



**City of Renton
Flexible Spending Account
Benefit Election Form: 2012 Plan Year**

Employee (Last Name, First, Middle Initial)	Social Security No.	Effective Date
Mailing Address	Email Address	Date of Hire

FLEXIBLE SPENDING ACCOUNT

The Flexible Spending Account (FSA) allows you to set aside funds on a pre-tax basis to reimburse yourself for dependent care or healthcare expenses.

DEPENDENT CARE REIMBURSEMENT PLAN

This account allows you to set aside funds in an account to reimburse yourself for qualifying childcare expenses for your children or other dependents. There is a maximum contribution of \$5,000.00 per calendar year.

- I do not wish to participate in this plan. Enter the amount to be withheld from your paycheck EACH PAY PERIOD. \$ _____

HEALTH CARE EXPENSE REIMBURSEMENT PLAN

This account allows you to set aside funds in an account to reimburse yourself for qualifying health care expenses not covered by health insurance.

- I do not wish to participate in this plan. I elect the plan marked below:

NEW HIRES: If you will be a participant in this plan for less than twelve (12) months, please mark the semi-monthly premium you wish to have withheld from your paycheck each pay period. Your total fund balance will be equivalent to the semi-monthly premium times the number of pay periods left in the year.

	<input type="checkbox"/>								
Annual Benefit	120	240	360	480	600	720	840	960	1080
Semi-Monthly Premium	5	10	15	20	25	30	35	40	45
	<input type="checkbox"/>								
Annual Benefit	1200	1440	1680	1920	2160	2400	2640	2880	3120
Semi-Monthly Premium	50	60	70	80	90	100	110	120	130
	<input type="checkbox"/> *								
Annual Benefit	3360	3600	3840	4080	4320	4560	4800	4992	
Semi-Monthly Premium	140	150	160	170	180	190	200	208	

* If you wish, you may select an annual benefit between \$120 and \$4992. Enter that annual benefit and semi-monthly premium in the blank boxes above.
In the event of the termination of my employment, I authorize and direct my employer to deduct from my last check on a pretax basis any unpaid premiums (to the extent the amount of the check permits) and I agree to pay any remaining premiums due each month as they fall due by sending a check to City of Renton. Amounts from my last check shall be applied pro rata to monthly premiums falling due subsequent to the termination of my employment. I also understand that I will be charged a participant fee of \$1.75 per pay period.

EMPLOYEE'S STATEMENT

I have received and read printed materials explaining my employer's Flexible Benefits Plan and my options as a participant. I understand that I am making a binding election for one full plan year; that elections can be changed only during open enrollment or, in some cases, when permitted under the plan's rules.

Participation in the flexible benefits plan creates Personal Health Information. Unless otherwise directed by me, BAC will anticipate that they are authorized to communicate with my spouse regarding my flex account for the purposes of claims question, denials, balances, and other operations of the account.

This release is revocable at anytime by completing the Release of Information form. If you would like to limit the information available to your spouse or allow access to other dependents please complete the Release of Information form.

Date	Signature of Employee
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