

ENROLLMENT FORM

Flexible Spending Arrangement Presbytery of Lake Michigan

Name _____

Address _____

Social Security Number _____

Effective starting date _____

Annual gross salary _____

In accordance with the Flexible Spending Arrangement of the Presbytery of Lake Michigan, I elect the following deductions from my annual gross salary for deposit in appropriate Flexible Spending Arrangement accounts. I understand the amounts I have elected are available to me upon submission of appropriate vouchers and receipts in accordance with the Flexible Spending Arrangement and agree to forfeit any unused balance in the account at the end of the Arrangement year.

Health care expenses \$ _____

Dependent day care expenses \$ _____

Retirement savings \$ _____

I authorize the Treasurer of the Presbytery of Lake Michigan to make payroll deductions from my gross salary for deposit in the flexible spending accounts to equal the sum I have indicated for each account.

(Signature)

(Date)