

**FRANKLIN CENTRAL SUPERVISORY UNION
FLEXIBLE SPENDING ACCOUNT PLAN**

Election of Benefits Form

Name (Last, First, MI)		Date
Mailing Address	City, State, Zip Code	
Social Security #	Plan Year	School
e-mail address		Phone

ELECTION OF HEALTH CARE REIMBURSEMENT

- I elect to participate in the Health Care Reimbursement Account for the plan year. (See the "Health Care Reimbursement Worksheet" and list on "Qualifying Expenses") **NOTE: Your contribution to the Health Care Reimbursement Account is limited to \$_____.**
Due to changes under the "Patient Protection and Affordable Care Act," effective January 1, 2011, OTC benefits will be limited to Doctors' Prescriptions only
1. Amount to be deducted each pay period: \$ _____
2. Number of pay periods in the Plan Year: x _____
3. Total for Plan Year (1 x 2): \$ _____
- I elect NOT to participate in the Health Care Reimbursement Account.

ELECTION OF DEPENDENT CARE ASSISTANCE

- I elect to participate in the Dependent Care Assistance Account for the plan year. The maximum amount which may be allocated to the Dependent Care Assistance Account is \$5,000. (This limit may be reduced if you are married and you or your spouse are not employed full time or your spouse is a full-time student or your spouse is unable to care for him/herself. Please see the Plan Administrator for details.)
1. Amount to be deducted each pay period: \$ _____
2. Number of pay periods in the Plan Year: x _____
3. Total for Plan Year (1 x 2): \$ _____
- I elect NOT to participate in the Dependent Care Assistance Account.

ELECTION TO RECEIVE EMPLOYER CONTRIBUTION AS CASH

- I am eligible for the Employer contribution because I am not electing the group health insurance benefit. I elect to receive the Employer contribution as a cash contribution that will be taxed as regular income.
My family status is (check one): Single 2 Person Family

WAIVER OF PREMIUM CONVERSION

All employee-paid health and dental insurance premiums will automatically be paid through the Franklin Central Supervisory Union Flexible Spending Account Plan unless you elect not to participate.
STOP : Consider your response. Checking this box may not do what you think it will do. Most employees elect to participate in this part of the plan by NOT checking the box. Check this box only if you do not want your insurance premiums deducted on a pre-tax basis.

I elect NOT to participate in the Premium Payment part of this Plan. This means that all employee-paid

I have read and understand the "Other Terms and Conditions Statement"

Employee's Signature:

Date:

