

Company Name (Employer) _____

Employee Information

Last Name _____ First Name _____ Middle Initial _____

Social Security Number _____ Date of Birth _____ Email (required) _____

Address _____ City _____ State _____ Zip Code _____

Enrollment Information☐ New ☐ Renewal Effective Date _____ First Payroll Deduction Date _____**Unreimbursed Medical**

Annual amount of Unreimbursed Medical \$ _____ Annual employer contribution (if offered) \$ _____

Please check the one that applies to your situation☐ Regular Flex Plan ☐ Limited Purpose Flex Plan (If you or your Spouse have an HSA.)**Dependent Care**

Annual amount of Dependent Care \$ _____ Annual employer contribution (if offered) \$ _____

Authorization: I certify the above information to be true to the best of my knowledge and that the children on whom I will be claiming dependent expenses or child care either reside with me in a parent child relationship or are legally dependent on me for their support. I agree to have my compensation reduced by the deduction amount(s) stated above. I understand that any amounts remaining in my account(s) not used for qualified expenses incurred during the plan year will be forfeited in accordance with current plan provisions and tax laws. I further understand that the Flexible Compensation deduction(s) will be in effect for the entire plan year and cannot be revoked unless I experience a change in my family status or termination of employment.

Signature _____ Date _____

I decline to participate in the Flex Spending account

Signature _____ Date _____

Direct Deposit

If you are new to enrolling in the flex plan and are interested in signing up for direct deposit, please log in to the consumer portal <https://kabelparticipant.ih1ondemand.com> after the start of the new plan year. If you have already provided Kabel with direct deposit information in the past, there will be nothing further needed and we will continue to send your reimbursements as direct deposit. You can also update your banking information in the consumer portal.