

Complete this form and return it to your benefits representative

Employee Information

Employer Name _____
 Employee Name _____ Account Number / SSN _____
 Street Address _____ Daytime Phone Number _____
 City _____ State _____ ZIP Code _____
 Date of Birth _____ Date of Hire _____ Gender: Male Female

Do you want to know if Anthem Blue Cross and Blue Shield (Anthem) received and processed your claim? Please provide your email address:

Email Address _____

Elections (Additional plan information can be found at www.anthem.com)

Limited Purpose Flexible Spending Account

NOTE: Health FSA employee salary reductions are limited to \$2,500 for plan years beginning on or after January 1, 2013.

- I elect to participate \$ _____ per pay period x _____ remaining pay periods = \$ _____ Plan Year Total
- I elect to waive coverage

Dependent Care Flexible Spending Account*

Annual maximum allowable is:

- \$5,000 if married filing jointly or single
- \$2,500 if married filing separately

- I elect to participate \$ _____ per pay period x _____ remaining pay periods = \$ _____ Plan Year Total
- I elect to waive coverage

Employee Certification

- I understand I may elect coverage under any or all of the above components;
- I understand that only dental and vision expenses are eligible for reimbursement under the limited purpose plan;
- I understand completion of this form does not guarantee insurance coverage will be initiated and, in most cases, an application for insurance must also be completed;
- I understand the terms of eligibility of this plan do not override the terms of eligibility of each of the available benefit plan options;
- I understand my election is irrevocable for the plan year unless I have a change in status or other qualifying event as defined in the Plan and IRS regulations, and the requested change is on account of and consistent with the event;
- I understand any unused contributions will be forfeited to my employer at the end of the plan year;
- I understand participation in this plan reduces my social security withholdings and could reduce my social security benefits;
- I certify I have read and agree to the terms above.



Employee Signature _____

Date _____

*It is important to note the general annual maximum is set at \$5,000.00, your maximum annual contribution amount may not exceed the earned income limitation. If you are single, the earned income limitation is your salary (excluding your contributions to the dependent care FSA plan). If you are married, the earned income limitation is the lesser of your salary (excluding your contributions to the dependent care FSA plan) or your spouse's salary.

Anthem Blue Cross and Blue Shield is the trade name of: In Colorado: Rocky Mountain Hospital and Medical Service, Inc. HMO products underwritten by HMO Colorado, Inc. In Connecticut: Anthem Health Plans, Inc. In Georgia: Blue Cross and Blue Shield of Georgia, Inc. In Indiana: Anthem Insurance Companies, Inc. In Kentucky: Anthem Health Plans of Kentucky, Inc. In Maine: Anthem Health Plans of Maine, Inc. In Missouri (excluding 30 counties in the Kansas City area): RightCHOICE® Managed Care, Inc. (RIT), Healthy Alliance® Life Insurance Company (HALIC), and HMO Missouri, Inc. RIT and certain affiliates administer non-HMO benefits underwritten by HALIC and HMO benefits underwritten by HMO Missouri, Inc. RIT and certain affiliates only provide administrative services for self-funded plans and do not underwrite benefits. In Nevada: Rocky Mountain Hospital and Medical Service, Inc. HMO products underwritten by HMO Colorado, Inc., dba HMO Nevada. In New Hampshire: Anthem Health Plans of New Hampshire, Inc. In Ohio: Community Insurance Company. In Virginia: Anthem Health Plans of Virginia, Inc. trades as Anthem Blue Cross and Blue Shield in Virginia, and its service area is all of Virginia except for the City of Fairfax, the Town of Vienna, and the area east of State Route 123. In Wisconsin: Blue Cross Blue Shield of Wisconsin (BCBSWI), which underwrites or administers the PPO and indemnity policies; CompCare Health Services Insurance Corporation (CompCare), which underwrites or administers the HMO policies; and CompCare and BCBSWI collectively, which underwrite or administer the POS policies. Independent licensees of the Blue Cross and Blue Shield Association. © ANTHEM is a registered trademark of Anthem Insurance Companies, Inc. The Blue Cross and Blue Shield names and symbols are registered marks of the Blue Cross and Blue Shield Association.