take care® Flex Benefits Plan

Enrollment Form



Employer Rialto Unified School District Employee Name (First, Last) Date of Birth (MM-DD-YYYY) Date Hired (MM-DD-YYYY) Date Hired (MM-DD-YYYY) Home (Street) Address City State Zip Home Phone Email Finance In the state of the Secolis Card to pay for qualified plan expenses. If you would also like to receive a Card for work sponse or dependent (lase 18 wars or affer) you may do so by logging into your account all www.lake.pare/Wage/Vorks.com. Plan Year start 07/01/2022 ends 06/30/23 Certificated-10 Monthly Deductions or Classified-20 Semi-Monthly Deductions OPTION 1 Health Care Account YES Lelect to contribute \$ [(before taxes) for the PLAN YEAR, which is \$ [per pay period to fund my account that pay qualified out-of-pocket healthcare expenses that are not covered by my employer's health plan or any other health plan, NO I dectine this option for this plan year and understand that I will lose all tax savings that I could receive as a participant. OPTION 2 Dependent Care Account This pays for day care expenses for a dependent child, adult or elder, so that you may work. Eligible services include: nursery school, nanny, befor and after school care through age 12, day care for a disabled adult or child, elder day care for parent or dependent, day camp through age 12. YES Lelect to contribute \$ [(before taxes) for the Plan Year, which is \$ [per pay period to fund my account that pay qualified dependent daycare or elder care expenses. NO I decline this option for this plan year and understand that I will lose all tax savings that I could receive as a participant. OPTION 3 Agreement to Save Taxes on Insurance Premiums YES On the appropriate benefit enrollment form, I have enrolled in certain employer-sponsored insurance benefits (i.e. health insurance effect) that change.	PLEAS	E PRINT. All infor	mation is	required o	r vour ei	nrollm	ent ca	nnot b	e prod	esse	d.						
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ynthia Goodnick (909) 931-4566 fax or email Cynthia_goodnick@us.aflac.com	ynthia	Goodnick (90	9) 931-45	66 fay or	r emai	il Cun	thia d	rood:	nick@	uc of	lac c	-000					
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APORTANT: Please read the following before signing this enrollment form. My employer and I agree that my taxable income will be reduced each pay period during the year by qual portion of the benefit elections set forth above and that qualified expenses will be paid on a tax-free basis. I understand that I may change my election in the event of cer hanges in my status and that, prior to the first day of each plan year, I will be offered the opportunity to change my benefit election for the upcoming plan year. I acknowle have received, read, and understand the Summary Plan Description. I understand that the take care® Card is available to pay only qualified expenses and that qualified expenses paid with the Card cannot be reimbursed by any other plan and that I will not seek reimbursement for expenses paid with the Card from any other source. I understand that when using the take care® Card I must keep all receipts and that, on occasion, I may be asked for documentation of charges made with my Card. I also understand that ayment is made that is not for qualified expenses, I will repay my employer. For any expenses not repaid by me, I authorize my employer to deduct the amount from my paych for permitted by state law).	hanges in nat I have expenses pa nat when u	my status and that, prior received, read, and unde aid with the Card cannot sing the take care® Carc made that is not for quali	r to the first day erstand the Sur be reimbursed I I must keep al	e and that qualify of each plan y mmary Plan Des by any other pla ll receipts and the	fied expense rear, I will be scription. I t an and that I hat, on occa	es will be per e offered to understan I will not session. I ma	paid on a the oppored that the eek reim	tax-free tunity to take co bursement	basis. I u change are® Card ent for ex	ndersta my bene I is avail penses tion of c	nd that efit elect lable to paid wi	I may ch tion for I pay only th the Ca	ange m the upo y qualit and from	y election coming plant fied expension of any oth	n in the lan yea enses a er sour	e event r. I acki nd that ce. I un	of certain nowledge qualified derstand
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