| BRI Benefit Resource. Inc. | 2017 EL | ENDING ACCO ECTION FORM | DUNTS F | 245 Kenneth Drive Rochester NY 14623-4277 Phone: (800) 473-9595 www.BenefitResource.com |
|--|--|--|---|--|
| SCHOOL DISTRICT: | (PLE/ | ISE PRINT CLEARLY) | | |
| | | | | |
| A. EMPLOYEE INFORMATION | | | | |
| Member ID: | xxx-xx (please provide last four digits of your social security number) | | r social security number) | |
| Employee Name: (Last) | | (First) | | (MI) |
| Home Address: (Street) | | | | (Apt #) |
| (City) | -Walk C | (State) | (Zip Code) | |
| Home Phone #: | Birth date: | 1 1 | Gender: | Male Female |
| Email Address: | | | | |
| (Note: Benefit Resource, Inc. will o | only use your email address to com | municate with you regarding | ng your plan.) | |
| The purpose of this agreement is to a employee with selected benefits. This | uthorize the election of eligible be agreement is designed to conform | enefits and the reduction i with Section 125 of the I | n salary needed to facilitat nternal Revenue Code. | te the employer providing the |
| B. FLEXIBLE SPENDING ACCOUNT | TS (FSAs) Please enter your FS. | A election(s) below. | | A CONTRACTOR OF |
| (Refer to your Plan Highlights fo | or election maximums and Plan d | etails) | I | Plan Year Election |
| □ Medical FSA | | | S | 5 |
| Plan maximum is \$2600 per participating employee | | | 25 | 23 |
| Dependent Care FSA Plan maximum is \$5000 per household | | | 1 | \$ |
| C. EMPLOYEE CERTIFICATION / | Return signed form to your employ | er. | | and a second second |
| I have received and read the printed must be eligible expenses as govern and must not be reimbursed from an election for the current plan year. A deducted from payroll as indicated, indicated in the Plan Highlights. | ed by Internal Revenue Service (I y other source. I also understand ny choices above may be modifie | RS) regulations, must be that by signing and submi ed only as defined in the | for services provided for m tting this enrollment form, plan. Moreover, I authorize | te or a qualifying individual I am making an irrevocable e the amount(s) above to be |
| I understand that Federal law requir understand that I may be required t about my account. I understand that permitted by law. | o provide identifying information | (e.g. social security num | ber, address and date of bi | irth) when making inquiries |
| that if my Beniversal Card is use account may be suspended and I | * is associated with my Flexible S niversal Card. I agree to use this provisions of the Cardholder Ag ed for expenses other than eligibl will reimburse the plan for the en the basis. I also authorize expense | card only for eligible me reement and card promise e medical expenses or if xpenses. I authorize my e | es sent to me with my card I violate the terms of the mployer to deduct any nor | I. Furthermore, I understand Cardholder Agreement, my n-approved expense directly |
| Since the IRS requires that certa documentation for any expense pa | in purchases made with the Ben aid with the card and to submit suc | iversal Card be verified the followup documentation | for eligibility, I agree to a to Benefit Resource upon | equire and retain sufficient request. |
| I choose to participate in the plan. | á | | | |
| I decline to participate in the plan | | | 144 | fit Resource.) |
| Signature: / / | | | | |
| D. PAYROLL DEDUCTION INFORM | MATION COMPLETED BY DISTRI | CT PAYROLL OFFICE | | |
| | Payroll Contribution Payroll Contribution n(s):// | | | |

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The Beniversal Prepaid MasterCard is issued by The Bancorp Bank pursuant to license by MasterCard International Incorporated. The Bancorp Bank; Member FDIC. MasterCard is a registered trademark of MasterCard International Incorporated.

Your Member ID is your 5-digit District ID (see chart below) plus the last four digits of your Social Security Number. Do not use spaces or dashes.

| District ID | School District |
|-------------|------------------------|
| 54381 | Amityville |
| 54382 | Babylon |
| 54384 | Bay Shore |
| 54385 | Bellmore Merrick |
| 54386 | Center Moriches |
| 54387 | Central Islip |
| 54388 | Cold Spring Harbor |
| 54389 | Commack |
| 54390 | Connetquot |
| 54391 | Copiague |
| 54392 | Deer Park |
| 54412 | Deer Park Library |
| 54414 | East Mdw Library |
| 54394 | Eastport So Manor |
| 54396 | Elwood |
| 54397 | Farmingdale |
| 54398 | Hauppauge |
| 55653 | Island Park |
| 54415 | Jericho Public Library |
| 54400 | Kings Park |
| 55652 | Lindenhurst |
| 54401 | Massapequa |
| 54402 | North Babylon |
| 54403 | North Bellmore |
| 54404 | North Merrick |
| 54405 | Northport |
| 54417 | PIndg Public Library |
| 54419 | Plnvew Bthpg Library |
| 54406 | Pt. Jefferson |
| 50124 | Valley Stream 30 |
| 50125 | Valley Stream CSH |
| 54407 | West Babylon |
| 54408 | West Islip |
| 55659 | Western Suffolk BOCES |
| 54409 | William Floyd |
| | |

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