

**SECURITY FLEX 125 PROGRAM
FLEXIBLE SPENDING ELECTION FORM**

Security Benefit Reductions

Palisades SD

900477

July 1, 2018 to June 30, 2019 Plan Year

Name: _____ **SSN:** _____ **Date of Birth** _____

Address: _____ **City/State/Zip:** _____

E Mail Address: _____ **Gender:** _____

Work Location: _____ **Date of Hire:** _____ **Effective Date:** _____

	Amount per payroll	Number of pays	ANNUAL ELECTION
Medical Care FSA	_____	x _____	= _____ (MAX \$2,650.00)
Dependent Care FSA	_____	x _____	= _____ (MAX \$5,000.00)
Total Reductions			_____

☐ I decline participation in IRC Sec. 125

ALEGEUS DEBIT CARD AUTHORIZATION

The Alegeus Debit Card is not a credit card but a debit card electronically linked to a participant's Flexible Spending Account balance. Participants may use the Alegeus Debit Card for eligible health care related expenses. The Alegeus Debit will be automatically issued to you when you enroll in the Medical FSA. The above election will be loaded to your current card. If you would like to request a dependent card please complete the information below.

☐ YES, I want a spouse/dependent card (Limit one)

(Dependent Card will not be able to access funds from the above plan year if box is not marked and name filled in)

Spouse/dependent Name: _____ Social Security #: _____

I understand that I am responsible for providing substantiation for all transactions. I will refund back to my account any amount associated with a transaction that is deemed ineligible. I also am responsible for any spouse/dependent card transactions.

Election changes: No changes in the election(s) will be allowed in the plan year unless a family status change has occurred. The election change must be made within 30 days of the date the family status change occurred.

I hereby acknowledge that I have received a summary of the material terms of the plan and authorize deduction from my salary for the above salary deduction amount. I hereby authorize my employer to reduce my salary by the above salary reduction amount to purchase employee fringe benefits under IRC Sec. 125. I understand that I may not change this reduction amount during the plan year except for the circumstances defined in IRC Sec. 125 regulations (definitive information in enrollment package).

DATE: _____ **SIGNATURE:** _____