

**HEALTH PLAN ALTERNATIVES, INC.**  
**ELECTION FORM FOR FLEXIBLE SPENDING ACCOUNTS**

PLAN YEAR: \_\_\_/\_\_\_/\_\_\_ thru \_\_\_/\_\_\_/\_\_\_  
mo day yr mo day yr

**ELECTION OF MEDICAL REIMBURSEMENT**

The maximum annual election allowed by my employer is \$\_\_\_\_\_. I elect to have \$\_\_\_\_\_ as my annual election and agree to have \$\_\_\_\_\_ reduced per pay period. My employer bases the plan year on \_\_\_\_\_ (#) pay periods. Included in my annual election is a yearly contribution made by my employer of \$\_\_\_\_\_  
(ex: \$10.00 X 24 pay periods = \$240.00 annual election)

\*\*\*Only medical expenses **NOT** covered by insurance or any other medical coverage will be considered reimbursable.\*\*\*  
\*\*\*Services rendered solely for cosmetic purposes are not reimbursable\*\*\*

**ELECTION OF DEPENDENT CARE REIMBURSEMENT**

The maximum annual election due to IRS regulations is \$5,000.00. If you and your spouse file a separate federal tax return, the maximum annual election is \$2,500.00. I elect to have \$\_\_\_\_\_ as my annual election and agree to have \$\_\_\_\_\_ reduced per pay period. My employer bases the plan year on \_\_\_\_\_ (#) pay periods.

(ex: \$190.00 X 26 pays = \$4,940.00 annual election)

1. All expenses and services rendered are during the plan year to which this election form applies.
2. All expenses are for dependents under 13 years of age or tax dependents who can not physically or mentally take care of themselves.
3. Expenses are not paid to anyone who is a personal tax exemption for you or your spouse.

**TERMS OF AGREEMENT:**

1. This agreement is in addition to any other agreements or benefit plans.
2. All reimbursements received under the Cafeteria Plan during a single plan year may not exceed your taxable compensation or your spouses earned income.
3. I can not change or cancel this agreement during the plan year unless I have a change in family status or employment status.

EMPLOYEE'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

COMPANY REPRESENTATIVE: \_\_\_\_\_ DATE: \_\_\_\_\_  
(WITNESS)

PAYDATE ON WHICH FIRST REDUCTION WILL TAKE PLACE: \_\_\_\_\_