

FLEXIBLE BI	ENEFIIS	LINKUL	LIVILINI F	ORIVI			
EMPLOYER:			DIVISION:	DIVISION:			
SSN:			OPEN ENR EFFECTIVE D	OLLMENT: ATE (mm/dd/yy)	NEW HIRE	CHANGE*	
NAME:			BIRTH DATE (DATE OF HIRE (mm/dd/yyyy):		
MAILING ADDRESS:			PHONE:			M MARRIED F SINGLE	
CITY:	STATE:	ZIP:	EMAIL:				
If you have not already s	igned up for direct de	eposit, it's easy. \	Visit the Allegiance flo	ex website, www.	askallegiance.c	com.	
	FLEXIB	LE BENEFITS	S ELECTION AUT	HORIZATION	1		
DEDUCT INSURANCE PREMIUMS PRE-TAX		PER PAY PEI DEDUCTION			TOTAL ANNUA AMOUNT ELE		
Yes No	MEDICAL SPEND	DING	X	= _			
	DAYCARE		X	=_			
PAY PERIODS (check one) The "Total Annual Amount Ele	52 = WEEKLY		LY (EVERY 2 WEEKS)		MONTHLY	12 = MONTHLY	
			ZATION (IF OFFE		IR FMPLOYI	-R)	
Yes, I would like the flex email. To set your secon Merchants should recog BY ELECTING THE FLE> 1. I may not seek reimburser 2. I may only use the card to	K DEBIT CARD: nent under any other p	olan for expenses	paid with the card.				
CERTIFICATION I certif 1. I authorize the "before-ta 2. My health FSA election is 3. My daycare FSA election residing with me at least a 4. I understand that my unu 5. Reimbursement requests 6. I understand that coverag 7. I understand that this agr Both an employee signal	x" deduction of a portifor medical, dental, ar is for the care of my tage 8 hours each day, ased contributions mac by applies only to exper eement cannot be char	on of my pay base and vision expense and vision expense and the FSA came ast be accompanion ases incurred with anged or revoked of	ed on the elections about the state of the s	se, and my qualified individuals unable and become the part of the expense. Sturing my period of the state of the experience of the experience of the state of the experience	to care for then roperty of my e of employment. a qualified char	mployer. nge in status.	
Cimpotuno			Data				
Signature:			Date:				
Company Authorization	on:		Date	:			
*If this is an election change	, please indicate the qua	alifying event/not	e election changes are f		service: tials		
For Allegiance use only:						OFEE 202	
Group Number:	Date C	completed:	E	Intered By (initials	s):		