

Kabel Business Services

1454 30th Street, Unit 202 – West Des Moines, IA 50266
 Phone 515-224-9400 or 800-300-9691
 Fax 515-224-9256 Web Site: www.kabelbiz.com

Cafeteria / Flex Plan Enrollment Form

Company Name (Employer): _____

Social Security Number: _____

First Name: _____ Middle Initial: _____

Last Name: _____

Date of Birth: _____

Home Address: _____

City: _____

State: _____ Zip: _____

Email Address: _____

Authorization: I certify the above information to be true to the best of my knowledge and that the children on whom I will be claiming dependent expenses or child care either reside with me in a parent-child relationship or are legally dependent on me for their support. I agree to have my compensation reduced by the deduction amount(s) stated above. I understand that any amounts remaining in my account(s) not used for qualified expenses incurred during the plan year will be forfeited in accordance with current plan provisions and tax laws. I further understand that the Flexible Compensation deduction(s) will be in effect for the entire plan year and cannot be revoked unless I experience a change in my family status or termination of employment.

Signature _____ Date _____

| | Annual Benefit Amount | Per Payroll Deduction |
|--|-----------------------|-----------------------|
| | Divided by _____ | |
| | Pay Periods | |
| Unreimbursed Medical | \$ _____ | \$ _____ |
| Dependent Care | \$ _____ | \$ _____ |
| Individual Insurance Premiums* | \$ _____ | \$ _____ |
| (*Do NOT include Employer Group Insurance) | | |

Enrollment Information

New _____ Renewal _____

Effective Date _____

First Payroll Deduction Date _____

How To Order/Re-order A Debit Card

If your employer is offering debit cards, you will need to order your card at www.myflexonline.com, Kabel Business Services will not order the debit card for you. Debit cards must be ordered for each new plan year.

AUTHORIZATION AGREEMENT FOR AUTOMATIC DEPOSITS (ACH CREDITS)

I hereby authorize KABEL BUSINESS SERVICES to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries in error to my account indicated on the attached voided check. This authority is to remain in full force and effect until KABEL BUSINESS SERVICES has received written notice from me of its termination in such time and in such manner as to afford KABEL BUSINESS SERVICES and DEPOSITORY a reasonable opportunity to act on it.

Name:(Please Print) _____ Signature: _____

Please attach an unsigned, voided check here. Without the check we cannot process your request. *Please note that if you are currently signed up for direct deposit you do not need to repeat this process for the next plan year, it will carry over automatically.