



# ENROLLMENT APPLICATION FLEXIBLE SPENDING ACCOUNTS

<b>1. EMPLOYEE INFORMATION - REQUIRED</b>		
Last Name	First Name	MI
Address		
City, State, Zip		
Employer	ID #/SS #	
Phone	DOB	
Email Address (required)-By providing an email address, you agree information pertaining to your account can be emailed to the address provided.		

<b>2. EMPLOYEE STATUS</b>	
( )	Date of Hire _____ ( ) Date election effective _____
<input type="checkbox"/>	Yes, I would like a Flex debit card for the plan year. (No fee will be charged for the first two cards)
<input type="checkbox"/>	No, I do not want a Flex debit card for this plan year.

<b>3. EMPLOYEE SPENDING ACCOUNT AGREEMENT</b>			
<input type="checkbox"/> I agree to have my gross salary redirected, in accordance with Section 125 of the Internal Revenue Code, to contribute in the amounts indicated below. I understand that contributions to my spending account(s) can only be reimbursed to me for eligible expenses incurred within each plan year. For example, funds in the Medical Spending Account cannot be used for reimbursement of dependent care expenses. I further understand that if I do not use the funds in my spending account(s) during the plan year, those funds may be forfeited based on the specifications of my employer's plan. Please see your summary plan description for plan details.			
•	Medical Spending Account	\$ _____ X _____ = \$ _____	(Plan Year Election)
		(Per Pay) (Pays/Year)	
•	Dependent Care Spending Account	\$ _____ X _____ = \$ _____	(Plan Year Election)
		(Per Pay) (Pays/Year)	
	(IRS: Maximum Annual \$7,500 if single or married or \$3,750 if married filing a separate return.)		
•	Health Savings Account	\$ _____ X _____ = \$ _____	(Plan Year Election)
		(Per Pay) (Pays/Year)	
•	Limited Medical Spending Account	\$ _____ X _____ = \$ _____	(Plan Year Election)
		(Per Pay) (Pays/Year)	
<input type="checkbox"/>	I elect not to participate. – (Skip to Section 5)		

**4. DIRECT DEPOSIT AUTHORIZATION OF REIMBURSEMENT CLAIMS - REQUIRED**

I hereby authorize **INSURAPATH** to initiate credit entries to my:  Checking Account  Savings Account

Account Number: \_\_\_\_\_ Bank Routing Number: \_\_\_\_\_

Financial Institution: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

This authority will remain in full force and effect until **INSURAPATH** has received written notification from me of its termination, in such time and in such manner as to afford **INSURAPATH** a reasonable opportunity to act on it. **INSURAPATH** is not responsible for any bank fees related to expenditures made before an actual ACH deposit is in your account. It is your responsibility to verify that the funds are in your account before you expend them.

**INTERNAL REVENUE CODE REGULATIONS**

• **GENERAL PROVISIONS:**

- **INSURAPATH** elections cannot be changed during the plan year unless there is a “status” change such as marriage, divorce, birth, adoption, death, change in spouse’s employment, or other qualifying events.
- Expenses paid through your spending accounts are no longer eligible as personal deductions on your income taxes. Only those expenses which are deductible for Federal Income Tax purposes, and which have not been reimbursed by any other plan are eligible for reimbursement.
- If enrolled in the Dependent Care Expense Account, the amount of expense eligible for your Dependent Care Tax Credit will be reduced, dollar for dollar, by amounts reimbursed from that account.
- You agree to indemnify and reimburse your employer on demand for any liabilities that may occur from any reimbursement made for a non-qualifying expense.

• **SOCIAL SECURITY/WORKERS’ COMPENSATION BENEFIT REDUCTIONS:**

- Since **INSURAPATH** elections reduce your wage base for social security and workers’ compensation contributions, your death, disability, retirement, and survivor benefits from those programs will likely be reduced.
- You agree that your employer, the plan coordinator, and the plan administrator will not be held liable for any social security or workers’ compensation benefit reductions which may result from your participation in **INSURAPATH**.

I, the undersigned, have read and agree to comply with the INTERNAL REVENUE CODE REGULATIONS on this application.

**5. EMPLOYEE SIGNATURE**

**DATE:**

X

Insurapath, Inc. 5300 S Broadband Lane Sioux Falls, SD 57108

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