

# Flexible Benefit Plan Participation Form

Employer: \_\_\_\_\_

Employee Name: \_\_\_\_\_ Social Sec#: \_\_\_\_\_  
First Name Last Name

Mailing Address: \_\_\_\_\_  
Street City St. Zip

Birth Date: \_\_\_\_\_ Hire Date: \_\_\_\_\_ Email: \_\_\_\_\_  
ProBenefits will email Claims & Payment Verifications

## Flexible Spending Accounts

### Request to PARTICIPATE

#### A. Medical / Dental / Vision Care

The cost paid by you or your dependents for medical, vision or dental care which is not reimbursed by insurance.

#### B. Dependent Care

Employment-related custodial care for qualifying dependents (children age 12 and under; or dependent, disabled adults).

### Request to WAIVE

The Flexible Benefit Plan has been explained and I elect to waive participation in Flexible Spending Accounts. I understand that without a Change in Status or other Qualifying Event described in the Plan, my next opportunity to enroll will be at the start of the next plan year; if not changed, this waiver will continue in effect indefinitely.

## Plan Year Benefit Elections

\$ \_\_\_\_\_ / Plan Year  
[Employer-set minimums and maximums apply]

\$ \_\_\_\_\_ / Plan Year  
[IRS Family Maximum \$5000/yr]

Employer: Please complete

Med FSA Amount/Pay Pd.

Dep FSA Amount/Pay Pd.

First Payroll Date Impacted

Initial to Indicate Approval

Employer: Is employee a participant in your group health plan?  Yes  No

## Weekly Direct Deposit Signup

*(If offered by your plan)*

### Type of Account:

- Checking  
 Savings

### Please check one:

- I am signing up for Direct Deposit for the first time.  
 I would like to change my account information.

IMPORTANT: If you are re-enrolling for a new plan year and you already receive Direct Deposit reimbursements, DO NOT complete this section unless your bank information has changed. You may also add or change Direct Deposit information any time during the plan year by logging into your account online at [www.ProBenefits.com](http://www.ProBenefits.com).

Please tape a Voided Check (not deposit slip) here.

*A voided check supplies the account numbers and routing information required by the bank to establish your Direct Deposit arrangement. (Deposit slips sometimes do not include all needed information.)*

By signing below I certify that I have read the Flexible Spending Accounts Acknowledgments and, if applicable, the Flex Card Acknowledgments and/or the Direct Deposit Reimbursement Authorization Agreement on the reverse of this page. I agree to the terms of participation on this form and in related Plan Documents. I authorize my employer to adjust my compensation by the amount of my Benefit Elections shown above.

Signature \_\_\_\_\_ Date: \_\_\_\_\_

**Pro**Benefits