



Benefit Strategies  
is now part of the  
Voya Financial  
Family!

TOWN OF BURLINGTON, MA  
**MA FLEXIBLE BENEFIT PLAN ENROLLMENT FORM**

PLAN YEAR: JANUARY 1, 2022 TO DECEMBER 31, 2022

**A. Employee Information** *Please Print Clearly!* Instructions on Back

Name: \_\_\_\_\_ Social Security Number (Required): \_\_\_\_\_  
 Home Address: \_\_\_\_\_  
 Check if New:  \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Day Phone: \_\_\_\_\_  
 E-mail Address: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

**B. Flexible Benefit Plan Pre-tax Elections**

**1. Health Care Reimbursement Account** Eligible health expenses include professional medical expenses incurred by my dependents or myself during the Plan Year for "the diagnosis, cure mitigation, treatment or prevention of disease, or for the purpose of affecting any structure or function of the body".

\$	X	# of Pay Periods	=	\$	Total Election
Your Contribution Per Pay Period					

**Election allowed  
\$250 minimum/\$2,750 maximum**

**2a. Dependent Care Assistance Account** Eligible dependent day care expenses are incurred to allow you and your spouse (if applicable) to be gainfully employed. Please remember that the IRS will require you to disclose the Tax ID or Social Security Number of your day care provider(s) when you file your income taxes.

\$	X	# of Pay Periods	=	\$	Total Election
Your Contribution Per Pay Period					

**Total Election allowed  
For both Dependent Care and Sprouts:**

**2b. Sprouts Day Care Reimbursement Account**

\$	X	# of Pay Periods	=	\$	Total Election
Your Contribution Per Pay Period					

**\$250 minimum/\$) \$00 maximum  
(\$&,) \$0 if married filing separately)**

**C. FlexExpress® Debit Card** The FlexExpress Card® is optional. If you and/or your dependents have debit cards, they will automatically be reactivated unless you indicate below that you do not want a card. Otherwise, please indicate your selection below. Annual Fees: Primary Card - Paid by Employee, Cost \$5, Dependent Cards - Paid by Employee, Cost \$5 each.

	<b>* If you and/or your dependents have debit cards, they will be automatically reactivated for your renewal. Otherwise, please select from below:</b>	NO action required.
<b>Check One:</b>	<input type="checkbox"/> I am a new participant to this plan and would like a NEW debit card.	This is for brand new participants only, if you already have a card, selecting this option will automatically <u>inactivate</u> your existing card.
	<input type="checkbox"/> I have a card that was lost, stolen or damaged and would like a replacement card.	Selecting this option will <u>inactivate</u> your existing card.
	<input type="checkbox"/> I do NOT want a FlexExpress Card.	Your default reimbursement method will be check unless the direct deposit information below is completed.

**Additional Card Information:** List your spouse or dependents (over age 18) you would like to order a FlexExpress® Card for. This is for your legal dependents only. Domestic/Civil Union Partners are not IRS eligible dependents in most cases. If your dependents already have a card, it will remain active until you indicate to inactivate it below.

Full Name	Social Security Number	Date of Birth	New or Inactivate Card
1.			___New ___Inactivate
2.			___New ___Inactivate

**D. Direct Deposit Authorization** If you would like non-FlexExpress® reimbursements to be direct deposited to your bank account (rather than receiving paper checks) fill out the information below EACH PLAN YEAR AND attach a voided check.

Bank Name: (See #1 on sample)	<input type="checkbox"/> Savings Account	<input type="checkbox"/> Checking Account	<b>SAMPLE</b> 
Routing Number - 9 digits (See #2 on sample): <table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"></table>	Account Number (See #3 on sample): _____		

**E. Signatures** By signing below, I agree to all of the Terms and Conditions stated on the opposite side of this form.

Employee Signature (required):	Date:	
Employer Acceptance (required):	Effective Date:	

