

**Complete and return to your employer**

Group Information		
Group Name: _____ Further Group Number: _____		
Location Name (if applicable): _____		
Employee Information		
SSN#: _____ Primary Phone: _____		
Last Name: _____ First Name: _____ Middle Initial: _____		
Street Address: _____		
City: _____ State: _____ ZIP Code: _____		
Email Address: _____ Date of Birth: _____		
Account Information		
<b>Dependent Care Flexible Spending Account:</b>		
IRS Annual Maximum: \$5,000.00 (\$2,500 if married and filing separate tax returns)		
Effective Date _____ (To be provided by group contact)		
<input type="checkbox"/> I want to contribute a total of \$ _____ during this plan year to my Dependent Care Flexible Spending Account. I understand this amount will be deducted from my pay throughout the plan year.		
Signature		
I have reviewed the above elections and understand my choices will remain in effect for the entire Plan Year, unless I experience a change in status as defined by the IRS. It is also my understanding that any funds remaining in my accounts at the end of the Plan Year may be forfeited.		
<b>Signature:</b> _____		<b>Date:</b> _____

**Employees:** Complete and return this form to your employer.

**Employers:** Save time by entering this information online at least 30 days prior to your plan start date. Sign into Online Group Service Center at [mymoneybcsvt-group.hellofurther.com](http://mymoneybcsvt-group.hellofurther.com). Questions? Call Group Leader Services at 1-866-999-2605.

**Send via secured email only:**  
[mymoneybcsvt.documents@hellofurther.com](mailto:mymoneybcsvt.documents@hellofurther.com)

**Fax to:**  
866-231-0214

**Mail to:**  
PO Box 982814  
El Paso, TX 79998-2814