

125 Dependent Care Plan Enrollment Form

Please complete this form and send it to service@nbsbenefits.com



1 Personal Information

Employee Name (First Name, Last Name)		Salt Lake Community College			
Street Address		City	State	Zip Code	Social Security Number
Employee Phone Number	Date of Birth	Date of Hire (Required)		Email Address (Required to receive e-mail communications)	

2 Benefit Election

- Initial Request New Year Request Waive Participation

If you are part of a company health insurance plan your premiums will automatically be paid pre-tax by payroll deduction. You may also choose any of the following benefits to add to your pre-tax deduction:

Dependent Care Expenses: *Maximum annual allowable election is \$5,000 per year OR \$2,500 per year if married and filing taxes separately*

Enrollment Effective Date (Required)	\$ _____	Per pay period election (Required)
	\$ _____	Annual Election (per pay period x 24)

3 Direct Deposit Request

Your Financial Institution _____

Financial Institution Address _____

Account Number _____ Routing Number _____

Checking Account
 Savings Account

IMPORTANT! Please attach a voided check with this form (not a deposit slip). Only for a savings account is a deposit slip acceptable. If you have Direct Deposit information on file it carries forward unless corrected or rescinded in writing by you.

I (We) authorize National Benefit Services, LLC to initiate credit entries and, if necessary, debit and adjustment entries for any credit entries and adjustments made in error to my (our) account indicated above and the financial institution named above.

Employee Signature _____ Date _____

4 Employee Signature

I hereby authorize the appropriate payroll reductions as my contribution(s) to the Cafeteria Plan until changed by me in writing. I will only use the Flexible Spending Account for eligible expenses under the plan, and understand I will be responsible to pay for any transactions not allowed by the plan. In addition, I authorize the release of medical and account information to my spouse (if applicable).

Employee Signature _____ Date _____