

Oak Grove School District
FLEXIBLE SPENDING ACCOUNTS (FSA)
ENROLLMENT FORM
For Plan Year July 1, 2011 through June 30, 2022

<i>Social Security #</i>	<i>Last Name</i>	<i>First Name</i>	<i>Middle Name</i>	<i>Suffix</i>
<i>Sex</i>	<i>Date of Birth</i>	<i>Address</i>		
<i>City</i>	<i>State</i>	<i>Zip Code</i>	<i>Home Phone</i>	<i>Date of Hire</i>
<i>E-Mail Address (Required for online account access, notices and statements)</i>				

Making Your Election

To have coverage under this Plan, please indicate your election **per pay check** for the Accounts below. Elections are subject to the stated annual limits. Contributions are taken equally out of each pay check issued in the Plan Year.

<i>Election Category</i>	<i>Per Check</i>	<i># Cks</i>	<i>Annual Amt.</i>
<i>Health Care Reimbursement Account—HCRA</i> Maximum Annual = \$2,750	\$	PP	\$
<i>Dependent Care Reimbursement Account—DCRA</i> Maximum Annual = \$5,000	\$	PP	\$

Banking Information for Payment by Direct Deposit*

<i>Bank Routing #</i>	<i>Bank Account #</i>	<i>Checking/Savings (circle one)</i>
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*Attach a voided check to substantiate a valid account. If you are a current participant and have this information on file with Tri-Star, this section does not need to be completed unless it has changed.

Authorization and Acknowledgement

I authorize my employer to enroll me in the accounts and collect contributions pre-tax by payroll deduction as noted above. I understand that I cannot change or revoke this Agreement during this Plan Year, unless I experience a qualifying Change in Status Event, as defined in the Plan Document, and the election change is on account of and consistent with the Change in Status Event. If I do not complete this enrollment agreement before the start of the Plan Year, I will not be enrolled for this Plan Year. By completing the Banking Authorization, I authorize claims payment by Direct Deposit into my banking or savings account. I understand that I can change this authorization at any time and that it will be maintained until I give notice to Tri-Star of a change.

<i>Signature</i>	<i>Date</i>
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Please note: Effective January 1, 2011, over-the-counter (OTC) medicines and biologicals (allergy & sinus, anti-itch, cough, cold & flu, pain relievers, homeopathic remedies, etc.) will no longer qualify for the FSA. If your doctor annually prescribes specific OTC medicines to treat an existing condition these may still qualify, by submitting a written prescription with your claim. However, we caution you to be conservative in your election and **not** include costs you anticipate for non-qualified OTC medicines.