



First
Concord
Benefits
Group

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I.R.C. Section 125 Enrollment Form

Employer: Shickley Public Schools

Plan Year: 9/1/2018 to 8/31/2019 No. Payrolls: 12

LastName _____ FirstName _____ Date of Birth _____ SocSecNo. _____
Home Address _____ City _____ State _____ Zip _____

Flexible Spending Account (FSA)

Allows you to use pre-tax dollars to pay for expenses which are not covered, or are not eligible for payment through any group health care plan(s), under which you or your spouse are covered. (NON-HSA ONLY)

_____ YES, I elect to participate: \$ _____ Per Pay \$ _____ Annual Amount
\$2,650 maximum election

Limited-Purpose Flexible Spending Account

This account is for HSA participants and can be used for non-medical expenses not covered under insurance (i.e. Dental, Vision)

_____ YES, I elect to participate: \$ _____ Per Pay \$ _____ Annual Amount
\$2,650 maximum election

Dependent Care Spending Account

The Dependent Care Spending Account allows you to use pre-tax dollars to pay for eligible Dependent Care Expenses which allow you or your spouse (if applicable) to work, look for work, or attend school on a full-time basis.

_____ YES, I elect to participate: \$ _____ Per Pay \$ _____ Annual Amount
\$5,000 maximum election

Personally Owned Insurance Account

This account allows you to pay for personally owned insurance premiums (non-medical) on a pre-tax basis.

_____ YES, I elect to participate: \$ _____ Per Pay \$ _____ Annual Amount

Group Premium Payment Plan

The Premium Payment Plan allows you to pay for your portion and your dependent(s) portion of employer-provided benefits on a pre-tax basis. I understand that my share of these insurance benefits will be paid with pre-tax dollars.

_____ YES, I elect to participate: \$ _____ Per Pay \$ _____ Annual Amount

_____ **NO, I WAIVE** my right to participate and understand that I will lose all tax savings I may have received as a participant.

My employer and I agree that my taxable income will be reduced each pay period by the amount set forth in this agreement. I understand that I may only change my election in the event of certain changes in my status. Prior to the first day of each plan year, I will be offered the opportunity to change my benefit election for the upcoming plan year. Any qualified expenses that are submitted by me will be reimbursed to me on a tax-free basis. Any contributions that are not used during the plan year or after termination of employment or benefits will be forfeited and will not be paid to me in cash or used in a later plan year.

Employee Signature: _____ Date: _____