

take care®
by WageWorks

Employer																Social Security Number									
Employee Name (First, Last)																									
Date of Birth (MM-DD-YYYY)									Date Hired (MM-DD-YYYY)																
Home (Street) Address																			APT.						
City																State			Zip						
Home Phone								Email																	

Employer to complete or enrollment cannot be processed.

Plan year start (MM/DD/YY) ____/____/____ and end ____/____/____. First payroll start date ____/____/____.

No. of Pays _____. Dept. _____.

YES ☐ In addition to my employer's contribution of \$ per pay period, I elect to contribute \$ (before taxes) for the PLAN YEAR, which is \$ per pay period to fund my account that pays qualified out-of-pocket healthcare expenses that are not covered by my employer's health plan or any other health plan for a total pay period contribution of .

NO ☐ I decline this option for this plan year and understand that I will lose all tax savings that I could receive as a participant.

This pays for daycare expenses for a dependent child, adult or elder, so that you may work. Eligible services include: nursery school, nanny and/or before/after school care through age 12, daycare for a disabled adult or child, elder daycare for parent or dependent, day camp through age 12.

YES ☐ I elect to contribute \$ (before taxes) for the Plan Year, which is \$ per pay period to fund my account that pays qualified dependent daycare or elder care expenses.

NO ☐ I decline this option for this plan year and understand that I will lose all tax savings that I could receive as a participant.

YES ☐ On the appropriate benefit enrollment form, I have enrolled in certain employer-sponsored insurance benefits (i.e. health insurance). I understand that my share of the premium for these employee benefits will automatically be paid with pre-tax dollars. I also understand that if my required contributions for these insurance benefits are increased or decreased while this agreement is in effect, my taxable income will automatically be adjusted to reflect that change.

NO ☐ I decline this option for this plan year and understand that I will lose all tax savings that I could receive as a participant.

YES ☐ I elect to contribute \$ (before taxes) for the Plan Year, which is \$ per pay period for funding reimbursement of this additional benefit outlined by my HR department.

NO ☐ I decline this option for this plan year and understand that I will lose all tax savings that I could receive as a participant.

Employee signature _____ Date _____

OE-FSA-EF-ERCNT-AFL (OCT 2013)