City of Little Rock
Election Form 2016

DataPath
Administrative Services

– If not electing for current year, please fill in name at top and then sign at the very bottom to waive participation –

Last Name (Please Print) _____ First Name _____ Middle Initial ____

Address _____ City _____ State _____ Zip _____

Social Security Number Home Phone (____)_____ Work Phone (____)_____

E mail Address (if any)_____ Payroll Effective Date _____/_____/_____
mm/dd/yy

I hereby authorize and direct City of Little Rock to reduce my earnings in the amount necessary to fund my Cafeteria Plan as indicated below. I understand such reductions, considered elective contributions under the Plan, will start with my first paycheck dated after _____. I understand that the purpose of this program is to allow employees to select qualified benefits within the guidelines of the Internal Revenue Code. I also understand the flexible spending account (FSA) plan(s) will allow me to be reimbursed for eligible out-of-pocket medical, dental, vision, and/or dependent care expenses and that effective January 1, 2011, out-of-pocket medical expenses no longer include over-the-counter medicines unless first prescribed by a physician. I understand that the any amount remaining in my FSA accounts after the claims grace period will be forfeited.

Your insurance premiums are automatically pretaxed

☐ I choose to participate in Flexible Spending Account (FSA) Elections

FSA Medical Expenses $_____ (Annual Amt.) (Max. $2550)

DCAP Dependent Care (Child Care) Expenses $_____ (Annual Amt.) (Max. $5000)

Premium Reimbursement Expenses $_____ (Annual Amt.)

☐ I choose the mySourceCard® for my payment method.

I understand that the Card is restricted to certain merchant categories and is not accepted at all MasterCard® acceptance locations. I understand that I may not obtain a cash advance with the Card at any merchant, bank or ATM. I understand that the Card is to be used exclusively for Qualified Expenses as defined by the plan(s) in which I participate. If the Card is issued pursuant to Employer Plans and I use the Card for an expense that is not a Qualified Expense, I am indebted to my employer and must repay the full amount of the non-qualified expense. I agree to save all invoices and receipts related to any expense paid with the Card; upon request I must submit these documents for review by DPAS. Failure to submit the receipt(s) will cause the expense to be treated as a non-qualified expense and I will be required to remit payment to my employer. Payment may be in the form of an offsetting claim, a personal check, electronic draft from my personal checking or savings account, a post-tax deduction from my paycheck, or other options established by my employer.

☐ I choose Direct Deposit for my payment method.

Routing Transit Number
(All nine boxes must be filled)

Account Number
(Include hyphens, but not spaces and special symbols)

——— ATTACH A VOIDED CHECK HERE ———

DO NOT attach a Deposit Slip because deposit slips often do not show all the necessary information

I understand this salary reduction agreement will remain in effect and cannot be revoked or changed during the Plan year, unless the revocation and new election are on account of and consistent with a change in family status. I hereby certify the above information to be correct and true and choose to participate.

Signature _____ **Date** _____/_____/_____
mm/dd/yy

or I choose not to participate in the FSA.

Signature _____ **Date** _____/_____/_____
mm/dd/yy

DataPath Administrative Services, Inc. | 1601 Westpark Drive, Ste 9 Little Rock, AR 72204 | Toll-Free 877-685-0655
Phone 501-687-6954 | Fax 501-687-3282 | Toll-Free Fax 888-472-6777 | operations@datapathadmin.com | www.datapathadmin.com