FLEXIBLE BENEFITS ENROLLMENT FORM



Please print clearly

1								
EMPLOYER:			DIVISION:					
SSN:			☐ OPEN ENROLLMENT: ☐ NEW HIRE ☐ CHANGE* EFFECTIVE DATE (mm/dd/yy):					
NAME:	BIRTH DATE (mm/dd/yyyy):							
MAILING ADDRESS:			PHONE: M MARRIED F SINGLE					
CITY:	STATE:	ZIP:	EMAIL:					
If you have not already si	igned up for direct o	leposit, it's easy. Visi	t the Allegiance flex	website, ww	w.askallegiand	ce.com.		
FLEXIBLE BENEFITS ELECTION AUTHORIZATION								
DEDUCT INSURANCE PREMIUMS PRE-TAX		PER PAY PERIOI DEDUCTION				TOTAL ANNUAL AMOUNT ELECTED		
YES NO	MEDICAL SPENI	DING	X	=				
	DAYCARE		X		=			
PAY PERIODS (check one)								
I	DEBIT CARD ELEC	CTION AUTHORIZA	ATION (IF OFFERE	ED BY YOUR	EMPLOYER))		
Yes, I would like the flex of To set your second card us recognize the card as a storm of the second	up for use by a spouse ored-value benefits ca DEBIT CARD: ent under any other p	or dependent, simply h rd. lan for expenses paid w	nave that user sign the	e back of the ca	ard prior to use	. Mercha		
CERTIFICATION I certify the 1. I authorize the "before-tax" 2. My health FSA election is for 3. My daycare FSA election is residing with me at least 8 health 1. I understand that my unuse 5. Reimbursement requests, see 6. I understand that coverage 7. I understand that this agreed Both an employee signature and the signature is signature: Company Authorization: *If this is an election change,	deduction of a portion or medical, dental, and for the care of my tax nours each day. ed contributions made ent to Allegiance, mus applies only to expens ment cannot be chang and company author	n of my pay based on the division expenses for my dependent children, until to the FSA cannot be not be accompanied by doses incurred within the god or revoked during the dization are required for	ryself, my spouse, and nder age 13, or individual refunded to me and be ocumentation of the oplan year and during the plan year unless I or enrollment to be complete: Date:	ecome the pro expense. my period of e experience a quantities.	perty of my em employment. ualified change	ployer. in status		
				_ HR initials _				
							OFEE 2020	
For Allegiance use only	D :	Commiss 1	7		-1-)			
Group Number:	Date	Completed:	En	itered By (initi	ais):			