



FLEXIBLE SPENDING ACCOUNT ENROLLMENT FORM 2009

EMPLOYEE INFORMATION:

EMPLOYEE'S NAME (Please Print Clearly)	DATE OF BIRTH	SOCIAL SECURITY #
HOME ADDRESS		NEW SCHOOL ID # N
CITY	STATE	ZIP CODE
EMAIL ADDRESS		

If you would like to request an additional Benefit Card for your spouse, please complete the following:

Spouse's Name: _____ Spouse's SS#: _____

(Address if different from member's) _____

PLAN INFORMATION: (Please check one box for each of the following questions)

SECTION 1: Health Care Expense Reimbursement Account Election		
<input type="checkbox"/>	I do wish to participate in the Health Care Plan. Annual amount of Salary Reduction:	\$
<input type="checkbox"/>	I do <u>not</u> wish to participate in the Health Care Plan.	
SECTION 2: Dependent Care Expense Reimbursement Account Election (if applicable)		
<input type="checkbox"/>	I do wish to participate in the Dependent Care Plan. Annual amount of Salary Reduction:	\$
<input type="checkbox"/>	I do <u>not</u> wish to participate in the Dependent Care Plan.	

SECTION 3: Agreement and Signature

I certify that I wish to participate in the Plan and elect to have the total amount stated above deducted from my paychecks. I understand that this will lower my gross pay and, consequently, tax base and my Social Security base.

I must continue enrollment in the Plan, with my above stated Salary Reduction Amount, until the end of the Plan Year or my employment termination date, whichever occurs first. However, in the event of a change in my family status (i.e. marriage, divorce, birth, etc.), I may change or revoke my Salary Reduction Amount. Should my required contributions for the elected benefits be increased or decreased while this agreement remains in effect, my compensation will automatically be adjusted to reflect this change.

At the end of the Plan Year, should my annual Salary Reduction Amount exceed my actual annual expenses, the excess will be forfeited.

Section 105 and 125 deductions are pretax and may not be itemized and deducted again when filing IRS Form 1040. Should the Company incur a liability for a failure to withhold Federal, State, Local or FICA taxes due to a fraudulent act of the employee, the employee shall indemnify the Company that liability demand.

EMPLOYEE SIGNATURE	DATE
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