take care® Flex Benefits Plan

Enrollment Form



PLE	\SE	PR	NT.	All ir	nfor	mat	ion i	s re	quire	ed o	or yo	ur e	nrol	lm	nent	cann	ot be	pro	cess	ed.									
Employer										Social Security Number																			
Empl	oye	e Nai	ne (F	irst,	Last)																							
Date of Birth (MM-DD-YYYY)																Da	ite Hi	red (MM-D	D-Y'	YYY)								
Home (Street) Address																								ΑP	эт П				
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City [<u> </u>													S	itate				Zip [
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YES	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 I elect to contribute \$														t pays														
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