Clarity BENEFIT SOLUTIONS

FLEXIBLE SPENDING ACCOUNT ENROLLMENT FORM

Employee Last Name _____ First Name _____

Social Security Number _____ Date of Hire _____

Address _____ City _____

State _____ Zip _____ Phone (_____) _____
___ (Check here for mobile device)

E-mail Address _____

Option I: Medical Reimbursement Account (MED)
Enter an **annual** pre-tax contribution election up to the maximum of **$2,650:** **$_____**

Option II: Dependent Care Reimbursement Account (DCA)
Enter an **annual** pre-tax contribution election up to the maximum of **$5,000**: **$_____**
(Maximum for those married filing separate tax returns is $2,500)

Option III: Waiver of Tax Benefits
☐ I have been given the opportunity to enroll in these tax-savings plans and have declined to participate. I understand that I will lose all tax savings that I may have received as a participant.

My employer and I agree that my taxable income will be reduced each pay period by the amounts set forth in this agreement. I understand that I may change my election in the event of certain changes in status. Prior to the first day of each plan year and in accordance with Plan guidelines, I will be offered the opportunity to change my benefit election for the upcoming plan year. Any qualified expenses that are submitted by me will be reimbursed to me on a tax-free basis. Any contributions that are not used during the plan year may not be paid to me in cash or used in a later plan year. I acknowledge that I have received, read and understand the Summary Plan Description.

##11BENEFL##########

For Employer Use Only

Eff Date:

Employee Signature_____ Date_____

Dependent Information

Please provide your spouse and/or dependent information. Dependents under the age of 18 will not be issued a card!

	Dependent Name	Relationship	SSN	DOB	Issue Card
1					☐
2					☐
3					☐
4					☐
5					☐

Direct Deposit Agreement

If you are already enrolled in the Direct Deposit program and no account information has changed then completion of this section is not necessary. However, if you are newly enrolling in or wish to replace the existing information Clarity has on file; please complete the information in this section. Attach a voided check directly to this section for the account you are authorizing for direct deposit. ***Do not use a deposit slip.*** Your direct deposit cannot be processed without proper documentation.

Banking Institute Name: _____

ABA Routing Number: _____ *(9 digit number on the bottom of the check)*

Banking Account Number: _____

Checking ☐ Savings ☐

Employee Signature_____ Date_____

Clarity Convenience Card – Cardholder Agreement

The Cardholder Agreement is available for viewing and printing at www.claritybenefitsolutions.com. ***By signing below I certify that I have read the Cardholder Agreement and that I understand and agree with all of the terms and conditions outlined therein.***

Employee Signature_____ Date_____

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