

**Complete this form and return it to your human resources representative**

## Employee Information

Employer Name \_\_\_\_\_

Employee Name \_\_\_\_\_ Account Number / SSN \_\_\_\_\_

Street Address \_\_\_\_\_ Daytime Phone Number \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Date of Birth \_\_\_\_\_ Date of Hire \_\_\_\_\_ Gender (M or F) \_\_\_\_\_

**Do you want to know if Anthem Blue Cross and Blue Shield received and processed your claim? Please provide your e-mail address:**

E-mail Address \_\_\_\_\_

## Section 125 Elections

**Health Care Flexible Spending Account** (contact your administrator for the maximum allowed contribution)

- ☐ I elect to participate \$ \_\_\_\_\_ per pay period x \_\_\_\_\_ remaining pay periods = \$ \_\_\_\_\_ Plan Year Total
- ☐ I elect to waive coverage

**Dependent Care Flexible Spending Account**

Annual maximum allowable is:

- \$5,000 for married filing jointly or single
- \$2,500 if married filing separately

- ☐ I elect to participate \$ \_\_\_\_\_ per pay period x \_\_\_\_\_ remaining pay periods = \$ \_\_\_\_\_ Plan Year Total
- ☐ I elect to waive coverage

## Employee Certification

- I understand I may elect coverage under any or all of the above components;
- I understand completion of this form does not guarantee insurance coverage will be initiated and, in most cases, an application for insurance must also be completed;
- I understand the terms of eligibility of this plan do not override the terms of eligibility of each of the available benefit plan options;
- I understand my election is irrevocable for the plan year unless I have a change in status or other qualified event as defined in the IRS Regulations, and the requested change is on account of and consistent with the event;
- I understand any unused contributions will be forfeited to my employer at the end of the plan year;
- I understand participation in this plan reduces my Social Security withholdings and could reduce my Social Security benefits;
- I certify I have read and agree to the terms of participation.



Employee Signature \_\_\_\_\_

Date \_\_\_\_\_

For Employer Use Only					
Company Name	Division	Effective Date	Pay Cycle	Entered in Payroll	Initial

Anthem Blue Cross and Blue Shield is the trade name of: In Colorado: Rocky Mountain Hospital and Medical Service, Inc. In Connecticut: Anthem Health Plans, Inc. In Georgia: Blue Cross and Blue Shield of Georgia, Inc. In Indiana: Anthem Insurance Companies, Inc. In Kentucky: Anthem Health Plans of Kentucky, Inc. In Maine: Anthem Health Plans of Maine, Inc. In Missouri (excluding 30 counties in the Kansas City area): RightCHOICE® Managed Care, Inc. (RIT), Healthy Alliance® Life Insurance Company (HALIC), and HMO Missouri, Inc. RIT and certain affiliates administer non-HMO benefits underwritten by HALIC and HMO benefits underwritten by HMO Missouri, Inc. RIT and certain affiliates only provide administrative services for self-funded plans and do not underwrite benefits. In Nevada: Rocky Mountain Hospital and Medical Service, Inc. In New Hampshire: Anthem Health Plans of New Hampshire, Inc. In Ohio: Community Insurance Company. In Virginia (serving Virginia excluding the city of Fairfax, the town of Vienna and the area east of State Route 123.): Anthem Health Plans of Virginia, Inc. In Wisconsin: Blue Cross Blue Shield of Wisconsin ("BCBSWI") underwrites or administers the PPO and indemnity policies; CompCare Health Services Insurance Corporation ("CompCare") underwrites or administers the HMO policies; and CompCare and BCBSWI collectively underwrite or administer the POS policies. Independent licensees of the Blue Cross Blue Shield Association. © ANTHEM is a registered trademark. The Blue Cross and Blue Shield names and symbols are registered marks of the Blue Cross and Blue Shield Association.