

Enrollment Form

Employee Reimbursement Account and Pre-Tax Premium Payment

Please be sure to completely and accurately populate this enrollment form with your annual election(s). The completed form must then be returned to your benefits department prior to the end of your Open Enrollment period, to be used to create your elections at WageWorks.

Employee information					
Name		Social Secur	Social Security Number		
Home Address	City	State		Zip	
Employer Name	Effective Date	Location/Cla	SS	Date of Birth	
	/ /			/ /	
Employee Reimbursement Account Ag	greement				
I agree to have my gross salary redirected indicated below. I understand that contribu incurred within each plan year. For examp dependent care expenses. I further unders those funds will be handled in accordance	utions to my reimbursement ac le, funds in the Medical Reimbu stand that if I do not use the fun to my current plan design offe	count(s) can only be r irsement Account can ds in my reimbursem red by my employer.	eimbursed to me fo not be used for rein ent account(s) durir	r eligible expenses nbursement of	
Medical Reimbursement Account	\$(Per Pay)	x = \$	(Plan Year Election)		
☐ General Purpose (all qualifying medica You must select a Limited Purpose Accour or receive HSA contributions from anyone	l expenses) OR l Limited Purpo at if you, your spouse, or depend	se (vision and dental e	expenses only).	ings Account (HSA)	
 Dependent Care Reimbursement Account {Maximum per plan year of \$2,500 if married filing separately or \$5,000 if si filing jointly; if more than \$2,500 is elected, my signature on this agreement single or married filing a joint income tax return with my spouse.} 		x = \$	(Plan Year Election)		
☐ I ELECT NOT TO PARTICIPATE.					
Automatic Reimbursement Authorizat	ion				
☐ I have read and understand the informatio WageWorks to treat my medical claims as if the my spouse, dependents, or myself make contr	hey are made under both the m	edical plan and the M	edical Reimbursem		
This election shall remain in force until revoke	ed by me by checking this box:	F	Please revoke this e	lection.	
Direct Deposit Authorization					
☐ I have read and understand the informatio WageWorks to initiate credit entries and, if nec This election shall remain in force until revoke	essary, debit entries and adjus				
Account Number	Transit ABA Rou				
Account Type ☐ Checking ☐ Savir	•	□ New	☐ Change	☐ Cancel	
Name of Bank	Bank Phone				
Pre-Tax Premium Payment Agreemen					
☐ Yes ☐ No ☐ I agree to have my gross s which are payable through the flexible benefit contributions for the elected benefits are incre redirection will automatically be adjusted to re	eased or decreased while this a	to make these contrib agreement remains in	outions on my beha	lf. If my required	
Employee Authorization					
I have read and understand the above agreem review my paycheck to verify that my employe	er has made appropriate withho	olding consistent with	my election.		
Employee Signature	listed above: or				

• My employer terminates, suspends, or modifies this plan or the benefits under the plan



Automatic Reimbursement Authorization

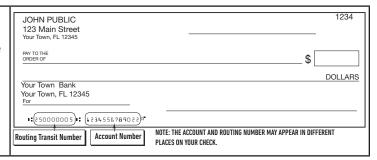
This option allows eligible medical expenses that have been submitted to your Wellmark health insurance plan to also be considered as a Medical Reimburement Account claim. After claims are processed by WageWorks the eligible medical expenses will automatically be directed to your Medical Reimbursement Account for further consideration. This option is not available for Limited Purpose Medical Reimbursement Accounts (i.e., if you, your spouse, or dependents make contributions to an HSA or receive HSA contributions from anyone else).

I am enrolled in a Medical Reimbursement Account administered by WageWorks. I hereby authorize WageWorks to treat my claims as if they are made under both the medical plan and the Medical Reimbursement Account. WageWorks will use the Medical Reimbursement Account to reimburse me for deductible, coinsurance, and copayment amounts eligible under IRC Section 213(d). Contract limitations will need to be filed manually. Furthermore, I certify that:

- I have no other insurance coverage. No family members covered under my medical and/or dental contracts have other insurance which covers the charges referenced above. If other coverage is obtained during the plan year, I will notify my employer immediately and revoke this agreement.
- Neither my spouse, my dependents, nor I make contributions to an HSA or receive HSA contributions from anyone else.
- Only legitimate claims will be submitted. All claims submitted to the WageWorks medical plan(s) will be for expenses that are reimbursable under the terms of the Medical Reimbursement Account. I will not submit paper claims to the Flexible Benefits Department if these charges will be processed by the medical plan(s), since these claims will automatically be forwarded to my Medical Reimbursement Account.
- I understand that previously processed claims will not be automatically reimbursed. Claims incurred prior to the effective date of this authorization will not be reimbursed through this program and must be submitted manually.
- I understand that automatic reimbursement will not be possible if different identification numbers are used. If a medical claim is processed under an identification number that is different than the number under which the Medical Reimbursement Account is listed, the unreimbursed charges arising from the claim will not be automatically applied to my Medical Reimbursement Account.

Direct Deposit Authorization

- The Transit ABA routing # includes all of the numbers between the colons. Be sure to include any zeroes at the beginning or end.
- The **Account Number** includes all of the numbers after the second colon and before the mark "c". Be sure to include any zeroes at the beginning or end.



Note: If you are requesting direct deposit, you must attach a voided check for verification and reference. For any requests other than the beginning of your plan year, it will take two check cycles for the direct deposit authorization to be processed.