



**Newburgh Enlarged City School District
Section 125 Benefit Plan
Enrollment Application**

- New Address
- New Enrollment
- Current Participant

Plan Year: October 1, 2009 - September 30, 2010

Name: _____ SS Number: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: (Home) _____ (Work) _____

Email Address (Required): _____

Medical Insurance Premium Plan (Check One):

- I am enrolled in the Newburgh Enlarged City School District's Medical Insurance Premium Plan and understand that my portion of premiums will be paid on a **pre-tax** basis, for this and subsequent years, unless I decline pre-tax treatment of my premiums below.
- I am enrolled in the Newburgh Enlarged City School District's Medical Insurance Premium Plan but do **NOT** elect to have my portion of premiums paid on a pre-tax basis, for this and subsequent years. I understand that I will be paying for my share of premiums with *after-tax* dollars.
- I am not enrolled in the Newburgh Enlarged City School District's Medical Insurance Premium Plan.

Personal Cancer Indemnity Plan (Check One):

- I am enrolled in the Newburgh Enlarged City School District's Personal Cancer Indemnity Plan and elect to have my portion of premiums paid on a **pre-tax** basis, for this and subsequent years.
- I am enrolled in the Newburgh Enlarged City School District's Personal Cancer Indemnity Plan but do **NOT** elect to have my portion of premiums paid on a pre-tax basis, for this and subsequent years.

FLEXible Spending Accounts (Check One):

- I elect the following amounts to be withheld from my paycheck this plan year. I understand that I will NOT pay Federal, State Income, or FICA taxes on the amounts withheld.

		<i>For Office Use Only</i>	
		<u># of Pay Periods</u>	<u>Per Pay Period</u>
\$ _____	This plan year for the Unreimbursed Medical FLEX Account (minimum \$150; maximum of \$5,000) Note: No Premiums (eg. COBRA) may be paid through this account.	÷ _____	= \$ _____
\$ _____	This plan year for the Dependent Care FLEX Account (up to \$5,000; \$2,500 if married and filing taxes separately.) Note: No kindergarten tuition may be paid through this account.	÷ _____	= \$ _____
\$ _____	This plan year for the Premium Expense FLEX Account Note: For privately held health insurance only (e.g. no life insurance)	÷ _____	= \$ _____
\$ _____	Total withheld this plan year		

- I elect **NOT** to participate in the Flexible Spending benefit for this plan year.

Salary Redirection Agreement:

I have read and understand the explanation I have received regarding my options under the Newburgh Enlarged City School District FLEXible Benefit Program. I hereby apply for the options listed above and I authorize my employer to redirect my salary during the plan year as indicated. I understand that I cannot change any of my elections during the plan year (unless I have a change in status), and that any money left in my account(s) at the end of the plan year will be forfeited.

Employee Signature _____ Date _____ Employer Signature _____ Date _____
Please Return to Payroll Office by September 21, 2009