



The Preferred Group

PO Box 15136
Albany, NY 12212-5136
(866) 989-8995

Check out your Account Information Online
www.ThePreferredGroup.com

Flex Benefit Plan Enrollment/Change Form

Change Type:

Date of Event: __/__/__

- Address/Name Change
- New Hire
- Termination (Complete COBRA Form)
- Change in Status _____
- Unpaid Leave of Absence
- Return from Leave of Absence

DIRECTIONS: Employee — Complete Sections 1, 2, 3 and 4 then return to your employer
Employer — Complete 'Change Type' Box and complete Section 5 Call us with any Questions

Section 1 Employee Information — Please Read and Fill Out Carefully

Employer Group # 10152	Employer Group Name Newburgh Enlarged City School District (10/1/2011 to 9/30/2012 PY)	Social Security Number
Employee Name (First Name)		(Last Name)
Employee Address (Street, Apt. #)		Date of Birth
Employee Address (City, State, Zip Code)		Date of Hire
Home Phone	Work Phone	Email Address

Section 2 Flexible Spending Plan Benefit Elections

I accept the opportunity to have deductions withheld from my paycheck for eligible employer sponsored medical, dental, vision, and other health insurance related premiums on a pretax (before tax) basis for my entire share of my employer's group health insurance premiums, unless I indicate below not to do so. I understand the this election will be automatically renewed each year unless revoked by me in writing prior to the beginning of a new Plan Year.

I waive (do not want) the opportunity to have my insurance premium(s) withheld on a pretax (before tax) basis.

Account	Election		# of Paychecks		Per Paycheck
Unreimbursed Medical Account (min. \$150; max. \$5000)		÷		=	
Dependent Day Care Account (\$5000 max)		÷		=	
Premium Expense Account		÷		=	

Section 3 Dependent Information

Social Sec. Num	Dependent Name	Address (Write 'same' for Employee Address)	Date of Birth	Spouse, Child, Other	Gender

Section 4 Signature and Acceptance of Rules of Flexible Spending Plan Rules - **Return Date/no later than September 30, 2011**

Salary Redirection Agreement (Please read and sign below):

I have read and understand the explanation I have received regarding my options under this Flexible Benefits Program. I hereby apply for the options listed above and I authorize my employer to redirect my salary during the plan year as indicated. I understand that I cannot change any of my elections during the plan year (unless I have a change in status), and that any money left in my account(s) at the end of the plan year will be forfeited.

Employee Signature	Date
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Section 5 Employer's Section — Payroll Information for Mid-Year Salary Reduction Changes Only

Account	First Payroll Date	Last Payroll Date	YTD Deductions	Use 'First Payroll Date' if the employee is making a <i>new</i> election. Use the 'Last Payroll Date' and 'YTD Deductions' if changing an <i>old</i> election or termination.
Medical				
Day Care				
Premium				
Employer Signature				Date