

NOTIFICATION OF NEWLY-ELIGIBLE PARTICIPANT

TO: H R SUPPORT & CONSULTING SERVICES FLEX DEPARTMENT

FROM: (Employer) _____

Contact Person: _____

Tele: _____ Ext. _____

DATE: _____

RE: NEW PARTICIPANT IN FLEX ACCOUNT(S)

With this notification is a completed election form for a newly-eligible participant. Please add to our plan.

1) PARTICIPANT NAME: (Please Print) _____

2) EFFECTIVE DATE OF ELIGIBILITY: _____

3) DEDUCT THE FOLLOWING:

\$_____ Per Pay Period for the Medical Reimbursement Account for a total amount for the remainder of this Plan Year of \$_____.

\$_____ Per Pay Period for the Dependent Care Reimbursement Account for a total amount for the remainder of this Plan Year of \$_____.

4) FIRST DEDUCTION(S) WILL BE TAKEN IN CHECK DATED:

PLEASE COMPLETE THE ABOVE AND FAX WITH THE COMPLETED ELECTION FORM TO: 207-655-6636

**H R Support & Consulting Services Flex Administration
159 Watkins Shores Road
Casco, ME 04015-4309**