HARRISON FLEXIBLE BENEFIT PLAN

Future Contributions Election Form

Step 1. PERSONAL DATA

(Please print clearly)

_____
Social Security Number

_____
Last Name First Name MI

_____
Street Address

_____
City State Zip

Phone Number
_____

Step 2. CONTRIBUTIONS

Instructions: Choose how your **future** contributions will be allocated between accounts. **(If no election is made, contributions will be placed in the Premium Reserve Account.)**

I elect to allocate my future contributions from my employer reports between the following account(s). **(Must be in 1% increments and must total 100%).**

Wage Replacement _____

Premium Reserve* _____

TOTAL 100%

Office Use Only
Date Received_____
Date Processed _____

Step 3. MEDICAL REIMBURSEMENT-FUTURE CONTRIBUTIONS

Instructions: Choose the percentage of future contributions going into Premium Reserve that you would like automatically moved **MONTHLY** into the Medical Reimbursement Account.

Medical Reimbursement (monthly) ___%

Step 4. SIGNATURE

I understand that the information on this form will stay in effect until future changes are made in writing during a designated semi-annual election period.

_____
Signature

_____
Date

Step 5. RETURN WHITE COPY TO:

Harrison Flex
PMB #116
5331 S Macadam Ave, Ste 258
Portland, OR 97239
fax 503-208-9224
Email pdxflexclaims@benesys.com

UNDER NO CIRCUMSTANCES MAY YOU MAKE A RETROACTIVE CHANGE.

***During the semi-annual election periods, in January and July, you are able to move funds from the Premium Reserve Account to the Medical Reimbursement Account and the Dependent Care Account.**