# CBIZ Flex

## Flexible Benefits Plan Election Form

*Version 11.01.08*

| | | | | | |
|---|---|---|---|---|---|
| **Employer:** | Oxford Area SD | **Building:** | | | |
| **Employee:** | | | **SSN:** | | |
| **Address:** | | | | | |
| **City:** | | **State** | | **Zip** | |
| ☐ *Check here to indicate an address change* | | | | | |
| **Date of Hire:** | | **Date of Birth:** | | | |
| **Email:** | | | | | |
| Effective Date: | November 1, 2011 through October 31, 2012 | | | | |
| Pay Periods Per Year: | ☒ | **PAYS** | | | |
| | | | | | |

### New Flexible Spending Account Elections

| | Per Pay Period | Plan Year Total |
|---|---|---|
| Medical Reimbursement | | |
| Dependent Care Reimbursement | | |
| Employer Contribution (if applicable) | | |
| | | |
| | | |
| Total Reduction Amount | | |

This election form will remain in effect and cannot be revoked or changed during the plan year, unless the revocation and new election are on account of and consistent with a change in family status (marriage, divorce, death of Spouse or child, birth or adoption of a child, and termination of employment of Spouse.) understand that insurance claim payments under certain coverage may be subject to Federal and State taxes when the premium is paid by salary reductions or employer contributions. I understand that the selection of a benefit and the indication that a premium is to be paid does not necessarily include me in the insurance portions of this plan. In most instances an application for insurance must be completed.

**Authorization:** I certify the above information to be correct and true and any dependents for which I have selected the dependent care benefit reside with me in a parent-child relationship and/or are legally dependent on me for their support. I understand that any amounts remaining in my account(s) not used for eligible expenses incurred during the plan year will be forfeited in accordance with current plan provisions and tax laws. I hereby authorize the deduction of the administrative fee, if applicable. The plan administrator may revoke or reduce any election to prevent the Plan from becoming discriminatory within meaning of IRC Section 125 and/or any other regulation

If Section 132(f) is offered by Company: I understand that my cash compensation will be reduced by amounts equal to my contribution for the qualified parking and transit expenses for my employer-sponsored Section 132(f) benefit as stated above and if my required contributions for the elected benefits are increased or decreased while this agreement remains in effect due to changing facility parking expenses, my compensation reduction will automatically be adjusted to reflect that increase or decrease.

This agreement is subject to the terms of the Company's Section 132(f) Qualified Transportation Fringe Benefit provisions (if offered), as amended from time to time and shall be governed by and construed in accordance with applicable laws and revokes any prior election and compensation reduction agreement relating to such benefit(s). My signature indicates that I have read and understand the Terms and Conditions (included with this form).

**I understand that I am responsible for submitting receipts as requested by CBIZ to substantiate all Section 125 Debit Card purchases. Failure to do so could result in cancellation of may card and/or additional charges. If such charges are incurred due to failure to substantiate Debit Card payments or ineligible Debit Card expenses, I understand that I am responsible for payment of these charges. I further understand that I will be responsible for payment of any fees incurred as a result of requesting replacement debit cards.**

☐ Accept ☐ Decline

_____ _____

Signature Date

**Please return this completed form to your Payroll or Human Resources personnel.**