

# BASICFLEX

## ENROLLMENT FORM

PLEASE PRINT CLEARLY TO ENSURE ACCURATE ENROLLMENT AND FUTURE COMMUNICATION.

Employer Name: **Eastern Michigan University** E-Number: \_\_\_\_\_  
Participant First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Social Security #: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
E-mail Address: \_\_\_\_\_ (Notification of direct deposit payment is sent via e-mail)  
Pay Period:  Semi-Monthly (twice a month)  Bi-Weekly (every other week)

### MEDICAL REIMBURSEMENT ACCOUNT

I elect to participate (not to exceed employer annual limit of \$5000)

\$ \_\_\_\_\_ Annually (do not round)

I elect NOT to participate

### DEPENDENT CARE ACCOUNT

I elect to participate (not to exceed annual limits of \$5000 or \$2500 if married filing separately)

\$ \_\_\_\_\_ Annually (do not round)

I elect NOT to participate

### Direct Deposit

I elect to participate (there is no need to complete this section, unless you are changing accounts)

Checking Account OR  Savings Account

Financial Institution (Name of Bank): \_\_\_\_\_

Routing Number (9 digits): \_\_\_\_\_ Account Number: \_\_\_\_\_

If you would prefer, you can attach a voided check.

I request that my periodic paychecks for the plan year be reduced on a pro rata pre-tax basis by the sum of my medical reimbursement, dependent care and premium contributions to the plan, with such amount to be allocated among the benefits I selected above. I understand this election form cannot be revoked or changed during the plan year unless there is a qualified change in status as defined in the Summary Plan Description (SPD). I certify that I will only claim reimbursement for eligible expenses for myself and/or qualified dependents as defined in the SPD. I further certify that these expenses will not be reimbursed under any other benefit plan. I understand any unused dollars remaining in my account(s) at the end of the plan year will be forfeited. I have examined this agreement and to the best of my knowledge, it is true, correct and complete.

Employee Signature \_\_\_\_\_ Date \_\_\_\_\_