

# 125c Cafeteria Plan - Plan Year 2009 Flexible Spending Account Election Form

Plan Managed By:  
**TEAMWORKS**



Participation in a 125c Cafeteria Plan allows you to use pretax dollars to pay for insurance premiums. This includes your portion of most employer-provided benefits for which you are enrolled. It may also be used to pay for premiums for personal health and welfare benefit plans you may have purchased outside of your employment. A separate form must be submitted to elect Personal Insurance Premium Conversion. Some policies, such as disability and 3rd party sick pay, are not eligible under this plan.

If premiums are withheld through the 125c Plan, benefit elections and changes become subject to regulations found in Section 125c of the Internal Revenue Code. These regulations restrict the time and circumstances under which changes to your benefit elections can be made. This election does not guarantee or commence coverage under the component benefit plans. Separate enrollment forms and procedures for these plans are required.

**By default, you will be automatically enrolled in the 125c plan for the purpose of funding your portion of employer-provided benefits. If you wish not to have premiums withheld under the 125c plan, you must submit a separate Waiver of Participation form. If you waive participation in this benefit, the amounts withheld from your pay check for premiums will be treated as part of your taxable wages.**

Full Name:  Last 4 Digits of Your SSN:  Company:

- I am an existing employee making an election for the new plan year (Effective January 1, 2009 through December 31, 2009)  
OR  
 I am a newly hired employee making an election for the first time  
(New Hire elections become effective the 1st of the month following your 31st day of employment and run through 12/31/2009)

Your Hire Date:  1st of month following 31st day of employment:  This will be your plan's effective enrollment date.

Election Forms Must Be Received By Teamworks at Least 10 Days Prior to the Enrollment Effective Date

## HEALTH CARE EXPENSE REIMBURSEMENT ACCOUNT

The Health Care Expense Reimbursement Account allows you to use pretax dollars to reimburse eligible out-of-pocket health care expenses. These are expenses not paid by any group health care plans in which you or your dependents may be enrolled. Insurance premiums are not eligible expenses for this type of account. A Personal Premium Conversion plan (separate form) should be established for this purpose.

- I elect to participate >>>>>>>>> \$ \_\_\_\_\_ Elected Plan (Calendar) Year Contribution (Maximum=\$5000)  
or  
 I elect not to participate
- Note: Enter only a plan year total amount here. Do not enter per pay period or per month amounts. Our system will automatically determine the per pay period deduction amount and adjust that amount if you skip a pay period.

## DEPENDENT CARE EXPENSE REIMBURSEMENT ACCOUNT

The Dependent Care Expense Account allows you to use pretax dollars to reimburse eligible dependent care expenses. These are expenses you incur that enable you or your spouse to work, look for work, or attend school on a full-time basis.

- I elect to participate >>>>>>>>> \$ \_\_\_\_\_ Elected Plan (Calendar) Year Contribution  
or  
 I elect not to participate
- Maximum is \$5000 per year, or \$2500 if married filing separate returns
- Note: Enter only a plan year total amount here. Do not enter per pay period or per month amounts. Our system will automatically determine the per pay period deduction amount and adjust that amount if you skip a pay period.

## EMPLOYEE ACKNOWLEDGEMENTS AND SIGNATURE

- Wages reported on your Form W2 that are subject to FICA, Medicare, Federal Income Tax, and State Income Tax (where allowed) will be reduced by the amounts elected and withheld herein as well as premiums you pay for eligible employer-provided benefits through payroll deduction.
- Any elections made herein must be fully funded through payroll deductions by 12/31/09.
- Reimbursements for health care expenses may only be claimed for services provided on or after your plan enrollment date and on or before March 15, 2010.
- Claims for reimbursement of eligible health care expenses must be submitted no later than March 31, 2010.
- Balances in accounts not claimed by March 31, 2010 will be forfeited.
- Expenses reimbursed under these plans may not be deducted on your income tax return.
- Elections are binding for the entire plan year and cannot be revoked or altered unless you experience a qualified status change as defined in the Internal Revenue Code. In order for a change to be approved, the change requested must be directly related to the qualifying event.
- Any changes in your election due to a qualifying event must be reported to Teamworks within 30 days of the event.
- The employer may determine and change the amounts to be withheld per pay check to ensure that the annual elections are funded by December 31, 2009.
- Funds may not be transferred or combined between Health Care and Dependent Care Reimbursement Accounts.
- You must submit a new election each year if you wish to maintain an expense reimbursement account for that plan year.
- This plan operates under rules and regulations set forth in Internal Revenue Code Section 125c. The plan document will be used to control rules, operational guidelines and reimbursement procedures.

I have read the above and agree to the provisions outlined herein.

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

Fax Completed Form to:  
Teamworks Benefits Dept  
801-434-9300