



I wish to have my salary redirected for the period ____ through ____ in each of the categories below. I understand the benefits available to me as well as the other rights and obligations that I have under the Plan. I understand this agreement revokes any prior election under this plan and that during the above period this agreement is irrevocable and cannot be changed except under special circumstances as outlined in the Summary Plan Description. This agreement is subject to the terms of the Westminster College Flexible Benefits Plan.

Social Security Number ____/____/____

Name ____
(Last, First MI)

Street _____

City _____
State, Zip _____

Table with 5 columns: Account Name, Per Pay Period, # of Pay Periods, Total for the Plan Year, Not to Exceed. Rows include Health Care Reimbursement Account (\$4,000.00) and Dependent Care Assistance Account (\$5,000.00).

\$4.00 is my monthly fee if enrolled in Health Care Reimbursement and/or Dependent Care.

_____ I do not wish to participate in the TAX-FREE benefits of the Plan.

DIRECT DEPOSIT REIMBURSEMENT (Flexible Spending Accounts only)

I authorize ASI to credit my ____ (checking, savings) account number ____ at (name of bank) ____, with my Flexible Spending Account payments. Please attach a copy of a check or a void check and write the bank's routing number _ _ _ _ _.

E-MAIL

_____ I wish to receive my notification of direct deposit reimbursement via e-mail over the Internet at the address below instead of U.S. Mail.

E-mail address: _____

Employee's signature: _____

Date _____