

# FlexSystem™

## Flexible Compensation Enrollment Form

Make sure to sign and date the enrollment form. Every line must be completed. Please enter zero (0) where no amount is being deducted. Enroll on-line at [www.accesstasc.com](http://www.accesstasc.com). Return the completed form and disclosure statement signed to ISI. For enrollment assistance call TASC 1-800-422-4661; have your enrollment form, Client ID, and company name ready. You may also call ISI at 1-800-474-4145 and speak with Sheldon or Jennifer.

### Please Print

Client ID 4900-0830-4755 Employer Name International Students Inc. Last 4 of your Social Security Number xxxx-xxxx-

Employee Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_

Employee Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Date of First Payroll Deduction January 15, 2009 PIN (if re-enrolling) \_\_\_\_\_

New Enrollment  Re-enrollment  Decline/Revoke

I request the following amount(s) to be deducted pre-tax:

	Monthly Amount	Annual Amount
1. Medical Expenses (\$3,500 Maximum) (EEXP) (Out-of-pocket medical expenses)	_____	x12 _____
2. Dependent Day Care (DEPC) (Not to exceed \$5,000 in a calendar year)	_____	x12 _____
3. Non-Employer Sponsored Premium (except disability) (106P) (Independently-purchased insurance)	_____	x12 _____
4. Transportations (\$4200 maximum)	_____	x12 _____
5. Total to be deducted from paycheck	_____	x12 _____

If elections are not evenly divisible by the number of pay periods, the amount will be rounded down (i.e. \$500 election divided by 12 pay periods equals \$41.66 per pay period, for a total of 499.92)

AUTHORIZATION: I certify the above information to be true to the best of my knowledge and that the children for whom I will be claiming dependent or child care expenses either reside with me in a parent-child relationship or are legally dependent of me for their support. I agree to have my compensation reduced by the deduction amount(s) stated above. **I understand that any amounts remaining in my account(s) not used for qualified expenses incurred during the plan year will be forfeited in accordance with current Plan provisions and tax laws.** I further understand that the Flexible Compensation deduction(s) will be in effect for the entire Plan year and cannot be changed or revoked except as permitted by federal law. I understand that my share of eligible group premiums(s) will be automatically deducted before taxes. I also understand that if I do not wish to have my eligible insurance contribution deducted pre-tax and prefer to be taxed on these dollars, I will contact my payroll department.

Signature \_\_\_\_\_ Date \_\_\_\_\_

### Enrollment Form Instructions

Client ID and Employer name (we have already included ISI's name on the form for you). Make sure to have this information available when calling for enrollment assistance. If you are enrolling for the first time, provide the last four digits of your Social Security Number. Check whether this enrollment is for a new (first-time) enrollment or for the renewal of a previous flexible spending account. You must fill out both the monthly and the annual blanks to ensure that the election amount is correct and there isn't an error.

- 1. Medical expenses:** This amount is usually paid per year toward deductible and co-insurance portions of health insurance, dental, orthodontic, vision, and other miscellaneous health care expenses. After determining the payroll amount, multiply that number by the number of payrolls to determine your annual election. Check with your employer for the amount you may deduct. This is limited to \$3500 for ISI staff.
- 2. Dependent Care:** Amount paid for day care expenses per year. The maximum allowable amount under IRS regulations is \$5,000 per calendar year per family. This limit holds fast regardless of the number of dependents you may have.
- 3. Non-Employer Sponsored Premium:** Privately purchased insurance premiums, including health, cancer and term life insurance. Group insurance premiums deducted from your paycheck for your employer-sponsored plans **DO NOT** qualify within this category. Insurance premiums deducted through your spouse's employer are not eligible. Term life insurance premiums for the employee can be deducted only up to the first \$30,000 (in death benefits); include any term life insurance elected through your employer sponsored premiums to determine limits. Long Term Care is NOT allowable.
- 4. Signature and Date:** Make sure to sign and date the enrollment form. Return the completed and signed form to you employer.