take care® Flex Benefits Plan



Enrollment Form

		domosto interestante	of the Associated States of the Associated Sta	-	-	-	The same of the same of	-	-	The second second	a broad or American service											
PLEASE PRINT. All inform	ation is	s req	quired	or y	our	enro	ollme	ent d	canr	not b	е р	roce	ssed	١.								
Employer								S	ocia	l Sec	urity	Num	nber									
Employee Name (First, Last)																						
Date of Birth (MM-DD-YYYY)									ate	Hired	iM) b	M-DE)-YYY	(Y)				T				
Home (Street) Address									T		Ť					Ī	1	AP	, _T [Ī		
City			T	T		 							Sta	oto.		T	Ī.	Zip (T		
Home Phone	TT	T		1			mail			ll			Sta	ale			4	∠ih (
By enrolling in the plan you will re Card for your spouse or depende Employer to complete or enro	ent (age	18 yea	ars or c	oroce	you r essec	its Ca may d	ard to do so	by Ic	ggin	g into	you	r acci	ount a	it wv	ww.ta	akec	areV	Vage	eWork	s.co	m.	a
Plan year start (MM/DD/YY)							/_		./		First	payr	oll st	art o	date	BOLD-WAR	/		_/_			
PES I lelect to contribute a pays qualified out-of- NO I decline this option of the pays for day care experient and/or before/after school of through age 12. PES I lelect to contribute a pays qualified dependent in the pays qualified dependent of the pays qualified dependent in the pays qualified out-of-	Care Anses for this pases for this p	Acco a depugh ag ycare olan yo re Ta nrollm t my s at if m xable olan yo	cear and count pendent ge 12, co (before e or elde ear and axes conent for share only require income ear and e	expend und dayca etaxe er card und fitter from Infiliation er will dund dund dund dund dund dund dund du	ses t ersta s) for e expersta sur nave contri auto ersta	that a th	elder, sable Plan es. hat I v e Pr for th ons for cally hat I v	will lo	hat.y hat.y whi ose a ium tain empl esse ir djust	d by r r child ch is empl oyee nsura ted to ll tax	ay www.ay	mploy ngs tl ork. Eer day ngs tl -spon oenefits v	per's heat I considered per le	ealt could see ser for per per per per per per per per per pe	h plad recovered to the plant of the plant o	an or seriod eriod ceive	rany rany rany rany rany rany rany	y oth a pa e: numbered function a pa efits aid vecres a pa	er he urticip rsery ent, c d my rticip (i.e. h with p ased	alth pant. scholay callade accommodate acc	olan ool, 1 amp ount	nanny
OPTION 4 Additional E	enefit	t (plea	ase ins	ert d	escr	iptio	n pro	vide	d by	you	r HR	depa	artme	nt, i	if ap	plica	able)				
YES I elect to contribute \$ reimbursement of thi NO I decline this option f	s additio	onal b		outlin	ed b	y my	HR c	lepa	rtme	nt.		ngs th							ding rticip	ant.		
MPORTANT: Please read the following by an equal portion of the benefit election of certain changes in my status and the acknowledge that I have received, read and that qualified expenses paid with the source. I understand that when using the also understand that if a payment is mathe amount from my paycheck (if permitted)	ons set for at, prior to I, and unc e Card ca le take car de that is	rth abore the first derstand annot bure. Can be received annot bure. Can be received annot for the received annotation and the received annotation annot	ove and the st day of the St day of the St day of the St day of the standard I must requalifie	nat qua f each ummar ursed b st keep	alified plan y ry Plar by any all re	exper year, I n Des other ceipts	nses w will be cription plan a and th	ill be per offer o	paid of ed the nderst at I win n occi	on a tax e oppo tand th ill not s asion.	x-free ortunit nat the seek re I may	basis. ty to cl e take eimbur be asl	I under nange care® semen ked for	rstan my b Card nt for docu	nd that enefit d is a expe	t I ma t elec vailab nses	ay cha ction folle to paid	ange for the pay of with the	my ele e upco only q the Ca es mad	ection oming ualifie rd fro	in the plan dexpended and the plan in the	e event year. I penses y other Card. I

Return completed form to your employer.

Employee signature