

**GREAT NECK UFSD**  
**SECTION 125 ELECTION FORM**  
*Period 1/1/2009 to 12/31/2009*

Name (print) \_\_\_\_\_  
Last Name First Name Middle Initial

Address \_\_\_\_\_

S.S. # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Marital Status: ( ) Single ( ) Married

**FLEXIBLE SPENDING ACCOUNTS**

1. **HEALTH REIMBURSEMENT ACCOUNT (Health related expenses for Employee & Dependents)**

( ) I hereby elect to make the following annual contribution to my Health Care Flexible Spending Account under the Plan and hereby agree that the annual contribution will be made in equal amounts each pay period through payroll deduction:

\$ \_\_\_\_\_ total for the plan year. \$ \_\_\_\_\_ for each pay period.

Note: Your minimum annual deposit in the Health Care Flexible Spending Account is \$ 200.00 and cannot exceed an amount of \$ 2,500.00.

2. **DEPENDENT CARE ACCOUNT (Child Care and Dependent Care Centers, etc.)**

( ) I hereby elect to make the following contribution to my Dependent Care Flexible Spending Account under the Plan and hereby agree that the annual contribution will be made in equal amounts each pay period through payroll deduction:

\$ \_\_\_\_\_ total for the plan year. \$ \_\_\_\_\_ for each pay period.

Note: The annual deposit in your Dependent Care Flexible Spending Account cannot exceed \$5,000. (\$2,500 for married participants who file separate returns.)

**I hereby agree to pay the administrative fee for my account(s) and agree that the annual contribution of \$42.00 will be made in equal amounts each pay period.**

I understand that the above elections will remain in effect until the last day of the Plan Year noted above. I may change the above elections during the Plan Year noted above only if I experience a "status change", as defined under applicable law, and I may change my elections only in a manner consistent with the "status change". I understand further if my employment terminates before the end of the Plan Year, the remainder of payroll deductions will be taken from my final paycheck. Finally, I understand that the elections noted above may need to be modified by the District to ensure that the Plan complies with applicable tax rules.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Participant

**Deadline for enrollment is November 20, 2008 (or the next business day if November 20<sup>th</sup> falls on a week-end)**  
**Please return to the Payroll Department**