

Lumin Education Section 125 – Cafeteria Plan Enrollment Form

Please complete this form, sign and return to your employer.

STEP One: Complete Your Personal Information

Employee Name				Social Security #	
School Name	<input type="checkbox"/> Lumin <input type="checkbox"/> Lumin LPCS/EDCC <input type="checkbox"/> Lumin EDCS <input type="checkbox"/> Lumin BLCS			e-mail	
Address					
City		State		Zip/Postal Code	
Date of Birth		Date of Hire		Number of Paychecks per Year	24

STEP Two: Make Your Elections Among The Following

OPTION A: HEALTH CARE REIMBURSEMENT ACCOUNT ELECTION

I elect to contribute \$_____ per pay period, which is \$_____ per plan year, to fund this account for reimbursement of qualifying health, dental and orthodontic expense not reimbursable to me through any other source. The maximum amount per calendar year is \$2,600 and I can be reimbursed for expenses incurred by any of my dependents – even if they are not covered by my insurance plan.

By enrolling in this portion of the plan, I understand that my Employer is the Plan Administrator and, as such, Simpkins & Associates, Inc. may occasionally need to discuss my claims with the Plan Administrator or provider to accomplish payment. When necessary, I hereby grant permission for such communications.

OPTION B: DAY CARE REIMBURSEMENT ACCOUNT ELECTION

I elect to contribute \$_____ per pay period, which is \$_____ per plan year, to fund this account for reimbursement of qualifying day care expenses. The maximum amount per calendar year is the lesser of: (1) \$5,000 for married filing jointly or single, head of household, (2) \$2,500 for married filing separately, or (3) your spouse's total annual compensation (exceptions for students or disabled – see Administrator).

STEP Three: Read, sign and date

My Employer and I hereby agree that my taxable compensation will be reduced each pay period by the amounts specified above. I understand that I may change my elections during the plan year **ONLY** if I experience certain changes in the status of my family and I can change my elections to this plan for subsequent plan years. Additionally, any mid-year changes to my Medical Reimbursement account are limited to increases only. Any qualify expenses that I submit will be reimbursed to me tax-free. Any contributions that I do not use during the plan year cannot be paid to me in cash or used in a subsequent plan year after the expiration of my plan's grace period. I acknowledge that I have received and understand the Summary Plan Description for this benefit plan.

Employee's Signature		Date	
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