

Enrollment Form

My Personal Information

First Name	Middle Initial	Last Name	
Home Address	City	State	Zip
Home Phone	Work Phone	Gender M F	Social Security Number
Birth Date (mm/dd/yyyy)	E-mail Address (We do not share your e-mail address)		

Employer	Department Name/Location/No. (if applicable)	Date Hired (mm/dd/yyyy)
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My Plan Dates (Refer to "My Company Plan" Eligibility section)

My Effective Start Date	My Plan Year	Number Of Payroll Deductions From My Effective Start Date To End Of Plan Year
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My BESTflexSM Plan Benefits

Group Insurance Premiums: If you participate in your employer's insurance plan(s), your premiums will be automatically deducted from your pay on a pre-tax basis.

I request the following amounts to be deducted, pre-tax:

	Plan Year Total	No. of Paychecks	Deduction per Paycheck
Health Care FSA		÷	=
Dependent Care FSA (Maximum contribution: \$ 5000.00)		÷	=
Employee Paid Administrative Fees (If any)		÷	=
Totals:		÷	=

Annual amount is rounded down if not evenly divisible by number of paychecks (\$1200 ÷ 24 = \$50.00: no rounding down; \$1200 ÷ 26 = \$46.15: rounded down to the nearest cent).

Yes, I want to save tax dollars!

I agree this election cannot be revoked or changed during the plan year, unless there is a qualifying event that justifies the revocation or change as authorized by the IRC and Regulations. I understand that my Social Security benefits may be affected by my participation in this Plan and that any money I allocate to these accounts and do not spend by the end of the plan year (or grace period, if elected by the plan sponsor) cannot be returned to me. If a debit card has been provided to me, I certify that I will only use the Card for payment of eligible expenses under the Plan and that any expense paid with the Card will not be reimbursed nor will I seek reimbursement under another Plan. I agree, when necessary, to provide substantiation that any particular expense is eligible for reimbursement under the Plan, and to reimburse the Plan in cases where I have been erroneously or wrongfully reimbursed for an expense that is not eligible for reimbursement under the Plan. I also understand that, to provide services to my employer in connection with one or more employee benefit plans maintained by my employer, Employee Benefits Corporation may need "protected health information" regarding coverage or benefits to me or my dependents under the Plan. By signing this Enrollment Form, I hereby acknowledge that Employee Benefits Corporation will obtain "protected health information" for purposes of the Plan and only for as long as Employee Benefits Corporation is providing services regarding the Plan. Any information disclosed pursuant to this Enrollment Form will not be subject to redisclosure by the recipient, except for purposes of the Plan. I understand that my enrollment can be denied if I do not sign this form.

X _____ / /
Signature Date (mm/dd/yyyy)

No, I do not want to participate.

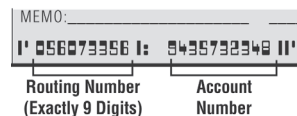
I understand that I have been given the opportunity to enroll in the BESTflex Plan Flexible Spending Accounts with my employer on this date. I have elected not to do so in this plan year. I also understand that if there is a qualifying event, I may have a right to sign on to the Plan at that time.

X _____ / /
Signature Date (mm/dd/yyyy)

Authorization For Direct Deposit (Only available for participants making FSA elections)

To have reimbursements deposited directly into your financial institution account, **please read the Conditions of Participation** (reverse), provide the requested information and sign.

Name of Financial Institution	Branch
City	State Zip
Account Number (from check; see illustration, right)	Checking Savings
Routing Number (Exactly 9 digits, from check; see illustration, right)	



I certify that I have read and understand this form. In signing this form, I authorize my reimbursements to be sent to the financial institution named above and deposited in the designated account.

X _____ / /
Signature Date (mm/dd/yyyy)

Web Address:
www.ebcflx.com

U. S. Mail:
Employee Benefits Corporation
PO Box 44347
Madison WI 53744-4347

Phone:
Monday - Friday, 8:00 - 5:00 CST
608 831 8445
800 346 2126

Fax:
608 831 4790

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Conditions of Participation in Direct Deposit:

Participants in the BESTflex Plan have the option to have their authorized reimbursements deposited directly into their personal checking or savings account. It is an optional convenience called Direct Deposit. If you have any questions regarding your electronic transfers, call Participant Services at 800 346 2126 (long distance) or 831 8445 (local).

- If you decide to enroll in Direct Deposit, you must complete this authorization form.
- The agreement represented by this authorization will remain in effect from one plan year to the next. To cancel it, you must complete a new Direct Deposit Authorization Form as a cancel transaction. Once you cancel, you may not re-enroll in Direct Deposit until the open enrollment period of the next plan year. This rule may be waived in unusual situations.
- It is your responsibility to notify us immediately of any changes in your financial institution (i.e. change of account number, closure of account, etc.).
- To notify us of the change, use the Direct Deposit Authorization Form. Mark the "Change" box in the Type of Transaction entry above. We will process these changes immediately upon receipt of the form. Since changes of this type usually take four business days to complete, please plan accordingly.
- Your electronic transfer will be made directly into your account. If your financial institution cannot make this transfer within three business days of receipt, we will investigate, then issue and mail a reimbursement check to you. Until the electronic transfer problem is resolved, you will continue to receive reimbursement checks in the mail. Reinstatement of Direct Deposit will be determined on a case-by-case basis and you will be notified if it occurs.
- Your financial institution may also cancel this agreement. In such cases, you will receive reimbursement checks in the mail.

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www.ebcflex.com

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