Vantage Flex LLC

EMPLOYEE ENROLLMENT FORM

Please be sure to send us this form, or turn it into the County Clerk's Office by _____

Company Name: **BAYFIELD COUNTY** Plan Year: 2022 Effective Date

Please Print
Last Name:_____ First Name:_____ Middle Init.:_____

Address : _____City:_____ State: _____ Zip:_____

Social Security #: _____-_____-_____ Date of Hire_____ Date of Birth_____

E-mail:_____ Phone: _____

Spouse: _____SS #: _____-_____-_____ Date of Birth ___/___/_____
Dependant: _____SS #: _____-_____-_____ Date of Birth ___/___/_____
Dependant: _____SS #: _____-_____-_____ Date of Birth ___/___/_____
Dependant: _____SS #: _____-_____-_____ Date of Birth ___/___/_____
Dependant: _____SS #: _____-_____-_____ Date of Birth ___/___/_____

With regard to my election under this agreement, I understand that:

· Expenses for reimbursement must be incurred during the plan year, Which will include the grace period for the FSA

· Reimbursement requests must be accompanied by proof of eligible expense from the service provider or Insurance Company for an FSA, and an EOB (Explanation of Benefits) for an HRA.

· The reimbursement rate will be based on the plan design and may not be the entire amount requested.

· Prior to the first day of each plan year I will be notified of the contribution level for the next year.

Elections

Annual Contribution Level:

- ☐ Teamster $5,350 HRA
- ☐ Courthouse $2,000 Vested Dental/Vision HRA
- ☐ Medical FSA (annual maximum $2,750) Per pay period $_____x 24 = annual total $_____
- ☐ Dependant Care FSA (annual maximum $5,000) Per pay period $_____x 24 = annual total $_____

Waivers:

☐ I acknowledge I have been informed of the terms of the **HRA** options. Even though I am eligible to participate in the plan, **I HEREBY ELECT NOT TO ENROLL**. This waiver will remain in effect for the remainder of this plan year; however, I may enroll in this plan year if I have a change in status.

☐ I acknowledge I have been informed of the terms of the **FSA** options. Even though I am eligible to participate in the plan, **I HEREBY ELECT NOT TO ENROLL**. This waiver will remain in effect for the remainder of this plan year; however, I may enroll in this plan year if I have a change in status.

Signature: _____Today's Date: _____