



# Flexible Compensation Enrollment Form

Make sure to sign, date, and complete each line on the enrollment form. Please enter zero (0) where no amount is being deducted. **Return the completed and signed form to your employer.** For enrollment assistance, call toll-free 800-422-4661. Have your enrollment form, Client ID, and company name ready. **Please Print.**

Employer Name Northwest Arkansas Community College Client TASC ID Number 4005-6622-3287

Participant Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_

Participant TASC ID (if known) \_\_\_\_\_ Participant Email Address\* \_\_\_\_\_

Participant Home Phone Number\* \_\_\_\_\_ Participant Mobile Phone Number\* \_\_\_\_\_

Participant Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Participant's Plan Effective Date \_\_\_\_\_ Date of First Payroll \_\_\_\_\_

\*Required to access your account online or via your mobile phone, or to receive personal account notifications. Information is confidential and is not used for marketing purposes.

## Election Amounts

*Prior to completing your election amounts, refer to the instructions and frequently asked questions on page 2.*

I request the following amount(s) to be deducted pre-tax:	Employee Annual Salary Reduction Election
1. Medical (Out of Pocket) Expenses	\$ _____
2. Dependent Day Care	\$ _____
3. Non-Employer Sponsored Premiums	<del>\$ _____</del>
4. Transit Expenses	<del>\$ _____</del>
5. Parking Expenses	<del>\$ _____</del>

## TASC Card

**AUTHORIZATION:** I certify the above information to be true to the best of my knowledge and that the children for whom I will be claiming dependent or child care expenses 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 amounts remaining in my flexible spending 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 changed or revoked except as permitted by federal law. I understand that my share of eligible group premium(s) will be automatically deducted before taxes. I also understand that if I do not wish to have my eligible insurance contributions deducted pre-tax and prefer to be taxed on these dollars, I will contact my payroll department. I understand additional TASC Cards issued to my spouse or dependent will provide the named individual with access to my flexible spending account(s) and MyCash account. I accept all responsibility for card transactions incurred by the named individual and will submit supporting documentation, as requested, for those transactions. I agree that upon inappropriate or fraudulent use of the TASC Card or termination of employment, I will immediately return all TASC Cards to my Employer.

Signature \_\_\_\_\_ Date \_\_\_\_\_

I understand that checking this box constitutes a legal signature