

FLEXIBLE SPENDING ACCOUNT ELECTION FORM

EMPLOYER: **HANOVER COUNTY**

CAFETERIA PLAN YEAR: 2016

Check One: Hanover County Pamunkey Regional Library
 Pamunkey Regional Jail Hanover County Public Schools

SOCIAL SECURITY NUMBER: _____ ELIGIBILITY DATE: _____

NAME: (Last) _____ (First) _____ (Middle Initial) _____

ADDRESS: _____ CITY/STATE: _____ ZIP: _____

PAYROLL MODE: Semi-Monthly DATE OF FIRST DEDUCTION: _____

Medical FSA Plan: (\$_____ per pay period) x _____ (number of deductions) = \$_____ Annual Election

Dependent FSA Plan: (\$_____ per pay period) x _____ (number of deductions) = \$_____ Annual Election

_____ I understand I will receive a “take care card” to use for reimbursements (automatically ordered upon receipt of election form). Please send an extra “take care card” to my spouse/dependent 18 years or older: Name of spouse/dependent (print) _____

IMPORTANT – Please read the following before signing this enrollment form. My employer and I agree that my taxable income will be reduced each pay period during the year by an equal portion of the benefit elections set forth above and that qualified expenses will be paid on a tax-free basis. I understand that I may change my election in the event of certain changes in my status and that, prior to the first day of each plan year, I will be offered the opportunity to change my benefit election for the upcoming plan year. I acknowledge that I have received, read, and understand the benefit.

SUMMARY PLAN DESCRIPTION - I understand that the take care® Card is available to pay only qualified expenses and that qualified expenses paid with the Card cannot be reimbursed by any other plan and that I will not seek reimbursement for expenses paid with the Card from any other source. I understand that when using the take care® Card I must keep all receipts and that, on occasion, I may be asked for documentation of charges made with my Card. I also understand that if a payment is made that is not for qualified expenses, I will repay my employer. For any expenses not repaid by me, I authorize my employer to deduct the amount from my paycheck (if permitted by state law).

USE OF PERSONAL INFORMATION – In addition to and without limiting in any way the rights my employer, the Plan, their service provider and their respective agents, employees, subcontractors, and assigns may have under applicable state or federal law or regulation, I hereby specifically authorize those parties to use my personal information (including, but not limited to benefit elections, wages, employment status, number of dependents, marital status and health and dependent child care information) as is reasonably required to administer the Plan (including evaluating and processing requests for payment of claims) and detecting and preventing fraud or misrepresentation. I further authorize my employer, the Plan, their service provider and their respective agents, employees, subcontractors and assigns to further disclose any such personal information as is reasonably required for such purposes. I hereby expressly waive and release any claims related to the use, disclosure or release of such information so long as the information is used in furtherance of Plan administration or to detect or prevent fraud or misrepresentation.

EMPLOYEE SIGNATURE _____ **DATE:** _____

Contact Information for WageWorks: Phone 800 950-0105; FAX claims 877 782-8889; Email: claims@takecareclaims.com ; or by mail at :Take care by WageWorks, P.O. Box 14054, Lexington, KY 40512 or by email at www.takecareWageWorks.com

WageWorks is a preferred vendor for the administration of Aflac’s Cafeteria Plans (Health FSA and Dependent Day Care), Commuter Spending Accounts, and Health Savings Account (HSA) products and services. WageWorks is a separate entity from Aflac, and WageWorks will guarantee and warrant any products and services they offer based upon their own service policies.

Direct Deposit

Did You Know Your Reimbursement can be Sent Directly to Your Personal Bank Account?

What is Direct Deposit?

Direct Deposit happens when your claim is processed, and the money is sent directly to your checking or savings account, rather than issuing you a paper check.

Direct Deposit has been available for more than 40 years and is widely used. Over 50% of the U.S. population use direct deposit and 97% of people using direct deposit say they are satisfied.

What are the Benefits of Direct Deposit?

EASY - Once you have signed up for direct deposit, you don't have to go to the bank to deposit checks. Your money is automatically deposited into your account on time, every time. What could be easier?

SAFE - Direct Deposit uses the same levels of security that companies and the government use to transfer funds to each other — your money is safer with direct deposit. Direct deposits don't get lost. Direct deposit is confidential. Direct deposit reduces the chance of fraud or identity theft compared to paper checks.

SMART - Direct Deposit gives you access to your money earlier than with check deposits.

How Do I Get Direct Deposit?

Just complete this form, send to us, and we do the rest.

We'll even perform a test with a no dollar amount on your next reimbursement to make sure the account numbers have been recorded correctly.

Direct Deposit for Your Flexible Benefit Plan Reimbursements

Complete the following to receive your reimbursements by direct deposit.

Your Name

Last four digits of SSN

Employer name

Bank name

Bank account number*

Routing transit number*

Type of account: checking savings

Yes, sign me up for direct deposit and send my reimbursements electronically to the account above.

Signature

Date

* Here's where to find the numbers on your check:



(or attach a voided check and we'll take it from there)

Fax or Mail to:

Hanover County Public Schools
Benefits Office
200 Berkley Street
Ashland, VA 23005
(804)365-4805