FLEXIBLE SPENDING ACCT ELECTION FORM

Company name:
Town Of Boxborough

UltraBenefits
A Point•C Partner

(PLEASE COMPLETE ALL APPLICABLE INFORMATION)

☐ NEW ENROLLMENT ☐ STATUS CHANGE EFFECTIVE DATE:____

PART 1 - EMPLOYEE INFORMATION (please print clearly)

Full Name: _____

Mailing Address: _____ City _____ ST _____ Zip _____

Social Security # _____-_____-_____ Home Phone (_____) _____ Work Phone (_____) _____

Employee Date of Birth (mm/dd/yy) _____/_____/_____ E-mail Address:_____

Please list the names and dates of birth for your eligible dependents:

Name _____ D.O.B _____ Name _____ D.O.B _____

Name _____ D.O.B _____ Name _____ D.O.B _____

PART 2 - ELECTION INFORMATION

I wish to participate in the health care and/or dependent care reimbursement account(s) by making the following pay period contribution(s):

HEALTH CARE annual election $ _____ OR ☐ I elect NOT to participate in the health care reimbursement account

DEPENDENT CARE annual election $ _____ OR ☐ I elect NOT to participate in the dependent care reimbursement account.

PART 3 - WAIVER OF ELECTION

My signature certifies that I do NOT wish to enroll in either the Health Care Spending Account or the Dependent Care Spending Account.

Employee Signature: _____ Date Signed: _____

PART 4 - AUTHORIZATION AND SIGNATURE

I authorize any deductions from my earnings that result from my elections. I understand that my annual contribution is within the legal limit of my tax filing status, and that my contributions can only be used to reimburse eligible expenses under each account. I understand that I cannot change the above amount(s) except in the case of a qualifying event. I understand that my Social Security Benefits may be reduced since Social Security taxes are not paid on my contributions. I also understand that any UNUSED BALANCE remaining in my reimbursement account(s) will be forfeited at the end of the reimbursement period.

Employee Signature _____ Date Signed _____

Administered by:
UltraBenefits, LLC
Employee Benefit Plan Administrators
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Worcester, MA 01608

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