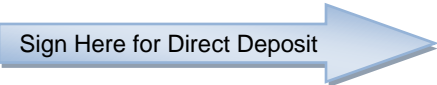


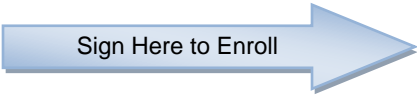


# LIMITED FSA ENROLLMENT FORM

<b>EMPLOYER NAME:</b>	
<b>PERSONAL INFORMATION</b>	
Last Name: <input type="text"/>	Birth Date: <input type="text"/> - <input type="text"/> - <input type="text"/>
First Name: <input type="text"/>	Date of Hire: <input type="text"/> - <input type="text"/> - <input type="text"/>
SSN: <input type="text"/> - <input type="text"/> - <input type="text"/>	
Address: <input type="text"/>	City: <input type="text"/> St: <input type="text"/> Zip: <input type="text"/>
Day Phone: <input type="text"/> - <input type="text"/> - <input type="text"/>	Email Address: <input type="text"/>

<b>PARTICIPANT BENEFIT ELECTION</b>	
<input type="checkbox"/> DEPENDENT CARE: <b>Annual Election:</b> \$ <input type="text"/>	<input type="checkbox"/> DENTAL/VISION: <b>Annual Election</b> \$ <input type="text"/>
<input type="checkbox"/> MEDICAL EXPENSES- <b>AFTER HSA DEDUCTIBLE HAS BEEN MET:</b> <b>Annual Election:</b> \$ <input type="text"/> (See Payroll HR Department for SPD limits)	

<b>DIRECT DEPOSIT AUTHORIZATION</b>	
BANK NAME:	<input type="checkbox"/> Checking Account - <b>Attach voided check</b>
BANK ADDRESS:	<input type="checkbox"/> Savings Account - <b>Attach deposit slip</b>
CITY: <input type="text"/> ST <input type="text"/> ZIP <input type="text"/>	Routing Number: <input type="text"/>
	Account Number: <input type="text"/>
By signing this agreement, I authorize Ben-X, LLC to initiate credit entries to the account indicated above for the purpose of reimbursements from my Limited Flexible Spending Account. I also authorize Ben-X, LLC to initiate, if necessary, debit entries and adjustments for any credit entries made in error.	
 Sign Here for Direct Deposit	Account Holder Signature _____ Date _____

<b>PARTICIPANT SIGNATURE</b>	
I authorize the appropriate payroll deductions for the Limited Flexible Spending Account until changed by me in writing. I understand that my cost for insurance premiums may be changed automatically in the event that my cost for insurance changes. I will only use the Limited Flexible Spending Account and debit card for eligible expenses under the Plan, and I will be responsible to pay for expenses not allowed by the Plan.	
 Sign Here to Enroll	Employee Signature _____ Date _____

**Ben-X, LLC** • Website: [www.MyBenX.com](http://www.MyBenX.com)  
 Fax (801) 224-1903 • Phone (801) 229-2369 • Toll Free (888) 433-2369 • Email: [Support@BenXco.com](mailto:Support@BenXco.com)