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**FLEX ENROLLMENT FORM**  
**TRUMBULL PUBLIC SCHOOLS**

EMPLOYEE NAME:	EMPLOYEE NUMBER
SOCIAL SECURITY NUMBER	DATE OF BIRTH
ADDRESS	PHONE NUMBER
CITY, STATE, ZIP	JOB TITLE
E-MAIL ADDRESS	

Marital Status: Married \_\_\_ Single \_\_\_ Divorced \_\_\_ Widowed \_\_\_  
 (Domestic Partners are not eligible for any portion of the pre-tax benefit)

Benefits Effective 7/1/2017 – 6/30/2018

Number of Pay Periods 20

1. SECTION 125 MEDICAL REIMBURSEMENT ACCOUNT Yes \_\_\_ No \_\_\_  
 (\$2,600 Maximum/\$250 Minimum) (Please review materials re: over-the-counter purchases)

Annual Election \$ \_\_\_\_\_

2. DEPENDENT DAY CARE REIMBURSEMENT ACCOUNT Yes \_\_\_ No \_\_\_  
 (\$5,000 Calendar Year Family Maximum)

Annual Election \$ \_\_\_\_\_

Please check “Yes” or “No” for each option above. If you do enroll in any of the above options, please be sure to read and sign the reverse side of this form.

**I understand that:**


- ◆ Once I enroll for this plan year, I cannot change or revoke my election or this compensation reduction agreement for the unreimbursed medical spending account OR the dependent day care reimbursement account. I may make a mid-year change in the pre-tax premium contribution for my health insurance coverage IF I have an IRS defined change in status: marriage, divorce, legal separation or annulment, a judgment, decree or court order resulting from divorce legal separation or annulment, death of a dependent, birth, adoption or placement for adoption or change in my or my spouse's or my dependent's employment status resulting in a reduction or increase in hours, or a change in the place of residence or work of the participants spouse or dependent. A change in the premium contribution will not be allowed unless eligibility for benefits is either lost or gained. The election change must be consistent with the status change.
- ◆ I must make a new election each year during the open enrollment period. Elections will not be carried forward from one year to the next unless I complete a new enrollment form and submit it by the end of the annual open enrollment period. If I fail to complete and submit a form by the end of the open enrollment deadline, I will be considered "waived" for the benefit.
- ◆ The Plan Administrator may reduce or cancel my compensation reduction or otherwise modify this agreement in the event they believe it advisable in order to satisfy certain provisions of the Internal Revenue Code.
- ◆ The reduction in my cash compensation under this agreement shall be in addition to any reduction under other agreements or benefit programs maintained by my Employer.
- ◆ My Social Security benefits may be reduced because the tax-free benefits under the Plan reduce the amount of contributions that are made to the Federal Social Security System.

THIS AGREEMENT IS SUBJECT TO THE TERMS OF THE EMPLOYER'S FLEXIBLE SPENDING ACCOUNT PLAN, AS AMENDED FROM TIME TO TIME, SHALL BE COVERED BY AND CONSTRUED IN ACCORDANCE WITH APPLICABLE LAWS, SHALL TAKE EFFECT AS A SEALED INSTRUMENT UNDER APPLICABLE LAWS, AND REVOKES ANY PRIOR ELECTION AND COMPENSATION REDUCTION AGREEMENT RELATING TO SUCH PLAN.

**There are 2 options on the front of this form. You must check "Yes" or "No" next to each option.**

**Please enroll me in one or both of the Pre-Tax Options where I have selected "YES" on the front of this form and make the indicated payroll deductions. I have checked "NO" on the front of the form where I elect to waive participation in the benefit. I have read and understand the enrollment materials.**

**Return this form to Long Hill Insurance by May 10, 2017**

 Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Accepted and agreed to by:**

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**Employer's Authorization  
Trumbull Board of Education**