

**Plan Year 2007  
Flexible Spending Accounts  
Election Form**

Please PRINT

Employee's First		MI	Last Name		Social Security Number
Address		City	State	Zip	Home Phone
Employer/Company Name		Work Phone		E-mail	

***YES, I want to enroll.*** The IRS regulation states four conditions 1.) Any expenses you incur must be within the plan year or applicable grace period. 2.) Any expenses you incur must not be covered by any other source such as insurance. 3.) You must provide proper documentation in order to receive payment. 4.) You cannot change or revoke your Dependent care elections during the plan year unless there is a change in family status. With respect to the Health care Reimbursement Account, you cannot change or revoke your election for any reason.

***I request the following amounts to be deducted pretax:***

In order to participate at the maximum contribution levels, employees must be enrolled in the plan for the full twelve months. Employees who enter the plan any month after the first month of the plan year, will have their maximum contribution levels prorated.

<input type="checkbox"/> Short Plan Year (New Hire after October 1, 2006)	Date of Hire:
Effective Date on Plan:	Number of remaining months through Dec. 31, 2007
<b><i>(Effective date for new hires is the 1<sup>st</sup> of the month following the initial 90 days of employment with NELCO)</i></b>	

PLAN YEAR TOTAL	# OF PAY CHECKS	\$ PER PAY CHECK
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**A. HEALTH CARE FSA:** \_\_\_\_\_ ÷ \_\_\_\_\_ = \_\_\_\_\_  
(Annual maximum \$2,500 per employee. To calculate your prorated maximum, use the per month amount \$208.34 times number of remaining months)

**B. DEPENDENT CARE FSA:** \_\_\_\_\_ ÷ \_\_\_\_\_ = \_\_\_\_\_  
(Annual maximum \$5,000 per household. To calculate your prorated maximum use the per month amount \$416.67 times number of remaining months)

Please list your day care provider and dependent information on the back of this form.

**Signature: X** \_\_\_\_\_ **Date:** \_\_\_\_\_

***No, I do not want to enroll in the flexible spending accounts.***

**Signature: X** \_\_\_\_\_ **Date:** \_\_\_\_\_