

Benefits Enrollment Form



Application's need to be received by Febco 15 days before effective date

*Participant Information

*Employer Name: _____

*Employee Name: _____

*Social Security Number: _____ *Birthdate: _____

*Street Address: _____

*City: _____ State: _____ Zip Code: _____

E-Mail Address: _____

Work Phone: _____ Mobile/Cell Phone: _____

B – Dependent Information

*Name (Additional Card): _____ *Relationship: _____

*Social Security Number: _____ *Birthday: _____

*C-H/R information

*First Payroll Effective Date: _____ *Date of hire: _____ Department: _____

*Paycheck Frequency (Circle one): Weekly Bi-weekly Semi-Monthly Monthly Other: _____

*C – Benefits *(Check the box of all accounts that apply)*

Option 1: (DCA) Dependent Care Reimbursement Account

I elect to contribute \$ _____ Per Pay before tax, to fund my DCA account.

Option 2: (FSA) Flexible Spending Account

I elect to contribute \$ _____ Per Pay before tax, to fund my FSA account.

Option 3: (HRA) Health Reimbursement Account

My Employer will contribute \$ _____ Per Pay to fund my HRA account.

*D – Non-Discrimination Test *(To be completed by your H/R or Agent, Failure to provide this information releases Febco from Liability)*

*Annual Salary: \$ _____

% of Company Stock Held: **0.00%**

*Total of all Election Amounts: \$ _____

*Key Employee

Spouse/Dependent of Owner

*Highly Compensated Employee

Yes / No

No

Yes / No

E – Febco Benefits MasterCard *(Check Box)*

Yes I want to use the Febco Benefits MasterCard , I understand my employer will not be paying for any of the cost of this Benefits Card. My cost for the use of the MBI Benefits Card will be \$3.00 per month/\$36.00 per plan year. This fee will be taken directly from my Febco account.

No, I do not wish to use the MBI Benefits Card.

F – Waiver *(initial in box)*

I have been given the opportunity to enroll in a tax savings plan and have declined to participate. I understand I will lose all tax savings, which I may have received as a participant in the above Plans.

G – Employee Febco Benefits MasterCard Acknowledgement Statement

Should I as an employee be required to return my Febco Benefits MasterCard for any reason before the end of the Plan Year. I, _____, will reimburse the employer for any amounts advanced by the employer from my account, which are not Qualified Expenditures. My employer may also pursue any and all legal means available to it to receive some or all of the amounts advanced that I am not entitled to, including but not limited to, deducting such owed amounts from subsequent payroll amounts owed me. This card is the property of Febco and the employer and must be returned to the employer immediately upon loss of eligibility for benefits.

***H – Forfeiture and Signature** *(**Incomplete applications will not be processed**)*

I have enrolled in or elected to waive, certain employer-sponsored insurance benefits. I understand that my share of the premium for any eligible benefits will automatically be paid with pre-tax dollars. I also understand that if my required contributions for the elected benefits are increased or decreased while this agreement remains in effect, my taxable income will automatically be adjusted to reflect that increase or decrease. My employer and I agree that my taxable income will be reduced each pay period by the amount set forth in this Agreement. I understand that I may change my election in the event of certain changes in my status. Prior to the first day of each plan year, I will be offered the opportunity to change my benefit election for the upcoming plan year. Any qualified expenses that are submitted by me will be reimbursed to me on a tax-free basis. Any contributions that are not used during the plan year may not be paid to me in cash or used in a later plan year.

*Employee Signature: _____ Date: _____

*H/R or Agent: _____ Date: _____

***Required Fields**

If you have questions, feel free to call **Febco, Inc.** toll-free 1-800-489-1539.

Customer Service is available to assist you, Monday through Friday, 8:00 A.M. until 4:30 P.M., Eastern Time.

Please fax this form to: 502-695-9692