



**GRANT COUNTY PUD**

**SECTION 125 FLEXIBLE BENEFITS PLAN**

**2013 ENROLLMENT FORM**

01/01/2013  
**Effective Date:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

**Employee Name- Last** \_\_\_\_\_ **First** \_\_\_\_\_ **M.I.** \_\_\_\_\_ **Social Security Number** \_\_\_\_\_

**Mailing Address** \_\_\_\_\_ **Email Address** \_\_\_\_\_

**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_ **Phone** \_\_\_\_\_

BENEFIT ELECTION OPTIONS	PARTICIPATION	AMOUNT REQUESTED FOR SALARY REDUCTION
<b>HEALTH CARE REIMBURSEMENT COMPONENT:</b>  <b>Maximum Annual Election:</b> \$2,500  <b>Minimum Annual Election:</b> \$120	<input type="checkbox"/> YES  <input type="checkbox"/> NO	<b>Per Pay Period Election:</b> \$ _____  <b>Number of Pay Periods:</b> _____  <b>Annual Election:</b> \$ _____
<b>DEPENDENT CARE REIMBURSEMENT COMPONENT:</b>  <b>Reimbursement for Daycare Expenses only</b>  <b>Maximum Annual Election:</b> \$5,000 per household	<input type="checkbox"/> YES  <input type="checkbox"/> NO	<b>Per Pay Period Election:</b> \$ _____  <b>Number of Pay Periods:</b> _____  <b>Annual Election:</b> \$ _____

**DIRECT DEPOSIT (If you have already signed up for direct deposit, you DO NOT need to again)**

Please deposit my reimbursements into my:  Checking Account  Savings Account

**Financial Institution:** \_\_\_\_\_

**Routing Number:** \_\_\_\_\_

**Account Number:** \_\_\_\_\_

I understand that the rules and regulations of IRC Section 125 allow an employee to redirect a portion of their salary, through payroll deduction, into the designated qualified benefits listed above on a pre-tax basis. By completing and signing the form, I hereby elect to participate in the Employer's Healthcare and/or Dependent Care Flexible Benefits Plan for the Plan Year January 1 through December 31, 2013. I have read and understand the descriptive material covering the Health Care and Dependent Care Reimbursement Components as stated in the Summary Plan Description. I understand that this enrollment form will remain in effect and cannot be revoked or changed during the Plan Year, unless the revocation and new election are on account of and consistent with a change in status event. Further, my election on this enrollment form revokes any prior election relating to the same matter under the Plan. My participation in the Plan terminates on the last day of the Plan Year. Before the beginning of each Plan Year, I will be offered the opportunity to change my election for the following Plan Year.

I also understand that being offered this benefit, the Employer has provided no tax advice to me regarding participation in this plan; therefore, I agree to hold the Employer harmless for any future taxes or penalties that may be imposed by the Internal Revenue Service due to future interpretations or changes in the laws governing the flexible benefits plan.

I authorize and direct my Employer to reduce my salary in the amount necessary to pay for the benefits shown above and I understand that any amounts left in my reimbursement account after all claims have been paid at the end of the Plan Year will be forfeited. I authorize Rehn & Associates to initiate reimbursements via direct deposit as stated above. My Direct Deposit election will remain in full force and effect until Rehn & Associates has received written notification from me of its termination in such time and in such manner as to afford Rehn & Associates a reasonable opportunity to act.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date