HealthEquity®

ENROLLMENT FORM
Employee Reimbursement Account and Pre-Tax Premium Payment

Employee Information

Name		Social Security Number	
Home Address	City	State	Zip
Employer Name	Effective Date (MM/DD/YYYY)	Location/Class	Date of Birth (MM/DD/YYYY)

Employee Reimbursement Account Agreement

☐ I agree to have my gross salary redirected, in accordance with Section 125 of the Internal Revenue Code, to contribute in the amounts indicated below. I understand that contributions to my reimbursement account(s) can only be reimbursed to me for eligible expenses incurred within each plan year. For example, funds in the Medical Reimbursement Account cannot be used for reimbursement of dependent care expenses. I further understand that if I do not use the funds in my reimbursement account(s) during the plan year, those funds can not be paid to me, they will be forfeited.

- Medical Reimbursement Account
  General Purpose (all qualifying medical expenses)
  $ _____ x _____ = $ _____
  (Per Pay) (Pays/Year) (Plan Year Election)

- Dependent Care Reimbursement Account
  {Maximum per plan year of $2,500 if married filing separately or $5,000 if single, or married filing jointly; if more than $2,500 is elected, my signature on this agreement certifies I am single or married filing a joint income tax return with my spouse.}
  $ _____ x _____ = $ _____
  (Per Pay) (Pays/Year) (Plan Year Election)

☐ I ELECT NOT TO PARTICIPATE.

Pre-Tax Premium Payment Agreement

I agree to have my gross salary redirected to pay my contributions/premiums for employer provided benefits I elect which are payable through the flexible benefits plan. I instruct my employer to make these contributions on my behalf. If my required contributions for the elected benefits are increased or decreased while this agreement remains in effect, I understand that my salary redirection will automatically be adjusted to reflect that increase or decrease.

Employee Authorization

I have read and understand the above agreement. I authorize my employer to redirect my salary according to this agreement and I will review my paycheck to verify that my employer has made appropriate withholding consistent with my election.

Employee Signature _____ Date (MM/DD/YYYY)

This salary redirection agreement for my reimbursement account(s) and the Pre-Tax Premium Payments will continue until:

- I terminate employment with the employer listed above: or
- I have a qualifying status change (see Summary Plan Description) and I modify this agreement consistent with the change; or
- The end of the current plan year; or
- My employer terminates, suspends, or modifies this plan or the benefits under the plan