



Putnam-Northern Westchester BOCES
Section 125 Benefit Plan
Enrollment Application
Plan Year: October 1, 2008 - September 30, 2009

~ New Address
 ~ New Enrollment
 ~ Current Participant

Name: _____ SS Number: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: (Home) _____ (Work) _____

Email Address (Required): _____

Medical Insurance Premium Plan (Check One):

- I elect to enroll in the Putnam-Northern Westchester BOCES's Medical Insurance Premium Plan, and to have my portion of medical premiums paid on a pre-tax basis, for this and subsequent years.
- I elect to enroll in the Putnam-Northern Westchester BOCES's Medical Insurance Premium Plan, I elect **NOT** to have my portion of medical premiums paid on a pre-tax basis, for this and subsequent years.

Dental Insurance Premium Plan (Check One):

- I elect to enroll in the Putnam-Northern Westchester BOCES's Dental Insurance Premium Plan, I elect to have my portion of dental premiums paid on a pre-tax basis for this and subsequent years.
- I elect to enroll in the Putnam-Northern Westchester BOCES's Dental Insurance Premium Plan, I elect **NOT** to have my portion of dental premiums paid on a pre-tax basis for this and subsequent years..

Vision Insurance Premium Plan (Check One):

- I elect to enroll in the Putnam-Northern Westchester BOCES's Vision Insurance Premium Plan, I elect to have my portion of vision premiums paid on a pre-tax basis for this and subsequent years.
- I elect to enroll in the Putnam-Northern Westchester BOCES's Vision Insurance Premium Plan, I elect **NOT** to have my portion of vision 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 \$200; maximum \$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 Account (For Privately Held Health Insurances) Note: No life insurance premium may be paid through this account.	÷ _____	= \$ _____

- 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 Putnam-Northern Westchester BOCES 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 15, 2008