

Complete and return to your employer

Group Information	
Group Name: _____	Further Group Number: _____
Location Name (if applicable): _____	
Employee Information	
SSN#: _____	Primary Phone: _____
Last Name: _____	First Name: _____ Middle Initial: _____
Street Address: _____	
City: _____	State: _____ ZIP Code: _____
Email Address: _____	Date of Birth: _____
Account Information	
Dependent Care Flexible Spending Account:	
IRS Annual Maximum: \$5,000.00 (\$2,500 if married and filing separate tax returns)	
Effective Date _____ (To be provided by group contact)	
<input type="checkbox"/> I want to contribute a total of \$ _____ during this plan year to my Dependent Care Flexible Spending Account. I understand this amount will be deducted from my pay throughout the plan year.	
Signature	
I have reviewed the above elections and understand my choices will remain in effect for the entire Plan Year, unless I experience a change in status as defined by the IRS. It is also my understanding that any funds remaining in my accounts at the end of the Plan Year may be forfeited.	
Signature: _____	Date: _____

Employees: Complete and return this form to your employer.

Employers: Save time by entering this information online at least 30 days prior to your plan start date. Sign into Online Group Service Center at mymoneybcsvt-group.hellofurther.com. Questions? Call Group Leader Services at 1-866-999-2605.