

Please return this form to the Benefits Department
Fax: 205-909-9190 or email: benefits@booksamillion.com

Enrollment Form: Flexible Spending Account(s) + Optional Life Insurance

02/01/2023 – 01/31/2024

GENERAL INFORMATION:

Employee Name: Wesley Mangum
Mailing Address: 1341 Shades Run Circle
City: Hoover State: AL Zip: 35244
E-mail Address: wtmangum@protonmail.ch
Associate ID: 159990 Date of Birth (MM/DD/YYYY): 08/16/1977
Date of Hire (MM/DD/YYYY): 04/04/2022

FLEXIBLE SPENDING ACCOUNTS:

- ☐ I hereby elect to participate in the Flexible Spending Accounts
☐ I hereby elect NOT to participate in the Flexible Spending Accounts

	Per Pay Period	# Pay Periods	Annual Election
Health Care FSA (max \$3,050)	\$ _____	x _____ =	\$ _____
Dependent Care FSA (max \$5,000) (Day care expenses incurred during employment hours)	\$ _____	x _____ =	\$ _____

My pay schedule is: ☐ weekly ☒ bi-weekly

OPTIONAL LIFE INSURANCE:

You must elect associate life coverage to be eligible for dependent life coverage

- ☒ I hereby elect to participate in the Optional Life Coverage
☐ I hereby elect NOT to participate in the Optional Life Coverage
☐ I hereby elect to participate in the Spouse Optional Life Coverage
☐ I hereby elect NOT to participate in the Spouse Optional Life Coverage
☐ I hereby elect to participate in the Child(ren) Optional Life Coverage
☐ I hereby elect NOT to participate in the Child(ren) Optional Life Coverage

Associate Volume Amount: 200,000

Spouse Volume Amount: 100,000 (cannot exceed ½ of associate election)

**Child(ren) volume amount is \$10,000*

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Dependent information:

DEPENDENT FULL NAME	RELATIONSHIP	GENDER	DOB
Patricia Mangum	Spouse	Female	04/02/1973

Beneficiary information:

PRIMARY BENEFICIARY FULL NAME	RELATIONSHIP	DOB	%
Patricia Mangum	Spouse	04/02/1973	100
CONTINGENT BENEFICIARY FULL NAME	RELATIONSHIP	DOB	%

AUTHORIZATION & ACKNOWLEDGEMENT:

I understand that I cannot revoke or change this election during the Plan Year unless there is a qualifying "Change in Status" event that affects my or my dependents' eligibility under this Plan or another employer plan. The rules regarding election changes are described in more detail in the Summary Plan Description.

I certify that I will only submit claims for reimbursement under the Flexible Spending Accounts for eligible expenses incurred by myself or my eligible dependents, in accordance with the terms of the respective Flexible Spending Account Plan.

I certify that I will not submit claims for reimbursement under the Flexible Spending Accounts for amounts that have already been reimbursed by another source nor will I seek reimbursement for such amounts from any other source.

Wesley Mangum
Employee Signature

12/13/2022
Date

Please contact the benefits department with any questions or concerns at 205-909-9258 or via email at benefits@booksamillion.com.