



CITY OF KETTERING

Annual Tax-Free Flexible Spending Account Enrollment Form

Section I - Employee Information			
Company Name: CITY OF KETTERING	Plan Year: 2005	Department:	
Your Name:	<input type="checkbox"/> Male <input type="checkbox"/> Female	Social Security #	
Street:	City:	State:	Zip:
Birth Date:	Hire Date:	Pay Periods Per Year: 26	Pay Periods Remaining in Year:

Section II - Employee Insurance Premium Contribution For Group Insurance
<p>Your Group Insurance plan premiums are withheld pre-tax automatically. You may revoke your premium election at the beginning of a plan year or during the year should you have a qualifying "life event" that permits a mid-year change.</p>

Section III - Health Care Reimbursement Account (Medical, Vision, and Dental Expenses)											
<p>I elect to make contributions on a pre-tax basis to my Health Care Account for this plan year. The maximum amount, which can be contributed to my Health Care Account is \$5,000 per year.</p> <p>Enter your Annual Pledge and divide by ___ pays and then enter your Pledge Per Pay Period.</p>	<table style="margin: auto;"> <tr> <td>Annual Pledge</td> <td></td> <td>Number Of Pays</td> <td></td> <td>Pledge Per Pay Period</td> </tr> <tr> <td>\$ _____</td> <td>÷</td> <td></td> <td>=</td> <td>\$ _____</td> </tr> </table>	Annual Pledge		Number Of Pays		Pledge Per Pay Period	\$ _____	÷		=	\$ _____
Annual Pledge		Number Of Pays		Pledge Per Pay Period							
\$ _____	÷		=	\$ _____							

Section IV - Dependent Child or Adult Day Care Reimbursement Account											
<p>I elect to make contributions on a pre-tax basis to my Dependent Care Account for this plan year. If you are single or are married and filing a joint tax return, the maximum amount that can be contributed to my Dependent Care Account is \$5,000 per year. If you are filing separately, the maximum amount is \$2,500 per year.</p> <p>Enter your Annual Pledge and divide by ___ pays and then enter your Pledge Per Pay Period.</p>	<table style="margin: auto;"> <tr> <td>Annual Pledge</td> <td></td> <td>Number Of Pays</td> <td></td> <td>Pledge Per Pay Period</td> </tr> <tr> <td>\$ _____</td> <td>÷</td> <td></td> <td>=</td> <td>\$ _____</td> </tr> </table>	Annual Pledge		Number Of Pays		Pledge Per Pay Period	\$ _____	÷		=	\$ _____
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Section V - Authorization
<ul style="list-style-type: none"> • These are my Flexible Spending Account elections for the Flex Plan year. I have read and understand the description of the Plan. • I understand my election may only be changed during the Plan Year for certain "life events" such as marriage, divorce, death of a spouse or child, birth or adoption of a child, change in employment status, or termination of employment. • I understand that unused balances left in my account at the end of the Plan Year cannot be returned to me. • I authorize my employer to make automatic payroll deductions of the amounts shown above from my earnings each pay period. <p>Date _____ Employee Signature _____</p>

Section VI - To Be Completed By Employer			
Effective Date of Participation:	Date of 1st Payroll Deduction:		