

Salary Redirection Agreement (SRA) PLEASE PRINT. All information is required or your enrollment cannot be processed.

Employer _	ver Social Security Numb													per															
Employee N	Jame (First.	Last)																											
Date of Birth (MM-DD-YYYY)													Ī					T				_							
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City				\perp				<u> </u>	<u> </u>							<u> </u>	<u> </u>	$\frac{1}{1}$	T	_Sta	ate [<u> </u>	_]Zip	⊃ <u> </u>	<u> </u>			
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Plan year s	to complete start (MM/DE	D/YY) _		_/		/	ar	nd end	d		/	/_		Fi	rst pay	roll s	tart	dat	e		_/_		_/_						
☐ YES	I elect to confund my and other heal	contrib iccoun Ith plai this op	ute s t than n. tion	t pay	rs qu	ualifie	ed ou vear a	t-of-p	ocket	t he	ealth	care	exp	ense		are r	not (COV	erec	d by				yer's	hea	lth p	oerio lan o		
This pays	Dep s for day ca efore/after age 12.	ire exp	ense	s for	a d	epen	dent																						
	I elect to contribute \$ (before taxes) for the PLAN YEAR, which is \$ per pay period to fund my account that pays qualified dependent day care or elder care expenses. I decline this option for this plan year and understand that I will lose all tax savings that I could receive as a participant.																												
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	On the ap I understa understan my taxable	propriand that	ate b t my if my	enef shar y req	fit e re of uire	nrollr f the ed co	ment i prem ntribu	form, ium fo itions	I have or the for th	e er ese (nrolle empl e insi	ed in loyee uran	cert e be ce b	nefit enef	s will a	utoi	mati	call	y be	e pa	id v	vith	pre	-tax	doll	ars. I	also		
□ NO	I decline t	his opt	ion f	or th	nis p	lan y	ear ar	nd un	derst	and	l that	l wi	ll los	se all	tax sa	ving	s th	at I	cou	ld r	ecei	ive a	as a	part	icipa	ant.			
	Add Add				it	(plea	se ins	ert des	scripti	on p	orovio	ded b	у уо	ur HR	Depar	tmer	nt, if	app	licak	ole)									
☐ YES	I elect to contribute \$ (before taxes) for the PLAN YEAR, which is \$ per pay period funding reimbursement of this additional benefit outlined by my Human Resources Department.														d for														
□ NO	I decline t	his opt	ion f	or th	nis p	lan y	ear ar	nd un	derst	and	l that	l wi	ll los	se all	tax sa	ving	s th	at I	cou	ld r	ecei	ive a	as a	part	icipa	nt.			
IMPORTANT – of the benefit of that, prior to th the Summary F	elections set for the first day of e	orth abo each plar	ve and	d that	quali	ified ex	penses	will be	paid c	on a t	tax-fre	e basi	s. I ur	ndersta	and that	I may	char	nge r	ny el	ectic	n in	the e	event	of ce	rtain (hang	es in m	ıy statı	us and
use of Perso and assigns ma wages, employ processing req employees, sul use, disclosure	ay have under a yment status, r juests for payn bcontractors a	applicab number nent of c and assign	le state of dep laims) ns to fe	e or fe bender and d urther	deral nts, r etec discl	l law or narital ting an lose an	regula status d preve y such	tion, I he and hea enting f persona	ereby s alth and raud or al infori	speci d de r mis matio	fically pende repres on as i	autho ent chi sentati s reaso	rize tl ild ca on. I t onabl	hose p re info furthe y requ	arties to rmation r authori ired for :	use n) as is ze my such p	ny pe reaso emp ourpo	rson onab oloye ses. l	al info ly rec r, the I here	orma quire Plar eby e	tion d to i, the xpre:	(incluadmi admi ir ser ssly v	uding iniste vice p vaive	, but r r the provid and re	not lin Plan (ler an elease	nited t incluc d thei	o bene ing ev respe	efit eled aluatin ctive a	ctions, ng and gents,
Employee s	ignature															_			Date	<u> </u>									_

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