



Flexible Spending Account (FSA)

Benefit Election Form

Group Name: _____
 Group Number: _____
 Plan Year: _____

PERSONAL INFORMATION

Last Name	First Name (or initial)	Middle Name (or initial)	Social Security Number	
Home Address	City	State/Zip	Home Phone	Email Address
Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married	Date of Birth:	Date of Hire:	

BENEFIT ELECTION:

1. Health Care Flexible Spending Account Annual Election Maximum: # payroll deductions: ___	Enter Total Election Amount \$ _____	Enter Pay Period Amount 1. \$ _____
2. Dependent Care Flexible Spending Account Annual Election Maximum: \$5,000. # payroll deduction: ___	Enter Total Election Amount \$ _____	2. \$ _____
TOTAL PER PAY PERIOD (1+2)		\$ _____

Effective Date _____ Begin Deductions with Check Date of _____

If you are enrolling in the Flexible Spending Account, please check the box stating, "I wish to participate in the Flexible Spending Account Benefits Plan."
If you are not enrolling in any of the benefits above, please mark the box, "I do not wish to participate in the Flexible Spending Accounts Benefits Plan."

- I wish to participate in the Flexible Spending Account Benefits Plan.** I have read and agree to the terms set forth on the back of this form.
- I do not wish to participate in the Flexible Spending Account Benefits Plan.** This waiver will acknowledge that I have been informed of the terms of the above-referenced plan. I elect to waive **all** pre-tax benefits under the Flexible Spending Account Benefits Plan. Except for a change in status, I understand that I cannot elect pre-tax benefits until the next Open Enrollment.

Signature

Social Security Number

Date

DIRECT DEPOSIT INFORMATION

I hereby authorize Gilsbar, LLC to deposit any amounts owed me, by initiating credit entries to my account at the financial institution (hereinafter "Bank") indicated on this form. Further, I authorize Bank to accept and to credit any credit entries indicated by Gilsbar, LLC to my account. In the event that Gilsbar deposits funds erroneously into my account, I authorize Gilsbar, LLC to debit my account for an amount not to exceed the original amount of the erroneous credit.

Bank Name: _____ City: _____ State: _____ Zip: _____
 Transit/ABA #: _____ Account #: _____ Checking Savings
 (Please provide the Transit/ABA number that is on your check, not the deposit slip.)

This authorization is to remain in full force and effect until Gilsbar, LLC has received written notification from me of its termination in such time and in such manner as to afford Gilsbar, LLC and the Bank a reasonable opportunity to act on it.

Signature

Date



2100 Covington Centre • Covington, LA • 70433
 800.445.7227 • www.gilsbar.com



Terms and Conditions

I understand that:

If my required contributions for the elected insurance benefits are increased or decreased while this agreement remains in effect, my compensation redirection will automatically be adjusted to reflect that increase or decrease.

Reimbursement under the spending accounts will be available only for “qualifying health care expenses” and “qualifying dependent care expenses” as described in the Summary Plan Description. I agree to notify my Employer if I have any reason to believe that any expense for which I have obtained reimbursement is not a qualifying expense. I also agree to indemnify and reimburse the Employer on demand for any liability it may incur for failure to withhold federal, state, local income tax, or Social Security tax for any reimbursement I receive of a nonqualifying expense, up to the amount of additional tax actually owed by me.

This agreement will automatically terminate if the Plan is terminated or discontinued, if I cease to receive compensation from the Employer which, before redirection, is at least equal to the amount of that redirection.

Prior to the first day of each plan year, I will be offered the opportunity to change my benefit election for the following plan year. If I do not complete and return a new election form at that time, I will be treated as having elected to continue my benefit coverage and amount of compensation redirection for insurance benefits then in effect for the new plan year.

It will be necessary for me to complete and return a new election form if it is my desire to participate in the unreimbursed medical and/or dependent care portion(s) for the new plan year.

I cannot change or revoke this compensation redirection agreement at any time during the plan year unless I have a change in family status (including marriage, divorce, death of a spouse or child, birth or adoption of a child, termination of employment of a spouse, or such other events as the Plan Administrator determines will permit a change or revocation of an election). However, I am not eligible to add, change, or revoke my Health Care deduction at any time during the year, even in the event of a change in family status.

The Plan Administrator may reduce or cancel my compensation redirection or otherwise modify this agreement in the event he believes it advisable in order to satisfy certain provisions of the Internal Revenue Code.

The redirection of my cash compensation under this agreement shall be in addition to any redirection under other agreements of benefit plans.

The amount of my compensation redirection will be credited to an insurance, medical care reimbursement, and/or dependent care assistance account and such amount will be paid on my behalf or I will be reimbursed, up to the balance in that account, for the applicable expenses incurred during the year.

Any amounts that are not used during a Plan Year to provide benefits will be forfeited and may not be paid to me in cash or used to provide benefits in a later Plan Year.

My future Social Security benefits may be slightly reduced as a result of my election.

THIS AGREEMENT IS SUBJECT TO THE TERMS OF THE EMPLOYER'S CAFETERIA PLAN AS AMENDED FROM TIME TO TIME, SHALL BE GOVERNED BY AND CONSTRUED IN ACCORDANCE WITH APPLICABLE LAWS, SHALL TAKE EFFECT AS A SEALED INSTRUMENT UNDER APPLICABLE LAWS, AND REVOKES ANY PRIOR ELECTION AND COMPENSATION REDIRECTION AGREEMENT RELATING TO SUCH PLAN.