



The Preferred Group
 PO Box 15136
 Albany, NY 12212-5136
 (866) 989-8995

FSA Enrollment/Change Form

10092
10092

Check out your Account Information Online
www.ThePreferredGroup.com

Change Type:	Date of Event: ___/___/___
<input type="checkbox"/> Address/Name Change	<input type="checkbox"/> Change in Status _____
<input type="checkbox"/> New Hire	<input type="checkbox"/> Unpaid Leave of Absence
<input type="checkbox"/> Termination (Complete COBRA Form)	<input type="checkbox"/> Return from Leave of Absence

DIRECTIONS: Employee — Complete Sections 1, 2, 3 and 4 then return to your employer
 Employer — Complete 'Change Type' Box and complete Section 5

Section 1 Employee Information			
Employer Group # 10092	Employer Group Name Hadley-Luzerne CSD	Plan Year 9/1/20 to 8/31/20	Social Security Number _____ - _____ - _____
Employee Name (First Name)		(Last Name)	
Employee Address (Street, Apt. #)		Date of Birth (mm/dd/yyyy) ___/___/___	Date of Hire (mm/dd/yyyy) ___/___/___
Employee Address (City, State, Zip Code)		Current Debit Card Holder Not Available	Direct Deposit Account Avail: See Add'l Form
Home Phone	Work Phone	Email Address (Please allow email from benefitsinfo@thepreferredgroup.com)	

Section 2 Flexible Spending Plan Benefit Elections

Please Read, Complete & Return to the Payroll Office!

Account Type	Fund#	Prior Election	New Election	Buy Out \$	Total
UNREIMBURSED MEDICAL (\$100 min/\$2,000 max)	1	\$0.00			
DEPENDENT DAY CARE (\$5,000 max/\$2,500 if married, filing separately)	2	\$0.00			
Cash					

Section 3 Dependent Information					
Social Sec. Num	Dependent Name	Address (Write 'same' for Employee Address)	Date of Birth	Spouse, Child, Other	Gender

Section 4 Signature and Acceptance of Rules of Flexible Spending Plan Rules

Salary Redirection Agreement (Please read and sign below): I have read and understand the explanation I have received regarding my options under this Flexible Benefits Program. I hereby apply for the options listed above and I authorize my employer to redirect my salary during the plan year as indicated. I understand that I cannot change any of my elections during the plan year (unless I have a change in status), and that any money left in my account(s) at the end of the plan year will be forfeited.

Employee Signature	Date
--------------------	------

Section 5 Employer's Section — Payroll Information for Salary Reduction Changes **# Payrolls**

Fund	First Payroll Date	Last Payroll Date	YTD Deductions	Per Payroll Deduct
FSA				
DCA				

Use 'First Payroll Date' and employer signature ONLY if the employee is making a mid-year election. Use the 'Last Payroll Date' and 'YTD Deductions' if changing an old election or termination.

Employer Signature	Date
--------------------	------