



FLEXIBLE SPENDING ACCOUNT (FSA) ENROLLMENT FORM

Accountholder Profile Information

Last Name, First Name, MI, (Please Print) Employer Social Security Number or Employee ID

Street Address City, State, ZIP Date of Birth (mm/dd/yyyy)

Email Address (required) Cell Phone Number Home Phone Number

Hire Date (mm/dd/yyyy) Hours Worked per Week

Marital Status: Married Single
Payroll Frequency: Monthly Bi-Weekly (24) Weekly
 Semi-Monthly Bi-Weekly (26) Other

Flexible Spending Account (FSA) Election

Please choose one of the following enrollment options.

- Yes, I am enrolling in an FSA through my employer. I authorize my employer to deduct my FSA contributions from my pay and forward them to my FSA. **(Please complete the sections below, sign & return)**
- I understand the benefits offered under the pre-tax FSA and I choose not to enroll in the program for this Plan Year. **(Please sign and return)**

Note: Your employer may also make a contribution to your FSA that will apply to your maximum contribution allowed. You are solely responsible for determining whether contributions to an FSA exceed the maximum annual contribution limitation.

Plan Type	Amount per Pay Period	# of Payroll Deductions	Annual Election
Health Care			
FSA	_____ X _____	= _____	
Limited Purpose			
FSA	_____ X _____	= _____	
Dependent			
Care FSA	_____ X _____	= _____	

Check with your employer as to the availability of the Surency Flex products listed.
if there is a discrepancy between the "amount per pay period" and the "annual election" amount, the "annual election" will be used to enter election amounts

Reimbursement Method (choose only one method)

Please select your primary method of reimbursement from your FSA Plan:

- Direct Deposit - You will need to provide your bank account information. Please see the next section for more information.
- Check - All reimbursements will be paid by sending you a check.
NOTE: Surency will not issue a reimbursement check until the sum of your claims reaches \$25.

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Want to Get Paid Back Automatically?

Sign up for Direct Deposit and after you submit a claim, Surency will automatically deposit those dollars back into your bank account. There are two ways to set up Direct Deposit:

1. MEMBER ACCOUNT AT SURENCY.COM OR VIA THE SURENCY FLEX MOBILE APP*

Log in to your Member Account at Surency.com or use the Surency Flex mobile app to input your bank account information. Adding your bank account information through either your Member Account or mobile app is quick and simple, your account will be automatically verified through a secure process.

**Recommended best practice*

2. PAPER DIRECT DEPOSIT FORM

Visit Surency.com to download a Direct Deposit form. Complete and return to Surency. *Please note, if you submit your bank account information via the paper form, further action is required in order to successfully activate direct deposit with Surency Flex. After your completed form has been received by Surency Flex, you will be required to manually verify your bank account through your Surency Flex Member Account or the Surency Flex mobile app. More information on this verification process is provided on the Direct Deposit form.*

Authorization

By signing this form, I certify that I am the Accountholder or an individual authorized to execute this transaction. I represent that the information I provided on this form is accurate and I kept a copy of this enrollment form. I understand that if I need a copy of the Plan Document, I may contact my Employer to ask for a copy. I agree to comply with the terms contained in this form and the Plan Document. Except as otherwise provided by law, I am responsible for my FSAs and will not hold Surency liable for any adverse consequences that may result from my handling of my FSAs or Benefits Cards or both. I have not received any tax or legal advice from Surency. I have been advised to seek guidance from my own tax or legal counsel. I understand that Surency requires my email address for convenient online access to my Member Account and that if I do not provide an email address, my enrollments may be delayed. I understand that submitting this completed form will revoke any prior elections under the Plan and that during the Plan Year this form is associated with my elections may not be changed unless I meet one or more qualifying events listed in the Plan Document.

Employee Effective Date (mm/dd/yyyy)

Employer Signature

Date (mm/dd/yyyy)

Employee Signature

Date (mm/dd/yyyy)

**Return completed form back to Surency at email: flex@surency.com - fax: 316-272-4841
or mail: P.O. Box 789773, Wichita, KS 67278-9773**

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