

**Complete and return to your employer**

Group Information	
Group Name: _____	Further Group Number: _____
Location Name (if applicable): _____	
Employee Information	
SSN#: _____	Primary Phone: _____
Last Name: _____	First Name: _____ Middle Initial: _____
Street Address: _____	
City: _____	State: _____ Zip Code: _____
Email Address: _____	Date of Birth: ____/____/____
Account Information	
<b>Medical Flexible Spending Account:</b>	
Plan year maximum _____ (determined by employer, not to exceed IRS maximum of \$2850)	
Effective Date: _____ (To be provided by Group Contact)	
<input type="checkbox"/> I want to contribute a total of \$_____ during this plan year to my Medical Flexible Spending Account. I understand this amount will be deducted from my pay throughout the plan year.	
<b>Are you or your spouse actively contributing to a Health Savings Account?</b>	
<input type="checkbox"/> No	
<input type="checkbox"/> Yes: Your medical FSA must be limited to dental and vision expense reimbursement until your health plan deductible has been met. Contact Further to remove the limit when your deductible is met.	
<b>Dependent Care Flexible Spending Account</b>	
IRS Maximum: \$5000.00 (\$2500 if married but filing separate tax returns)	
Effective Date: _____ (To be provided by Group Contact)	
<input type="checkbox"/> I want to contribute a total of \$_____ during this plan year to my Dependent Care Flexible Spending Account. I understand this amount will be deducted from my pay throughout the plan year.	
Signature	
I have reviewed the above elections and understand my choices will remain in effect for the entire Plan Year, unless I experience a change in status as defined by the IRS. It is also my understanding that any funds remaining in my accounts at the end of the Plan Year may be forfeited.	
Signature: _____	Date: _____

**Employees:** Complete and return this form to your employer.

**Employers:** Save time by entering this information online at least 30 days prior to your plan start date. Sign into Online Group Service Center at [hellofurther.com](http://hellofurther.com). Questions? Call Group Leader Services at 1-888-460-4013.

**Send via secured email only:**  
[further.documents@hellofurther.com](mailto:further.documents@hellofurther.com)

**Fax to:**  
866-231-0214

**Mail to:**  
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