

Great-WestSM
HEALTHCARE
FLEXIBLE SPENDING ACCOUNT (FSA)
ENROLLMENT FORM

Employee Name: _____ SSN: _____

Employee Address: _____
(city) (state) (zip code)

Employer Name: _____ Plan Number: _____ Division Number: _____

Date of Hire: ____/____/____ Flexible Spending Account Effective Date: ____/____/____

Date of 1st Flexible Spending Account Contribution (Payroll Deduction): ____/____/____

IMPORTANT NOTE: If you or your spouse has opened or plans to open an HSA, you may not elect a Health Flexible Spending Account.

HEALTH FLEXIBLE SPENDING ACCOUNT

Are you electing a Health Flexible Spending Account? Yes No If yes, please complete the information below.

<u>Per Pay Period Deduction</u>		<u>Pay Frequency (Please Select One)</u>		<u>Total Annual Employee Election</u>
\$ _____	X	<input type="checkbox"/> Weekly (52 pay periods) <input type="checkbox"/> Bi-Weekly (26 pay periods) <input type="checkbox"/> Semi-monthly (24 pay periods) <input type="checkbox"/> Monthly (12 pay periods)	=	\$ _____ (Maximum is determined by your Employer)
Total Annual Employer Contribution \$ _____ (If Applicable)				

DEPENDENT CARE FLEXIBLE SPENDING ACCOUNT

Are you electing a Dependent Care Flexible Spending Account? Yes No
 If yes, please complete the information below.

<u>Per Pay Period Deduction</u>		<u>Pay Frequency (Please Select One)</u>		<u>Total Election</u>
\$ _____	X	<input type="checkbox"/> Weekly (52 pay periods) <input type="checkbox"/> Bi-Weekly (26 pay periods) <input type="checkbox"/> Semi-monthly (24 pay periods) <input type="checkbox"/> Monthly (12 pay periods)	=	\$ _____ (Maximum \$5,000)

I hereby authorize my election(s) and pre-tax salary contribution(s) for the account(s) designated above for the plan year. I understand that this election is an annual election and cannot be changed during the plan year except in the case of a qualified change in family status. I understand that any unused balances in either account at the end of the plan year shall be forfeited.

Employee Signature: _____ Date: ____/____/____

Please return to your employer. Check with your employer for the effective dates of your plan year.

Great-West Healthcare refers to products and services provided by Great-West Life & Annuity Insurance Company and its subsidiaries (Alta Health & Life Insurance Company and Great-West Healthcare HMO/HCSC companies). It also refers to New England Life Insurance Company's and Metropolitan Life Insurance Company's group business currently administered by Great-West. Great-West Life & Annuity Insurance Company is not licensed to do business in New York. Products are sold in New York by its subsidiary First Great-West Life & Annuity Insurance Company, White Plains, N.Y.

FSA Worksheet

Your Eligible Expenses

1. Eligible Health Flexible Spending Account Expenses

- Deductibles, Co-payments \$ _____
- Out-of-pocket costs for eligible expenses that will not be covered under any health plan or are subject to coinsurance cost sharing:
 - Hospital expenses _____
 - Physician expenses _____
 - Dental expenses _____
 - Vision and eye care, i.e., exams, glasses, contacts, radial keratotomies _____
 - Hearing expenses, i.e., exams, hearing aids _____
 - Physical examinations, i.e., annual checkups, school exams _____
 - Psychiatric counseling _____
 - Chiropractic and acupuncture treatment _____
 - Prescription drugs, insulin, contraceptives _____
 - Drug or alcohol treatment _____
 - Other* health care-related expenses _____
- Eligible over-the-counter medications _____

Total Estimated Eligible Health Flexible Spending Account Expenses \$ _____

2. Eligible Dependent Care Flexible Spending Account Expenses

Estimate the total amount you pay during the year for daycare provided for your child or elderly or disabled family member. Then enter how much of that amount you want to redirect in the Dependent Care Flexible Spending Account.

Total Estimated Dependent Care Flexible Spending Account Expenses \$ _____

Your payroll administrator will calculate your pre-tax deduction per paycheck for Health Flexible Spending Account and Dependent Care Flexible Spending Account expenses.

Eligible expenses are determined by the applicable provisions of the plan, based on IRS guidelines for FSA programs under Sections 105, 125 and 129 of the Internal Revenue Code.

Great-West Healthcare refers to products and services provided by Great-West Life & Annuity Insurance Company and its subsidiaries (Alta Health & Life Insurance Company and Great-West Healthcare HMO/HCSC companies). It also refers to New England Life Insurance Company's and Metropolitan Life Insurance Company's group business currently administered by Great-West. Great-West Life & Annuity Insurance Company is not licensed to do business in New York. Products are sold in New York by its subsidiary First Great-West Life & Annuity Insurance Company, White Plains, N.Y.