

**Peninsula Metropolitan YMCA
Flexible Benefits ("Flex") Plan Participation Form
Plan Year 8/1/2013 through 7/31/2014**

NAME _____	SOCIAL SECURITY NUMBER _____
ADDRESS _____	CITY _____ STATE _____ ZIP _____
DATE OF BIRTH _____	HIRE DATE _____
EMAIL ADDRESS _____	

**Cost Per Pay
Biweekly-24**

Option I. Healthcare Reimbursement Account
 Amount you wish to set aside each pay: \$ _____
 (Maximum \$2,000 or \$83.33 per pay. Note: *If opting to participate in the HDHP w/HSA you may not contribute to this account.*)

Option II. Dependent Care Reimbursement Account
 Amount you wish to set aside each pay: \$ _____
 (Maximum \$5,000 per Year; \$208.33 per pay.
 If married filing separately maximum is \$2,500; \$104.16 per pay.)

Option III. Premium Savings Account for YMCA-sponsored Plans

<u>Medical Insurance</u>	___	Yes	___	No
<u>Dental Insurance</u>	___	Yes	___	No
<u>Aflac Insurance</u>	___	Yes	___	No

HSA (Health Savings Account)
 Amount you wish to set aside each pay: \$ _____

TOTAL PER PAY DEDUCTION: \$ _____

AUTHORIZATION OF PARTICIPATION

My employer and I agree that my taxable income will be reduced each pay period by the amount set forth in this agreement. I understand that I may change my election in the event of certain changes in my status. Prior to the first day of each plan year, I will be offered the opportunity to change my benefit election for the upcoming plan year. Any qualified expenses that are submitted by me will be reimbursed to me on a tax-free basis. Any contributions that are not used during the plan year may not be paid to me in cash or used in a later plan year. I acknowledge that I have received, read and understand the enclosed Plan Information.

Employee Signature _____ Date _____

WAIVER OF PARTICIPATION

I have been given the opportunity to enroll in these tax-savings plans and have declined to participate. I understand that I will lose all tax savings that I may have received as a participant.

Employee Signature _____ Date _____

**RETURN YOUR COMPLETED FORM TO YOUR
HUMAN RESOURCES DEPARTMENT.**