FLEXIBLE EMPLOYEE BENEFIT PLAN (CAFETERIA PLAN)
GENERAL OVERVIEW

Flex Corp, a wholly-owned subsidiary of Hand Benefits & Trust, Inc., is a nationally recognized provider of cafeteria and flexible employee benefit plan administration. Since 1986, Flex Corp has provided professional expertise in the consulting, design and administration of cafeteria plans, and healthcare/ dependent care reimbursement accounts, servicing clients throughout the United States from its headquarters in Houston, Texas.

CAFETERIA PLAN

A Flexible Employee Benefit Plan is a voluntary plan, which allows you to pay for the following expenses before taxes:

- Group Insurance Premiums
- Medical, dental and vision care costs not covered by insurance
- Over-the-counter drugs/medicines
- Dependent care expenses

The plan allows you to reduce your taxable income by the cost of your benefits. This results in both social security and federal withholding taxes being reduced, producing a net increase in your take home pay.

THE TAX BENEFIT CAN WORK FOR YOU:

	WITHOUT PLAN	WITH PLAN
Annual Salary	$40,000	$40,000
Pre-taxed Insurance Premiums	0	2,400
Expenses Paid by Reimbursement Account	0	1,000
Taxable Salary	$40,000	$36,600
Taxes (25%)	10,000	9,150
After-tax Premiums	2,400	0
Out of Pocket Medical Expenses	1,000	0
TAKE-HOME PAY	$26,600	$27,450
SAVINGS WITH CAFETERIA PLAN AND REIMBURSEMENT ACCOUNTS	N/A	$850

Individuals are often under the impression that all "medical expenses" can be deductible from the individual's tax return. Generally, that is not the case. The expenses that can be deducted on the tax return are those expenses over 7.5% of the individual's adjusted gross income. The expenses incurred under the 7.5% of adjusted gross income cannot be deducted. (See the following example.)

Adjusted Gross Income: $20,000 Flexible Spending Account (FSA) Limit: $3,000

Tax Return Deduction:

Ex. 1) $20,000 x 7.5% = $1,500 Incurred medical expenses: $1,000 Amount deductible from tax return: $0
$20,000 - $0 = $20,000 taxable income

Ex. 2) $20,000 x 7.5% = $1,500 Incurred medical expenses: $2,000 Amount deductible from tax return: $500
$20,000 - $500 = $19,500 taxable income

Can only deductible expense over the 7.5% of adjusted gross income.

Flexible Spending Account Reimbursement:

Ex. 1) FSA Election: $1,000 Incurred medical expenses: $1,000 Amount deductible from gross income: $1,000
$20,000 - $1,000 = $19,000 taxable income

Ex. 2) FSA Election: $2,000 Incurred medical expenses: $2,000 Amount deductible from gross income: $2,000
$20,000 - $2,000 = $18,000 taxable income

Also note that the tax deduction is only reducing Federal Taxes while the FSA contribution is reducing both Federal and FICA Taxes

HEALTH CARE REIMBURSEMENT ACCOUNT (HCRA)

A reimbursement account is a voluntary tax-free account designed to allow you to keep more of your paycheck and lower your taxable W-2 wages. Through payroll reduction you can set aside money on a tax-free (you pay no federal or FICA taxes) basis to reimburse yourself for eligible non-insured medical, dental, vision care and over-the-counter drug/medicine expenses incurred by you, your spouse and your eligible dependents. Reimbursable expenses include, but are not limited to, doctor visit co-pays, prescription co-pays, medical and dental deductibles, co-insurance, eyeglasses, contacts, saline solution, lasik procedures, orthodontia and over-the–counter drugs/medicines.

Each time you have an out-of-pocket expense, simply submit your receipts along with a completed request for reimbursement form directly to Flex Corp. Flex Corp will process the receipts and a reimbursement check will be sent to your home or if elected, deposited directly to your checking or savings account.

ELIGIBLE DEPENDENTS

Reimbursement accounts are designed to provide for both you and your family. You may use your reimbursement account to cover the expenses for any eligible dependent, whether or not that dependent is covered under your employer's health insurance. Your dependents do not have to be covered under the company's medical or dental plans to participate in the Health Care Reimbursement Account for eligible medical or dental expenses. Eligible dependents are your spouse and/or any "qualifying child(ren)" and/or individuals that meet the definition of a "qualifying relative" as described below.

"Qualifying child(ren)" must:

- Bear a specified relationship to the taxpayer;
- Have the same principal place of residence as the taxpayer for more than one-half of the taxable year;
- Satisfy age requirements (i.e. must not have attained age 19 or age 24 for a student, before the close of the calendar year in which the taxable year of the taxpayer begins) or must be totally and permanently disabled; and
- Not provide more than one-half of his or her own support.

It should be noted that the new definition did not change the rules as they apply to children of divorced parents; those rules remain intact.

Expenses for other dependents are eligible provided the individual meets the definition of a "qualifying relative" as described below:

- Bear a specified relationship to the taxpayer or be an individual (other than a spouse) who has the same principal place of residence as the taxpayer and is a member of the taxpayer's household;
- Receive over one-half of his or her support from the taxpayer; and
- Not be a qualifying child of the taxpayer or any other taxpayer.

As described by IRS rules under The Working Families Tax Relief Act of 2004, an employee's domestic partner is not eligible for benefits under the flexible spending accounts unless the individual meets the definition of a "qualifying relative" as described above.

ELECTIONS CHANGES

You may change your election for any new plan year prior to the beginning of the year. An election, once made, cannot be changed during the year unless there has been a qualified change in status. Examples of status changes are:

Marriage
Divorce
Birth or adoption of a child
Death of a spouse or child
Beginning or end of spouse's employment
Reduction in hours worked, which affects eligibility for benefits

ELIGIBLE EXPENSES

The IRS has defined a list of expenses, which you can purchase with your tax-free dollars. As a general rule, if a doctor deems an item medically necessary, it is considered an eligible expense. Below is a listing of eligible expenses as listed under Section 213 of the IRS Code as modified from time to time:

DENTAL SERVICES
Crowns/Bridges
Dental X-Rays
Dentures
Exams/Teeth Cleaning
Extractions
Fillings
Gum Treatment
Oral Surgery
Orthodontia/Braces

INSURANCE-RELATED ITEMS
Co-pay Amounts
Deductibles
Private Hospital Room Differential

LAB EXAMS/TESTS
Blood Tests
Cardiographs
Diagnostic
Laboratory Fees
Metabolism Tests
Spinal Fluid Tests
X-Rays

MEDICATIONS
Insulin
Prescribed Birth Control
Prescription Drugs

OBSTETRIC SERVICES
Mid-Wife Expenses
OB/GYN Exams
OB/GYN Prepaid Maternity Fees
Post-Natal/Pre-Natal Treatment
Pre-Natal Vitamins (during pregnancy)

PRACTITIONERS
Allergist
Anaesthetist
Chiropodist
Chiropractor
Christian Science Practitioners
Dermatologist
Gynecologist
Homeopath
Naturopath
Nurse
Obstetrician
Oculist
Osteopath
Pediatrician
Physician
Physiotherapist
Podiatrist
Practical Nurse
Psychiatrist
Psychoanalyst
Psychologist
Psychopathist
Sanitarium
Surgeon

MEDICAL TREATMENTS/PROCEDURES
Abortion
Acupuncture
Alcoholism (inpatient treatment)
Clinic Services
Counseling
Drug Addiction
Healing Services
Hearing Exams
Hospital Services
Infertility
In-Vitro Fertilization
Norplant Insertion or Removal
Patterning Exercises
Physical Examination (not employment related)
Physical Therapy
Pregnancy Tests
Rolfing
Speech Therapy
Sterilization
Transplants (includes organ donor)
Treatment for Handicapped
Vaccinations/Immunizations
Vasectomy
Well Baby Care

MEDICAL EQUIPMENT, SUPPLIES AND SERVICES
(May require letter of medical necessity)
Abdominal/Back Supports
Ambulance Services
Arches/Orthopedic Shoes
Automobile Modifications (cost of hand controls, special equipment, mechanical lifts)
Bandaids, Bandages, Gauze, Tape, etc.
Braille Books and Magazines
Crutches
Elastic Hose – medically prescribed
Hearing Aids & Batteries
Hospital Bed
Iron Lung – operating cost
Lipreading Lessons for the Deaf
Medic Alert Bracelet or Necklace
Oxygen Equipment
Prosthesis
Rental of Medical or Healing Equipment
Seeing-eye Dog and Hearing Assisting Cat (including maintenance)
Support or Corrective Devices (including special mattress and board for arthritis)
Syringes
Telephone for Deaf
Transportation Expenses
Wheelchair

VISION SERVICES
Artificial Eyes
Contact Lenses
Contact Lens Solution
Eye Examinations
Eyeglasses
Laser Eye Surgeries
Ophthalmologist
Optician
Optometrist
Prescription Sunglasses
Radial Keratotomy

INELIGIBLE EXPENSES

Breast Pumps*
Calcium Supplements*
Contact Lens Insurance
Cosmetic Surgery/Procedures
Custom Fitovers (clip-ons)
Diaper Service
Electrolysis
Exercise Equipment*
Eyeglass Insurance
Fitness Programs
Hair Loss Medication
Hair Transplant
Health Club Dues
Insurance Premiums
Marriage Counseling
Massage Therapy**
Maternity Clothes
Personal Hygiene Products
Personal Trainer
Prescription Drug Discount Cards
Retin-A*
Rogaine*
Special Foods
Swimming Lessons
Tattoo Removal
Teeth Whitening/Bleaching
Toiletries, Toothpaste, etc.
Varicose Vein Treatment*
Vision Discount Programs
Vitamins
Weight Loss Programs*

** Eligible only with Doctor's certification identifying the medical condition and length of treatment program*
*** Eligible only with Doctor's certification identifying the physical nature of the medical condition and length of treatment program. Massage therapy for the sole purpose of tension/stress relief or depression (even with a Doctor's statement) does not qualify as an eligible expense.*

OVER-THE-COUNTER DRUGS/MEDICINES

The IRS also states that Over-The-Counter Drugs (items that can be purchased without a prescription) can be eligible expenses. This allows you to use tax-free dollars to purchase routine items your family always keeps on hand, such as pain relievers, allergy medication and cold medications. Basically, it's any over-the-counter medicines used to cure or treat a medical condition.

Over-the-counter drugs/medicines do not include vitamins or daily supplements if they are taken for general good health. Supplements may be reimbursable if a doctor prescribes them as part of a treatment for a diagnosed illness. Your request for reimbursement of supplements will require a doctor's diagnosis indicating medical necessity.

OVER-THE-COUNTER DRUGS INCLUDE:

Acne Treatments
Anti-diarrhea Medicines
Bactine
Calamine Lotion
Diaper Rash Ointments
Herbs & Herbal Medicines*
Laxatives
Motion Sickness Pills
Pedialyte for ill child dehydration
Sunburn Treatments
Topical Ointments
Allergy Medicines
Aspirin/Tylenol/Ibuprofen
Ben Gay/Theragesic
Cold Medicines like Nyquil
Eye Drops like Visine
Homeopathic Drugs*
Lip Balms (for chapped lips)
Nasal Sinus Sprays
Sinus Medications
Suppositories and Creams for Hemorrhoids
Wart Remover Treatments
Antacids
Athlete's Foot Medication
Bug Bite Medications
Cough Drops/Throat Lozenges
First Aid Creams
Lactose Intolerance Pills
Menstrual Cycle Medication
Pain Relievers
Sleeping Aids

**If taken for a medical condition*

OVER-THE-COUNTER DRUGS REQUIRING LETTER OF MEDICAL NECESSITY:

Dietary supplements or herbal medicines to treat a specific medical condition
Fiber supplements to treat a specific medical condition for a limited time
Glucosamine/Chondroitin for arthritis or other medical condition
Menopause treatments for hot flashes and night sweats
Hormone therapy
Sunscreens
St. John's Wort for depression
Weight-loss drugs to treat obesity

ORTHODONTIA

Unlike most qualified expenses, orthodontia is generally reimbursable over the life of the contract. So if the individual (child or adult) will have the braces for 24 months, the expense is reimbursed over the 24-month period even if the entire expense is paid in full at the beginning of the service. Your orthodontia contract should be attached to your first request for reimbursement.

Using the 24-month example and a total expense of $3,000. In the first plan year, after insurance has paid any eligible benefits (if any) and the down payment amount is deducted (assume $500), the remaining balance is divided by 24 and is reimbursed over the 24 months.

First plan year (appliances placed in April) - $3,000 - $1,000 (Insurance benefit) - $500 (Down Payment) =$1,500 (Remaining balance). $1,500 / 24 = $62.50. First plan year reimbursement - $500 + $62.50 x 8 months = $1,000.

Second plan year - $62.50 x 12 months = $750 Third plan year - $62.50 x 4 months = $250

Assume you pay remaining balance of $1,000 in full at the beginning of the second plan year. The above schedule would still apply. You can only be reimbursed 1/12th of the $750 per month. You cannot request reimbursement of the $750 at the beginning of the plan year. You can submit a request monthly for the $62.50; you can submit a request quarterly, in July for the May, June and July amounts or even at the end of the plan year for the total of the $750. Remember, expenses are reimbursed based on when they are considered incurred, not when they are paid.

USE-IT OR LOSE IT PROVISION

Generally speaking, unused balances at the end of the plan year cannot be carried over into the following plan year. Your annual election must be used by the end of the plan year or any remaining balance will be forfeited back to your employer. You should plan cautiously in order to avoid forfeiting your money at the end of the plan year.

REIMBURSEMENT REQUESTS

Your annual election is available at any time during the plan year. Claims can be filed at any time during the plan year; as you incur the expenses, monthly, quarterly even annually. To submit a claim, simply complete the request for reimbursement form (available at www.flexcorp125.com, click on "Plan Participants" then scroll down to "Forms" then click on the "Health Care Reimbursement"), attach your receipts and mail, fax or email the claim directly to Flex Corp. Claims are generally processed within 48 to 72 hours of receipt and reimbursement checks are mailed the following day, directly to your home address. Along with the check, you will receive a Reimbursement Account Worksheet, which provides an explanation of the benefits paid and the remaining account balance.

You have the option of receiving your reimbursements via direct deposit. Direct deposit allows you to have your reimbursements electronically transmitted to a designated bank for deposit into your checking or savings account. This option provides faster receipt of claim reimbursement and is provided at no cost to you.

MAIL:
Flex Corp
5700 Northwest Central Drive
Suite 320
Houston, Texas 77092

FAX:
713-996-7626

EMAIL:
faxedclaims@handgroup.com

RECEIPTS

Receipts for eligible expenses must contain the following information:

1) Date of service
2) Patient's name
3) Description of service provided
4) Provider's name and address
5) Amount charged

Prescription receipts must contain the following information:

1) Date filled
2) Patient's name
3) Name of the medicine prescribed
4) Doctor's name
5) Amount charged

Legible cash register tapes for over-the-counter drugs must contain the following information:

1) Date of purchase
2) Name of item purchased (must be clearly identified on the cash register tape; if not, send packaging)
3) Merchant name
4) Cost of item including sales tax, if any

Missing information cannot be hand written on the receipt per IRS rules. Also, please mark the over-the-counter drugs listed on the cash register tape for which you are requesting reimbursement, as some generic names can be difficult to identify. Sales tax charged on any over-the-counter medicines is also reimbursable.

DIRECT DEPOSIT

Flex Corp offers the advantage of having all of your reimbursements deposited directly to your checking or savings account. The direct deposit feature eliminates waiting for checks to arrive by mail and then having to drive to the bank to make a deposit. To select the direct deposit option, complete the Authorization Agreement For Direct Deposit form and return it to Flex Corp. Direct deposit generally requires six business days to initiate and during this six-day period you will continue to receive your reimbursements in the form of a check through the mail. Once the direct deposit option takes effect, you will receive a worksheet by mail or email notifying you of the deposit being made.

DEPENDENT CARE REIMBURSEMENT ACCOUNT (DCRA)

This benefit works much like the HCRA but it is designed to enable you to pay for dependent daycare services on a pre-tax basis. To use the account, the daycare expenses incurred must be as a result of your being gainfully employed or being a fulltime student. If married, the incurred expenses must be a result of you and your spouse being gainfully employed or fulltime students. Daycare expenses incurred while there is a stay-at-home parent are not reimbursable.

Each time eligible dependent daycare services are incurred, obtain a receipt with the dates of services, cost of services, the name of the dependent(s), and the provider of services. Send a copy of this receipt to Flex Corp along with a completed request for reimbursement form. For your convenience, Flex Corp has incorporated a receipt within the request for reimbursement form. Flex Corp will process the receipts and send you a reimbursement check.

Note: There is a childcare tax credit available at the end of the year so it is important to compare the tax credit to the Dependent Care Reimbursement Account to determine which option is better for you - you cannot do both with the same expenses.

REIMBURSEMENT REQUESTS

Unlike the HCRA, the DCRA will only reimburse you up to your actual account balance at the time the reimbursement request is processed. If a reimbursement request is received for more than the account balance, a check will be issued for the account balance and a pending request for the difference will be noted on your account. Once additional contributions are received, the pending request will be automatically processed and a check will be issued the following day.

Claims can be filed as you incur expenses, monthly, quarterly even annually. To submit a claim, simply complete the request for reimbursement form (available at www.flexcorp125.com, click on "Plan Participants" then scroll down to "Forms" then click on the "Dependent Care Reimbursement"), attach your receipts and mail, fax or email the claim directly to Flex Corp. Claims are generally processed within 24 to 48 hours of receipt and reimbursement checks are mailed the following day, directly to your home address. Along with the check, you will receive a Reimbursement Account Worksheet, which provides an explanation of the benefits paid and the remaining account balance. Reimbursement via direct deposit is also available in the Dependent Care Reimbursement Account.

MAIL:
Flex Corp
5700 Northwest Central Drive
Suite 320
Houston, Texas 77092

FAX:
713-996-7626

EMAIL:
faxedclaims@handgroup.com

DAYCARE PROVIDERS

Your daycare provider can be an individual or a corporate daycare. Individuals can include parents, grandparents or even a neighbor. For tax purposes, you will need the corporate provider's identification number or the individual's social security number. Tax Form 2441 requires that you provide information regarding the daycare provider. Individual providers can provide a receipt with the information mentioned above or can simply complete the receipt information on the reimbursement claim form.

ELECTIONS CHANGES

You may change your election for any new plan year prior to the beginning of the year. An election, once made, cannot be changed during the year unless there has been a qualified change in status. Examples of status changes are:

- Marriage
- Divorce
- Birth or adoption of a child
- Death of a spouse or child
- Beginning or end of spouse's employment
- Change in cost of care or provider

USE-IT OR LOSE-IT PROVISION

Unused balances at the end of the plan year cannot be carried over into the following plan year. Your annual election must be used by the end of the plan year or any remaining balance will be forfeited back to your employer. You should plan cautiously in order to avoid forfeiting your balance at the end of the plan year.

ACCOUNT INFORMATION

Participants will receive quarterly account statements. You can elect to have the quarterly account statement e-mailed directly to you. To elect this option, simply logon to www.flexcorp125.com, select Plan Participants / Account Access and enter your social security number and date of birth and select Email Delivery Preference. Enter your email address and click on the save button.

Account information on both the Health Care and Dependent Care accounts can also be accessed through our website at www.flexcorp125.com or telephone voice response system by calling 713-939-5858 or 800-856-1816. Both the website and voice response system are available 24-hours a day, year around. Both systems are real-time systems and are automatically updated throughout the day.

TO ACCESS YOUR ACCOUNT ONLINE:

Select: Plan Participants

Click: Account Access

Enter: Your Social Security number and your Date of Birth, select "Reimbursement Account Activity", then click the "CONTINUE" button

TO ACCESS YOUR ACCOUNT USING THE TELEPHONE VOICE RESPONSE SYSTEM:

Dial: 713-939-5858 or 800-856-1816

Enter: Your Social Security using the phone key pad

Press: "1" For information on Dependent Care Account

"2" For information on Health Care Account

You can always contact Customer Service Representatives at 800-856-1816 or 713-939-5858. Representatives are available Monday – Friday from 7:30 am to 5:00 pm central standard time.

SUMMARY PLAN DESCRIPTION (SPD)

This short summary is a brief overview and does not replace the summary plan description or the legal plan documents. For full information regarding the plan, you should read thoroughly the summary plan description provided to you by your employer.

HEALTHCARE REIMBURSEMENT ACCOUNT WORKSHEET

This worksheet is designed to help you estimate eligible healthcare expenses not covered under any health insurance plan. This list contains some of the more common categories of medical expenses eligible under the plan.

The expenses listed may have limitations or conditions that must be met before reimbursement is permitted. If you have a question on whether an expense is covered under the Healthcare Reimbursement Account, please consult with Flex Corp before including it in your election.

Insurance deductible (Health / Dental)	$
Co-insurance amounts (usually 20%)	$
Co-pays (doctor visit, emergency room, hospital)	$
Prescription co-pays	$
Birth Control methods prescribed by a physician	$
Routine physicals and exams	$
Dental expenses (cleanings, fillings, dentures, bridgework)	$
Orthodontia	$
Eye care (glasses, contact lenses, solutions, exams)	$
Over-the-counter drugs and medications	$
Any other uninsured expenses	$
YEARLY UNINSURED HEALTHCARE EXPENSE TOTAL	$
DIVIDE TOTAL BY NUMBER OF PAY PERIODS (12 / 24 / 26 / 52)	
CONTRIBUTION AMOUNT PER PAY PERIOD	$

2007 DEPENDENT CARE ESTIMATION WORKSHEET

Dependent care expenses up to $5,000 a year ($2,500 a year if you are married and file a separate return) may be paid before taxes from a dependent care reimbursement account, or up to $6,000 in expenses may be used to generate a dependent tax credit on your federal income tax return. This worksheet should help you decide which method of paying dependent care expenses is better for you. Please note that the maximum of $5,000.00 is per household.

	YOUR SCENARIO	Scenario #1 (2 CHILDREN)	Scenario #2 (1 CHILD)	Scenario #3 (1 CHILD)
1) REIMBURSEMENT ACCOUNT				
(a) Total annual family adjusted gross income before taxes		$70,000	$31,500	$31,500
(b) Estimated cost of dependent care for the upcoming year (not to exceed $5,000)		$5,000	$5,000	$3,000
(c) Tax bracket (see table on page 11)		32.65%	22.65%	22.65%
(d) Tax Savings (multiply expenses in item (b) by the percentage in item (c))		$1,632.50	$1,132.50	$679.50
2) TAX CREDIT				
(a) Enter the amount in item 1(b) (not to exceed $3,000 for one child or $6,000 for 2 or more children)		$6,000	$3,000	$3,000
(b) Tax credit percentage (see table on page 11)		20%	26%	26%
(c) Tax Credit (multiply amount in item (a) by the percentage in item (b))		$1,200	$780	$780
COMPARISON				
Subtract item 2(c) from item 1(d) (if result is positive you may wish to consider using the reimbursement account)		$432.50	$352.50	($100.50)

ELIGIBLE EXPENSES

Expenses incurred for the care of dependents under age 13, or disabled or elderly dependents who spend at least 8 hours per day in your home are eligible for favorable tax treatment, if the expenses are custodial (not educational) in nature and are incurred in order for you (you and your spouse if you are married) to work at gainful employment. The services may be provided inside or outside your home, but if the services are provided outside your home by a facility which cares for seven or more children, such facility must be a qualified day care center that meets all local and state regulations governing such facilities.

2007 TAX RATES

	TOTAL ANNUAL FAMILY ADJUSTED GROSS INCOME	ESTIMATED INCOME AND SOCIAL SECURITY TAX BRACKET
SINGLE	UP TO $7,825	17.65%
	$7,826 to $31,850	22.65%
	$31,851 to $77,100	32.65%
	$77,101 to $97,500	35.65%
	$97,501 to $160,850	29.45%
	$160,851 to $349,700	34.45%
	$349,701 and above	36.45%
MARRIED	Up to $15,650	17.65%
	$15,601 to 63,700	22.65%
	$63,701 to $97,500	32.65%
	$97,501 to $128,500	26.45%
	$128,501 to $195,850	29.45%
	$195,851 to $349,700	34.45%
	$349,701 and above	36.45%

2007 DEPENDENT CREDIT

TOTAL ANNUAL FAMILY ADJUSTED GROSS INCOME	TAX CREDIT
Up to $15,000	35%
$15,001 to $17,000	34%
$17,001 to $19,000	33%
$19,001 to $21,000	32%
$21,001 to $23,000	31%
$23,001 to $25,000	30%
$25,001 to $27,000	29%
$27,001 to $29,000	28%
$29,001 to $31,000	27%
$31,001 to $33,000	26%
$33,001 to $35,000	25%
$35,001 to $37,000	24%
$37,001 to $39,000	23%
$39,001 to $41,000	22%
$41,001 to $43,000	21%
$43,001 and above	20%

Eligible dependent care expenses may not exceed the earnings of the lower-paid spouse. In the case of a spouse who is a full-time student at an educational institution or is physically or mentally incapable of caring for him/herself, such spouse shall be deemed to have earned income of not less than $250 per month if the Participant has one Dependent, and $500 per month if the Participant has two or more Dependents in accordance with Section 21(d)(2) of the Code.

FLEX CORP

AUTHORIZATION AGREEMENT FOR DIRECT DEPOSIT

When completed, mail this form with voided check to:
Flex Corp
5700 Northwest Central Drive, Suite 320
Houston, Texas 77092-2092
Phone: 713-939-5858 or 800-856-1816

For Administrative Use Only	
Client #	
Keyed	
Date	
Prenoted	

Company Name: _____

I (we) hereby authorize Flex Corp, hereinafter called "Company" to initiate credit entries to my (our)

Checking account ☐ Savings account ☐

Indicated below at the depository named below, hereinafter called "Depository" to credit the same from such account.

Employee Name (please print): _____

Address: _____

City: _____ State: _____ Zip: _____

Exact Name on Account: _____

Depository (Bank) Name: _____ City: _____ Zip: _____

Transit Routing Number: _____ Account Number: _____

Printed Name of Account Signatory(ies): Social Security Number:

1) _____ _____

2) _____ _____

1) Signature: _____ Date: _____

2) Signature _____ Date: _____