



The Preferred Group
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 (866) 989-8995

Check out your Account Information Online
www.ThePreferredGroup.com

Flex Benefit Plan Enrollment/Change Form

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

Call us with any Questions

Section 1 Employee Information — Please Read and Fill Out Carefully		
Employer Group # 10103	Employer Group Name Hyde Park Central School District (7/1/2011 to 6/30/2012 PY)	Social Security Number
Employee Name (First Name)		(Last Name)
Employee Address (Street, Apt. #)		Date of Birth
Employee Address (City, State, Zip Code)		Date of Hire
Home Phone	Work Phone	Email Address

Section 2 Flexible Spending Plan Benefit Elections

I accept the opportunity to have deductions withheld from my paycheck for eligible employer sponsored medical, dental, vision, and other health insurance related premiums on a pretax (before tax) basis for my entire share of my employer's group health insurance premiums, unless I indicate below not to do so. I understand the this election will be automatically renewed each year unless revoked by me in writing prior to the beginning of a new Plan Year.

I waive (do not want) the opportunity to have my insurance premium(s) withheld on a pretax (before tax) basis.

Account	Election	# of Paychecks	Per Paycheck
Unreimbursed Medical Account (\$100 min/\$4000 max)		÷	=
Dependent Day Care Account (\$5000 max)		÷	=
Premium Expense Account		÷	=

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
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Section 5 Employer's Section — Payroll Information for Mid-Year Salary Reduction Changes Only

Account	First Payroll Date	Last Payroll Date	YTD Deductions
Medical			
Day Care			
Premium			

Use 'First Payroll Date' if the employee is making a *new* election. Use the 'Last Payroll Date' and 'YTD Deductions' if changing an *old* election or termination.

Employer Signature	Date
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