

NEEDS TO BE COMPLETED BY TIME OF CHARGE CONFERENCE

FLEXIBLE SPENDING ACCOUNT ENROLLMENT/WAIVER FORM  
KENTUCKY CONFERENCE OF THE UNITED METHODIST CHURCH

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ M \_\_\_\_

Address \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

SS# \_\_\_\_\_ Birth Date \_\_\_\_\_ Marital Status \_\_\_\_\_ Single \_\_\_\_\_ Married \_\_\_\_\_

AUTHORIZATION

I have received and read the Summary Plan Description. I understand the benefits available to me as well as other rights and obligations I have under the Plan. I hereby elect to redirect a portion of my salary into one or both flexible spending accounts for the year ending December 31, 2011 as follows:

**MEDICAL REIMBURSEMENT ACCOUNT (\$5000 maximum for you and dependents)**

Do not include health insurance premiums Amount to deduct each month \_\_\_\_\_

**DAY CARE ACCOUNT (\$5000 maximum)** Amount to deduct each month \_\_\_\_\_

Total monthly deduction (1+2) \_\_\_\_\_

Total Annual deduction \_\_\_\_\_

I understand that this will lower my gross pay and consequently, my income tax base and social security base. I certify the information on this form is true to the best of my knowledge. I understand that any amounts remaining in my account(s) and not used for eligible expenses incurred during the plan year (15 months) will be forfeited in accordance with current plan provisions and TAX LAWS. I further understand that the Flexible compensation reductions(s) will be in effect for the plan year and cannot be revoked unless I experience a change in employment or family status. I am aware of the conditions of enrollment, changes, cancellations and forfeiture.

Prior to the first day of each plan year I will be offered the opportunity to change my benefits election for the following plan year. If I do not complete and return a new election form at that time, I will be treated as having elected **not** to participate for the upcoming year.

Signature \_\_\_\_\_ Date \_\_\_\_\_ (before start date)  
Participant

Beneficiary in case of death \_\_\_\_\_

Accepted and Agreed to: Church Name \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_ (before start date)

DECLINATION

I understand the benefits and conditions of the Flexible Spending Plan and I decline to participate during the 2011 Plan year.

Signature \_\_\_\_\_ Date \_\_\_\_\_  
Participant

Signature \_\_\_\_\_ Date \_\_\_\_\_  
Church Treasurer

Please give completed form to your church treasurer or salary –paying unit.  
Give copy to District Superintendent; Send Copy to Director of Benefit Services – 7400 Floydsburg Rd, Crestwood KY 40014