

Plan Year _____

Employer Name _____



Salary Redirection Agreement

1. Participant Information

Employee Name _____

Social Security No. _____

Birthdate _____

Street Address _____

City _____

State _____

Zip Code _____

Contact Number _____

Email -(Required for account notifications) _____

Eligibility Date _____

Effective Date _____

2. Benefit Election

Initial Enrollment Renewal Waive Participation

Medical FSA: \$ _____ per pay period X _____ no. of deductions = \$ _____ annual election
(Must not exceed your company maximum)

Dependent Care FSA: \$ _____ per pay period X _____ no. of deductions = \$ _____ annual election
(\$5,000 maximum annual election for single parent and married couple filing joint tax returns and \$2,500 for married couple filing separate tax returns)

Transportation Benefit: \$ _____ per pay period X _____ no. of deductions = \$ _____ annual election

Parking Benefit: \$ _____ per pay period X _____ no. of deductions = \$ _____ annual election

3. Direct Deposit

Your Financial Institution _____

Routing Number _____

Checking Account

Savings Account

Financial Institution Address _____

Account Number _____

*Please attach a voided check to this authorization. *There is a re-processing fee of \$15.00 if the deposit is returned (for any reason) or due to closed account or incorrect information entered/submitted.

I authorize PIO PAC Fidelity to initiate credit entries and, if errors occur, I authorize correcting entries to my account indicated below.

Employee Signature: _____

Date _____

4. Employee Signature

On or after the first day of the plan year I cannot change or revoke this Salary Redirection Agreement with respect to pre-tax premiums before the next anniversary date of the plan unless a "change in status" occurs (as defined under the plan and IRS).

Employee Signature: _____

Date _____