

2022 Plan Year

CARLON & MILLAR – TPA
FLEX

**ENROLLMENT
APPLICATION
FLEXIBLE SPENDING ACCOUNTS**

1. EMPLOYEE INFORMATION

NAME: _____		PHONE: _____	
ADDRESS: _____	CITY: _____	STATE: _____	ZIP: _____
EMPLOYER: _____	SS# _____	DATE OF BIRTH: _____	

2. EMPLOYEE STATUS

<input type="checkbox"/> New enrollee effective _____	<input type="checkbox"/> Annual election effective _____
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3. PRE-TAX PREMIUM PAYMENT AGREEMENT

<input type="checkbox"/> I agree to have my gross salary redirected, in accordance with Section 125 of the Internal Revenue Code, to pay my premiums for employer sponsored benefits I elect which are payable through the flexible benefits plan. I understand if my required premium contributions for the elected benefits are increased or decreased while this agreement remains in effect, my compensation redirection will automatically be adjusted.
<input type="checkbox"/> I elect not to participate in this option.

4. EMPLOYEE SPENDING ACCOUNT AGREEMENT

<input type="checkbox"/> I agree to have my gross salary redirected, in accordance with Section 125 of the Internal Revenue Code, to contribute in the amounts indicated below. I understand that contributions to my spending account(s) can only be reimbursed to me for eligible expenses incurred within each plan year. For example, funds in the Medical Spending Account cannot be used for reimbursement of dependent care expenses. I further understand that if I do not use the funds in my spending account(s) during the plan year, those funds will not be paid to me and will be forfeited.			
Medical Spending Account (Maximum Annual \$2,850)	\$ _____ (per pay)	x _____ (Pays/Year)	= \$ _____ (Plan Year Election)
Dependent Care Spending Account (Maximum Annual \$5,000 if single or married or \$2,500 if married filing a separate return.)	\$ _____ (per pay)	x _____ (Pays/Year)	= \$ _____ (Plan Year Election)
<input type="checkbox"/> I elect not to participate.			

Signature

Date