds will be lost. I will provide documentation to substantiate debit card transactions if requested, and if I do not provide the requested documentation the transaction will be denied and I will be required to repay the full amount to my employer. I cannot change my elections during the Plan Year unless there is a change in employment or family status which justifies a revocation or change under applicable regulations.

Participant Authorization

Please enroll me in the plans checked above in the specified amounts indicated. I understand the requirements, terms and restrictions of each plan I have selected as described in the Summary Plan Description. Any expenses reimbursed through the plan(s) cannot be claimed again as deductions or credits on my individual tax return. I authorize my employer to adjust my taxable income to pay for expenses under the benefit plans I have selected.

Participant Signature _____

Date _____



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Direct Deposit Authorization

Please complete this form and return by: Fax: 866-234-3539 Email: benefits@workablesolutions.com
or mail: Workable Solutions, 7120 Lake Ellenor Drive, Orlando, FL 32809

New Change Account Information Cancel Authorization

Name _____ Soc.Sec.# _____

I hereby authorize Workable Solutions, Inc. to make deposits to the checking or savings account indicated below for purposes of Reimbursing Pre-Tax qualified expenses paid out-of-pocket and authorize the bank named below to credit the same to my account. I also authorize Workable Solutions, Inc. to make withdrawals to adjust an incorrect deposit or credit entry that may be made under this Authorization as well as take repayments for disallowed claims requiring repayment. Repayments will not be taken without first notifying participant and providing opportunity to repay by check .

Bank/Institution Name _____ Acct. Type: Checking Savings

Bank Routing Number _____
(Must be 9-digits)

For checking accounts, attach a
voided check. (See below.)

Your Account Number _____

Your Signature _____ Date _____

Sample Check

Pre-Tax Accounts Customer	Date _____	230
123 Main Street		
Hometown, USA		
Pay to the Order of _____	VOID	_____
987654321 : 123456789876 230		

Routing (9-numbers)

Account Number

Check Number

If you are using a checking account, please attach a blank check and write the word "VOID" across the front. We will use this to verify your banking information. If you are using a savings account, please verify the account number as it appears on your statement. Some banks use a separate routing number for electronic transactions. Please verify the correct routing number with your bank to avoid delays in receiving your reimbursements.

Attach blank check here.