



FLEX PLAN ENROLLMENT FORM

(Please print clearly)

PLAN YEAR BEGINNING 10/1/10 ENDING 9/30/11

Employee Information

Group Name: _____

Effective Date (mm/dd/yyyy): _____ Hire Date (mm/dd/yyyy): _____

Employee Last Name	First Name	M.I.	Date of Birth (mm/dd/yyyy)	SSN (XXX-XX-XXXX)
			/ /	- -

Home Address _____

City: _____ State: _____ Zip Code: _____

Daytime Telephone Number: () _____ E-Mail Address (optional) _____

Check one: New Enrollment New Plan Year Election (Re enrollment)

Benefit Elections

Please indicate the number of paychecks you receive per year: _____

(THESE CALCULATIONS MUST BE APPROVED BY YOUR PAYROLL DEPARTMENT)

	Annual Amount	+	Annual Fee	=	Annual Amount	=	No. of Paychecks	Paycheck Reductions
Health Care Expense	\$ _____		51.60*	=	\$ _____		_____	_____
Dependent Care Expense	\$ _____		51.60*	=	\$ _____		_____	_____

TOTAL AUTHORIZED SALARY REDUCTIONS \$ _____
(Pre-Tax Salary Reductions)

*\$51.60 annual fee represents a fee of \$4.30 per employee, per account. This is a monthly fee from October 2010 through September, 2011.

AUTHORIZATION: I understand that any salary reduction amounts not used by the end of the above plan year for eligible expenses incurred during the plan year will be forfeited by me in accordance with Section 125 of the Internal Revenue Code. I further understand that the reduction(s) specified above will be in effect for such plan year and can be revoked only if the election change is due and consistent with a change in my family status as defined in Section 125 and other applicable laws, rules and regulations, as well as allowed under my plan (eg, family or employment change in status if allowed under my plan). I hereby authorize my employer to reduce my salary each pay period on a pre-tax basis by the amount of my benefit election(s) specified above. In the event that any reimbursement I may claim and receive under the Plan is later deemed unsubstantiated by the IRS, I hereby acknowledge and accept responsibility, and hold my employer and J. J. Stanis and Company, Inc. harmless, for any adverse tax consequences that may result. Furthermore, I will notify my employer if I have reason to believe that any reimbursement I receive was for a non-qualified expense.

Employee Signature

Date

Authorized Employer Representative (print name)

Date

Authorized Employer Representative Signature

Date

PLEASE SEE PAGE THAT BEGINS WITH GENERAL PROVISIONS

General Provisions **

- You cannot change your annual elections during the Plan Year unless you have a qualifying change in status event and your Plan provides for same. Election changes must be requested within 30 days of the qualifying event. Qualifying change in status events include, but are not limited to:
 - a change in marital status (marriage, divorce, annulment, legal separation, or death of spouse),
 - a change in your number of dependents (birth adoption or death of a dependent), or
 - a change in employment status (you, your spouse, or a dependent's termination of employment or commencement of employment, strike, a commencement of or return from, unpaid leave of absence).
- The Employer/Plan Sponsor may reduce or cancel your salary reduction or otherwise modify this agreement if it is necessary to satisfy provisions of the Internal Revenue Code.
- Please refer to your Flex Plan documents, and other relevant materials provided to you, and relevant IRS publications for more information.

Flexible Spending Account Provisions (if applicable) **

- Any unused balances in your Health Care Reimbursement Account (HCRA) or Dependent Care Reimbursement Account (DCRA) at the end of the Plan Year or any applicable grace period will be forfeited (the "use it or lose it" rule).
- Expenses paid through your flexible spending accounts will no longer be eligible in computing deductions or tax credits on your income tax return.
- Eligible health care expenses are those that are deductible for federal income tax purposes as defined under IRC Section 213(d) and have not been reimbursed or paid by insurance or any other plan.
- Expenses reimbursed under the Dependent Care Reimbursement Account (DCRA) will reduce, dollar for dollar, the Dependent Care Tax Credit you may otherwise qualify for.
- The IRS generally considers the date of an expense to be the date service is rendered or received, not the date the expense is actually paid.
- You agree to indemnify and reimburse your employer and/or J. J. Stanis and Company, Inc. on demand for any liabilities that may occur from any reimbursement made for a non-qualified expense.
- J. J. Stanis and Company, Inc., or your employer, cannot guarantee the tax treatment of Flexible Benefit Plan deposits.

** The information contained herein or in any of the documents/information provided by J.J. Stanis and Company, Inc. is subject to your Employer's Flex Plan Document(s) and applicable IRS rulings and publications, and applicable laws. Nothing contained herein or in any of the documents/information provided by J.J. Stanis and Company, Inc. shall be deemed or construed as legal or tax advice you are encouraged to seek the advice of your own counsel and consultants.