

Please Print

### Section I: Employee Information

Name (as it appears on your QualChoice ID card)		Qualchoice ID Number	Social Security Number	
Mailing Address		City	State	ZIP
Employer Name	Email Address		Daytime Phone Number	

### Section II: FSA Election Amount

I have reviewed the terms of my employer's plan and I understand that I may elect coverage under either or both of the accounts below, subject to the terms of the Plan, for the Plan Year \_\_\_\_\_.

<b>Health Care Flexible Spending Account</b>	Contribution per pay period	Number of pay periods remaining in plan year	Your annual election
	<input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	X <input type="text"/> <input type="text"/>	= <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
<b>Dependent Care Flexible Spending Account</b>	Contribution per pay period	Number of pay periods remaining in plan year	Your annual election
	<input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	X <input type="text"/> <input type="text"/>	= <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Cannot exceed \$5,000 per household

### Section III: Authorization

I elect to participate in my employer's Flexible Spending Account Plan and agree to be bound by the terms of my employer's plan. I understand that the contribution(s) I have elected will be made with pre-tax salary reductions and that such reductions reduce my compensation for Social Security benefit purposes.

I also understand and agree to the following:

1. That I am making a binding election for the entire Plan Year unless I have a qualified change of status as designed by my employer's plan.
2. That I can file claims for expenses incurred during the current Plan Year and up to an additional \$500 can be carried forward for use toward eligible expenses in the next Plan Year.
3. That any amount in excess of \$500 that is not claimed in the current Plan Year noted above will be forfeited (i.e., "use it or lose it").

Employee Signature (Required)	Date Signed (MM/DD/YYYY)
X	

### Employer Use Only

Group ID	Member ID	Effective Date of Employee Election
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QualChoice offers help for members with limited English proficiency (LEP). The following statement is printed in the top languages used in Arkansas, as required by the Federal government:

**ATTENTION: Language assistance services, free of charge, are available to you. Call 1-800-235-7111 (TTY: 711).**

**Spanish**

ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-235-7111 (TTY: 711).

**Vietnamese**

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-800-235-7111 (TTY: 711).

**Marshallese**

LALÉ: Ñe kwōj kōnono Kajin Majōl, kwomaroñ bōk jerbal in jipañ ilo kajin ñe am ejjelok wōṇāān. Kaalok 1-800-235-7111 (TTY: 711).

**Chinese**

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-800-235-7111 (TTY: 711)。

**Lao**

ໂປດຊາບ: ຖ້າວ່າ ທ່ານເວົ້າພາສາ ລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ເສັຽຄ່າ, ແມ່ນມີພ້ອມໃຫ້ທ່ານ. ໂທ 1-800-235-7111 (TTY: 711).

**Tagalog**

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-800-235-7111 (TTY: 711).

**Arabic**

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-800-235-7111 (رقم هاتف الصم والبكم: 711).

**German**

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-800-235-7111 (TTY: 711).

**French**

ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-800-235-7111 (ATS: 711).

**Hmong**

LUS CEEV: Yog tias koj hais lus Hmoob, cov kev pab txog lus, muaj kev pab dawb rau koj. Hu rau 1-800-235-7111 (TTY: 711).

**Korean**

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-800-235-7111 (TTY: 711) 번으로 전화해 주십시오.

**Portuguese**

ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para 1-800-235-7111 (TTY: 711).

**Japanese**

注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。1-800-235-7111 (TTY: 711) まで、お電話にてご連絡ください。

**Hindi**

ध्यान दें: यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। 1-800-235-7111 (TTY: 711) पर कॉल करें।

**Gujarati**

સુચના: જો તમે ગુજરાતી બોલતા હો, તો નિઃશુલ્ક ભાષા સહાય સેવાઓ તમારા માટે ઉપલબ્ધ છે. ફોન કરો 1-800-235-7111 (TTY: 711).