

EMPLOYER: SSN: OPEN ENROLLMENT: NEW HIRE CHANGE' EFFECTIVE DATE (mm/dd/yyyy): DATE OF HIRE (mm/dd/yyyy): NAME: BIRTH DATE (mm/dd/yyyy): DATE OF HIRE (mm/dd/yyyy): MAILING ADDRESS: PHONE: MM MARRIEL SINGLE CITY: STATE: ZIP: EMAIL: If you have not already signed up for direct deposit, it's easy. Visit the Allegiance flex website, www.allegianceflexadvantage.com. LIMITED FLEXIBLE BENEFITS ELECTION AUTHORIZATION DEDUCT INSURANCE PER PAY PERIOD NUMBER OF TOTAL ANNUAL PAY PERIOD PAY PERIODS AMOUNT ELECTED DEDUCTION PAY PERIODS AMOUNT ELECTED DENTAL / VISION X = DEDUCTION DAYCARE X = DEDUCTION PAY PERIODS (check one) \$2 - WEEKLY 26 - BI-WEEKLY (EVERY 2 WEEKS) 24 - SEMI-MONTHLY 12 - MONTHLY The "Total Annual Amount Elected" will be used to enter election amounts in the Allegiance system. CERTIFICATION Toertify that these are my benefit elections and that: 1. I understand that only vision, dental, and some preventive expresses can be relimbursed under the limited purpose health FSA. 2. I authorize the "before-lack" deduction of amy persentive expresses can be relimbursed under the limited purpose health FSA. 3. My health FSA election is for dental and vision expenses from riyelf, my spouse, and my qualified dependents. 4. My daycare FSA election is for the care of my tax dependent children, under age 13, or individuals unable to care for themselves, residing with me all least 8 hours each day. 5. I understand that my unissed contributions made to the FSA cannot be refunded to me and become the property of my employer. 6. Reimburs-ment requests, sent to Allegiance, must be accompanied by documentation of the expense. 7. I understand that this agreement cannot be changed or revoked during the plan year and during my period of employment. 8. I understand that this agreement cannot be changed or revoked during the plan year unless I experience a qualified change in status. Bothan employee signature and company authorization are required for enrollment to be completed. Signature: Date: HR initial	FLEXIBLE BI	INEFIIS E	INRULL	VIEIN	FURI	VI				
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Group Number: _____ Date Completed: _____ Entered By (initials): _____