



**LIMITED USE FLEXIBLE SPENDING ACCOUNT
SALARY REDUCTION AGREEMENT
EMPLOYEE ENROLLMENT FORM**

Employer Name: _____	<i>Effective Date:</i> _____
<i>Employee Name</i> _____	<i>Date of Hire:</i> _____
<i>Home Address</i> _____	<i>1st Deduction Pay Date:</i> _____
_____	<i>Date of Birth:</i> _____
<i>Phone Number</i> _____	<i>Gender: Male</i> ____ <i>Female</i> ____
<i>Social Security Number</i> _____	
<i>E-mail Address</i> _____	

I authorize my employer to make the following pre-tax salary reductions (check all that apply):

<input type="checkbox"/> LIMITED USE FLEXIBLE SPENDING ACCOUNT (LUFSA)
\$ _____ X _____ = \$ _____
Salary Reduction per Pay Period Number of Pay Periods Total Plan Year Election

<input type="checkbox"/> I choose not to participate in the Section 125 Limited Use Flexible Spending Account.
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To provide spouse and dependents with a CBI[®] Flex Card, complete the separate form “Spouse and Dependent CBI[®] Flex Card Request/Change Form”.

I understand that the choice I have indicated above will stay in effect for the remainder of the plan year, unless I have a qualifying change in my family status. I also understand that the amounts specified or implied above will reduce my pay in equal installments.

Should the amount represented by my choices as indicated above exceed my gross wages for any given pay period, I authorize my employer to carry forward the balance and recoup the balance and any prior outstanding balance from subsequent pay periods.

I also authorize my employer to deduct the balance through the current month from my final pay check in the event I terminate employment.

I have read the Section 125 summary plan description that explains how a Section 125 plan works, the restrictions and other considerations. I also understand that I must save receipts for all expenses in the event they are requested to substantiate a claim.

Signature: _____ Date: _____