

FSA Disclosure Statement

_____ I choose to participate:

As a participant in the Flexible Spending Account (FSA) administered by Total Administrative Systems Corp (TASC) using the Flex\$ystem program, I, _____, acknowledge I have chosen to participate in this voluntary payroll election. I understand that any and all monies which I have elected to be withheld from my payroll that remain in my account(s) and have not been used for qualified expenses incurred during the plan year will be forfeited in accordance with the current Plan provision and tax laws. Furthermore, as a participant I acknowledge that I have read the Flex\$ystem Participant Guide and agree that the \$6.03 monthly administrative fee charged by TASC can be charged directly to my ministry account #_____.

_____ I choose not to participate:

I, _____, do not want to participate in the Flexible Spending Account (FSA) plan administered by Total Administrative Systems Corp (TASC) on behalf of ISI. I realize that by not participating I may not choose to participate until the next open enrollment period unless I experience a qualifying event.

(signature)

(date)