

Flexible Spending Account Enrollment Form

Discovery Benefits

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| Yes! Sign me up. Authorization I authorize my employer to revoke my election unless I experience a status change in accordance with Internal Revenue Code Section 125 and submit the change within 30 days of the status change. I am aware of the plan's forfeiture provision and that my Social Security and federal unemployment benefits may be reduced because of my reduced salary for tax purposes. I authorize the release of any information necessary for Flexible Benefits. I hereby certify that the reimbursement requests I will be submitting are IRS eligible expenses and that I will not be nor have I been previously reimbursed for these expenses; nor am I seeking reimbursement for these expenses from insurance or any other source. I also understand that Discovery Benefits, its agents or employees, will not be held liable if I submit non-IRS eligible expenses for reimbursement. Participant Refusal I understand that if I elect not to participate, I cannot enter the program until next year unless I experience a status change in accordance with Internal Revenue Code Section 125 and submit the change within 30 days of the status change. | | | | | | | | |
| Participant Authorization I authorize my employer to reduce my pay on a per pay period basis as indicated above. I understand my reduction is for one flex plan year and that I cannot change or revoke my election unless I experience a status change in accordance with Internal Revenue Code Section 125 and submit the change within 30 days of the status change. I am aware of the plan's forfeiture provision and that my Social Security and federal unemployment benefits may be reduced because of my reduced salary for tax purposes. I authorize the release of any information necessary for Flexible Benefits. I hereby certify that the reimbursement requests I will be submitting are IRS eligible expenses and that I will not be nor have I been previously reimbursed for these expenses; nor am I seeking reimbursement for these expenses from insurance or any other source. I also understand that Discovery Benefits, its agents or employees, will not be held liable if I submit non-IRS eligible expenses for reimbursement. Participant Refusal I understand that if I elect not to participate, I cannot enter the program until next year unless I experience a status change in accordance with Internal Revenue Code Section 125 and submit the change within 30 days of the status change. | | _ | available for your group. Check with | | | | | |
| I authorize my employer to reduce my pay on a per pay period basis as indicated above. I understand my reduction is for one flex plan year and that I cannot change or revoke my election unless I experience a status change in accordance with Internal Revenue Code Section 125 and submit the change within 30 days of the status change. I am aware of the plan's forfeiture provision and that my Social Security and federal unemployment benefits may be reduced because of my reduced salary for tax purposes. I authorize the release of any information necessary for Flexible Benefits. I hereby certify that the reimbursement requests I will be submitting are IRS eligible expenses and that I will not be nor have I been previously reimbursed for these expenses; nor am I seeking reimbursement for these expenses from insurance or any other source. I also understand that Discovery Benefits, its agents or employees, will not be held liable if I submit non-IRS eligible expenses for reimbursement. 7. Participant Refusal I understand that if I elect not to participate, I cannot enter the program until next year unless I experience a status change in accordance with Internal Revenue Code Section 125 and submit the change within 30 days of the status change. | 6 | | | | | | | |
| I understand that if I elect not to participate, I cannot enter the program until next year unless I experience a status change in accordance with Internal Revenue Code Section 125 and submit the change within 30 days of the status change. | I auticannous within be rethat that the experience. | horize my employer ot change or revoke n 30 days of the stat duced because of m the reimbursement inses; nor am I seek | to reduce my pay on a per pay period bas my election unless I experience a status of tus change. I am aware of the plan's forf y reduced salary for tax purposes. I auth requests I will be submitting are IRS eligitions of these expenses f | change in Teiture principle the Toble expension | n accordance with Intern rovision and that my Soo e release of any informa enses and that I will not urance or any other soo | al Revenue Code Sectial Security and fede tion necessary for Flood be nor have I been arce. I also understo | ction 125 and su eral unemployme exible Benefits. previously reim | bmit the change ent benefits may I hereby certify bursed for these |
| Revenue Code Section 125 and submit the change within 30 days of the status change. | 7. | Participa | nt Refusal | | | | | |
| Employee Signature Date | | | | | | perience a status cha | ange in accordar | nce with Internal |
| | Empl | oyee Signature | | | Date | | | |