

County of Currituck
Flexible Benefits ("Flex") Plan Participation Form
Plan Year 7/1/2016 through 6/30/2017

NAME _____	SOCIAL SECURITY NUMBER _____
ADDRESS _____	CITY _____ STATE _____ ZIP _____
DATE OF BIRTH _____	HIRE DATE _____
EMAIL ADDRESS _____	

Cost Per Pay
Bi-Weekly (24)

Option I. Healthcare Reimbursement Account
 Amount you wish to set aside each pay: \$ _____
 (Maximum \$2,550 per Plan Year; \$106.25 per pay for 7/1/16-6/30/17.)

Option II. Dependent Care Reimbursement Account
 Amount you wish to set aside each pay: \$ _____
 (Maximum \$5,000 per Plan Year; \$208.33 per pay.
 If married filing separately Plan Year maximum is \$2,500; \$104.16 per pay.)

Option III. Premium Savings Account for Currituck Co.-sponsored plans
 Your cost, if any, of the insurance plans offered by Currituck County are automatically deducted pre-tax unless you request an after-tax deduction:

- Medical Insurance**
- Dental Insurance**
- Vision Insurance**

TOTAL PER PAY DEDUCTION: \$ _____

AUTHORIZATION OF PARTICIPATION

My employer and I agree that my taxable income will be reduced each pay period by the amount of my cost share of the insurance plans and the amounts elected for reimbursement accounts, if any, as set forth in this agreement. I understand that I may change my election in the event of certain changes in my status. 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. Any qualified expenses that are submitted by me will be reimbursed to me on a tax-free basis. Any contributions that are not used during the plan year may not be paid to me in cash. I acknowledge that I have received, read and understand the enclosed Plan Information. I further understand that if I fail to return this Participation Form I will lose all tax savings opportunities for the reimbursement accounts for the Plan Year and will continue to have pre-tax insurance deductions unless I request an after-tax deduction.

Employee Signature _____ Date _____

RETURN YOUR COMPLETED FORM TO HUMAN RESOURCES.