



**SUNWEST FLEXIBLE SPENDING ACCOUNT
2010 ENROLLMENT FORM 1/1/10 - 12/31/10**

Participation eligibility after 90 days of Full-Time Employment

INSTRUCTIONS:

- 1 Complete the appropriate sections below.
Return to Sunwest Benefits Department prior to your eligibility date.
- 2 **Please submit enrollment by fax to (602) 386-3575.**

NAME (Please Print)

Social Security No.

Client Company Name

Address

City/State/Zip

Date of Birth

Gender

**HEALTH CARE
SPENDING
ACCOUNT**

This section is to designate pre-tax money to be deducted from your pay for you to use to pay health care expenses (medical, dental, vision, etc) which are not covered or reimbursed to you by your group health insurance plan.

I elect to withhold \$ _____ (Annual total)

Deductions will be withheld over a twelve (12) month plan period.

Maximum allowable is \$3,500 for the plan year.

I do not wish to contribute to this account

**DEPENDENT
CARE SPENDING
ACCOUNT**

This section is to designate pre-tax money to be deducted from your pay to use to pay work-related day care expenses for eligible dependents.

I elect to withhold \$ _____ (Annual total)

Deductions will be withheld over a twelve (12) month plan period.

The Internal Revenue Service (IRS) has set the maximum allowable contributions at \$5,000 per family for a married couple filing jointly or for a single parent. The limit is \$2,500 for a married person filing separately.

I do not wish to contribute to this account.

I understand that the above pre-tax payroll deduction elections are irrevocable until next year's re-enrollment except in the event of a major life change as defined by the IRS described in the enrollment packet and that any money remaining in the Account I set up under Medical or Dependant care will be forfeited after the deadline.

EMPLOYEE'S SIGNATURE

DATE