



Flexible Spending Account Enrollment Agreement
2008 Plan Year

I wish to have my salary redirected for the period through 12-31-2008 in each of the categories below. I understand that a copy of the Participant Plan Information is available at www.asu.edu/hr. I understand this agreement revokes any prior election under this plan and that during the above period this agreement is irrevocable and cannot be changed except due to a Qualified Life Event as outlined by the Plan. This agreement is subject to the terms of the AZ Board of Regents Health and Dependent Care Cafeteria Plan.

ASU ID #
Name Work Phone
Home Address
City State, Zip

Table with 4 columns: Account Type, Per Pay Period (HR Use Only), # of Pay Periods (HR Use Only), Total for the Plan Year, and Not to Exceed. Rows include Medical Account (\$5,000), Dependent Care Account (\$5,000), and I Decline to participate in the Flexible Spending Account Plan.

DIRECT DEPOSIT REIMBURSEMENT (for Flexible Spending Accounts only)

I authorize ASI to credit my checking or savings account number at (name of bank), with my Flexible Spending Account reimbursements. Please attach a voided check and write the bank's routing number:

E-MAIL

I wish to receive my notification of direct deposit reimbursement over the Internet at the following e-mail address

Employee Signature: Date:

Fax to 480.993.0007