

2010 Enrollment Form Check List

INSTRUCTIONS

Please Check Box When Completed

EMPLOYEE INFORMATION SECTION-

All fields need to be completed.

PLAN ELECTION DESCRIPTIONS SECTION-

Under the “**Healthcare – Flexible Spending Account (FSA)**” or “**Dependent Care – Flexible Spending Account (FSA)**” Section-

If “**YES**” is selected then they must select an **Annual Election amount**. If “**NO**” is selected then move on.

Under the “**Direct Deposit (If selecting this option - ALL Bank Information Below is REQUIRED)**” Section –

If “**YES**” is selected then they must select the “**Account Type**”- **Checking** or **Savings** and they must also complete the **9 Digit Routing Number, Bank Account Number** and **Bank Name** Sections.

EMPLOYEE AUTHORIZATION SECTION-

Participant must sign and date.