

Section 5. BlueSaverSM FSA (Dependent Care)

Eligible dependents for dependent care reimbursement are dependents who(m):

- You can claim on your federal income tax return, AND
- Are under the age of 13, OR
- Are physically or mentally incapable of caring for themselves (for example, a disabled child over the age of 13 or a disabled spouse or parent.

Check if you are electing to enroll in a BlueSaverSM FSA (Dependent Care)

If you are a current BlueSaverSM FSA (Dependent Care) subscriber please indicate what action is to be taken on your coverage

Plan Effective Date

Plan End Date

□□ / □□ / □□

□□ / □□ / □□

Change

Terminate

Renew

Per Payroll Deduction

of Deductions / Payroll Dates per Year

Annually

First Payroll Date

\$ □□□□□□ □□

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\$ □□□□□□□□ □□

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Employee Payroll Cycle

- Weekly Bi-weekly (every two weeks) Semi-monthly (two times monthly) Monthly Annually Other _____

Section 6. BlueSaverSM HRA

Check if you are electing to enroll in a BlueSaverSM HRA

If you are a current BlueSaverSM FSA (medical) subscriber please indicate what action is to be taken on your coverage

Plan Effective Date

Plan End Date

□□ / □□ / □□

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Change

Terminate

Renew

Section 7. Signature and Verification

Note: If you participate in a Flexible Spending Account (FSA), you may not be eligible to have a Health Savings Account (HSA). Certain rules and restrictions also apply if you have a Health Reimbursement Account (HRA). Please consult with your tax advisor to ensure that your FSA and/or HRA is compatible with an HSA.

I authorize the above elections and contributions. I understand that the pre-tax elections I have made will reduce my salary for Social Security tax purposes. This means that my Social Security benefits could be slightly decreased.

Employee Signature – Please sign inside the box

Signature Date

□□ / □□ / □□

Group Administrator Signature – Please sign inside the box

Signature Date

□□ / □□ / □□

