

take care[®] Flex Benefits Plan Enrollment Form



PLEASE PRINT. All information is required or your enrollment cannot be processed.

Employer Hagerstown Community College Social Security Number [redacted]

Employee Name (First, Last) J o h n S m i t h

Date of Birth (MM-DD-YYYY) 0 1 0 1 1 9 7 0 Date Hired (MM-DD-YYYY) [redacted]

Home (Street) Address 1 2 3 M a i n S t r e e t APT. [redacted]

City A n y t o w n State M D Zip 2 1 7 4 0

Home Phone 2 4 0 5 0 0 2 0 0 0 Email youremail@gmail.com

By enrolling in the plan, you will receive a take care[®] Flex Benefits Card to pay for qualified plan expenses. If you would also like to receive a Card for your spouse or dependent (age 18 years or older), you may do so by logging in to your account at www.takecareWageWorks.com.

Employer to complete or enrollment cannot be processed.

Plan year start (MM/DD/YY) [redacted] / [redacted] / [redacted] and end [redacted] / [redacted] / [redacted]. First payroll start date [redacted] / [redacted] / [redacted].

No. of Pays [redacted] Dept. [redacted]

OPTION 1 Healthcare Account

- YES** I elect to contribute \$ [redacted] (before taxes) for the PLAN YEAR, which is \$ [redacted] per pay period to fund my account that pays qualified out-of-pocket healthcare expenses that are not covered by my employer's health plan or any other health plan.
- 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 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, before 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 \$ [redacted] (before taxes) for the Plan Year, which is \$ [redacted] per pay period to fund my account that pays 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). I understand that my share of the premium for these employee benefits will automatically be paid with pre-tax dollars. I also understand that if my required contributions for these insurance benefits are increased or decreased while this agreement is in effect, my taxable income will automatically be adjusted to reflect that change.
- 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 4 Additional Benefit (please insert description provided by your HR department, if applicable)

- YES** I elect to contribute \$ [redacted] (before taxes) for the Plan Year, which is \$ [redacted] per pay period for funding reimbursement of this additional benefit outlined by my HR department.
- 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.

IMPORTANT: 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 an equal 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 certain changes 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 acknowledge that I 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 if a payment 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 paycheck (if permitted by state law).

Employee signature [redacted] Date [redacted]

Return completed form to your employer.

DO NOT COMPLETE SSN or Date Hired. Do not complete employer, employee name, DOB, address, phone, email. HR will fill in SSN and hire date upon receipt.

This is for employer to complete

To opt in for healthcare account, check yes and elect amount up to \$2,750. Select no to decline.

To opt in for Dependent Care account, check yes and elect amount up to \$5,000. Select no to decline.

Select yes to have funds paid with pre-tax dollars

Select No. This option is not applicable

BE SURE TO SIGN AND DATE YOUR DOCUMENT!

To sign this document:

1. Click on the Employee Signature field

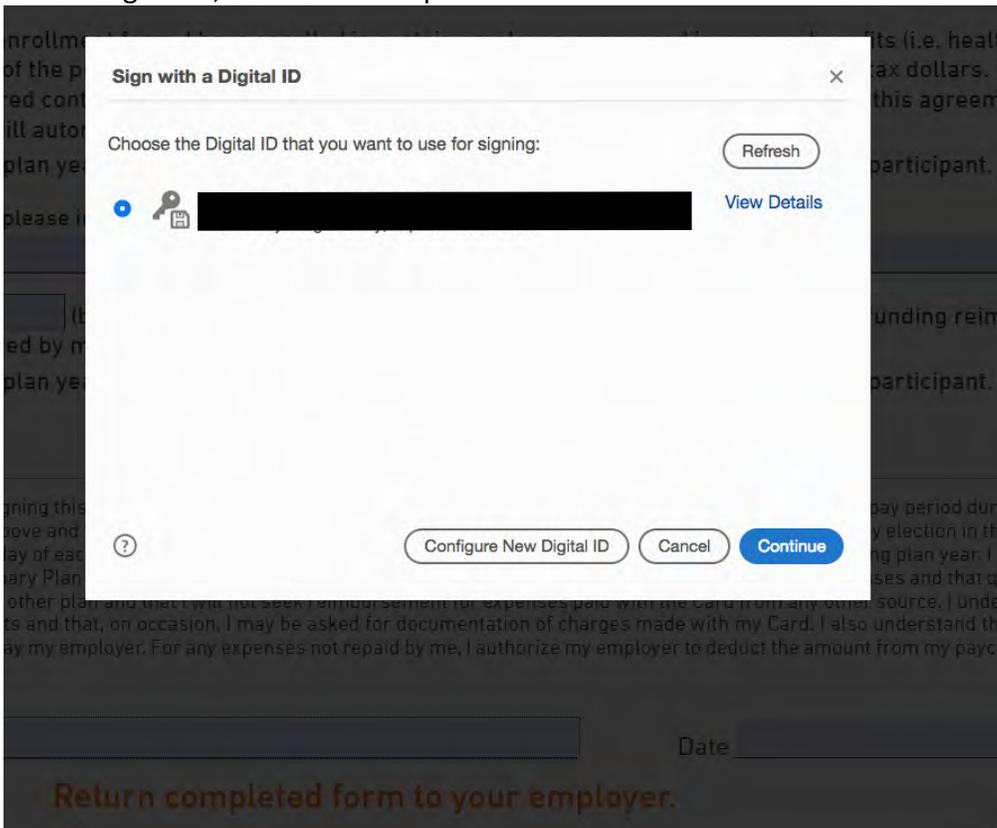
paid with the Card cannot be reimbursed by any other plan and that I will not seek reimbursement for expenses paid with the using the take care® Card I must keep all receipts and that, on occasion, I may be asked for documentation of charges made made that is not for qualified expenses, I will repay my employer. For any expenses not repaid by me, I authorize my employer (by state law).

Employee signature

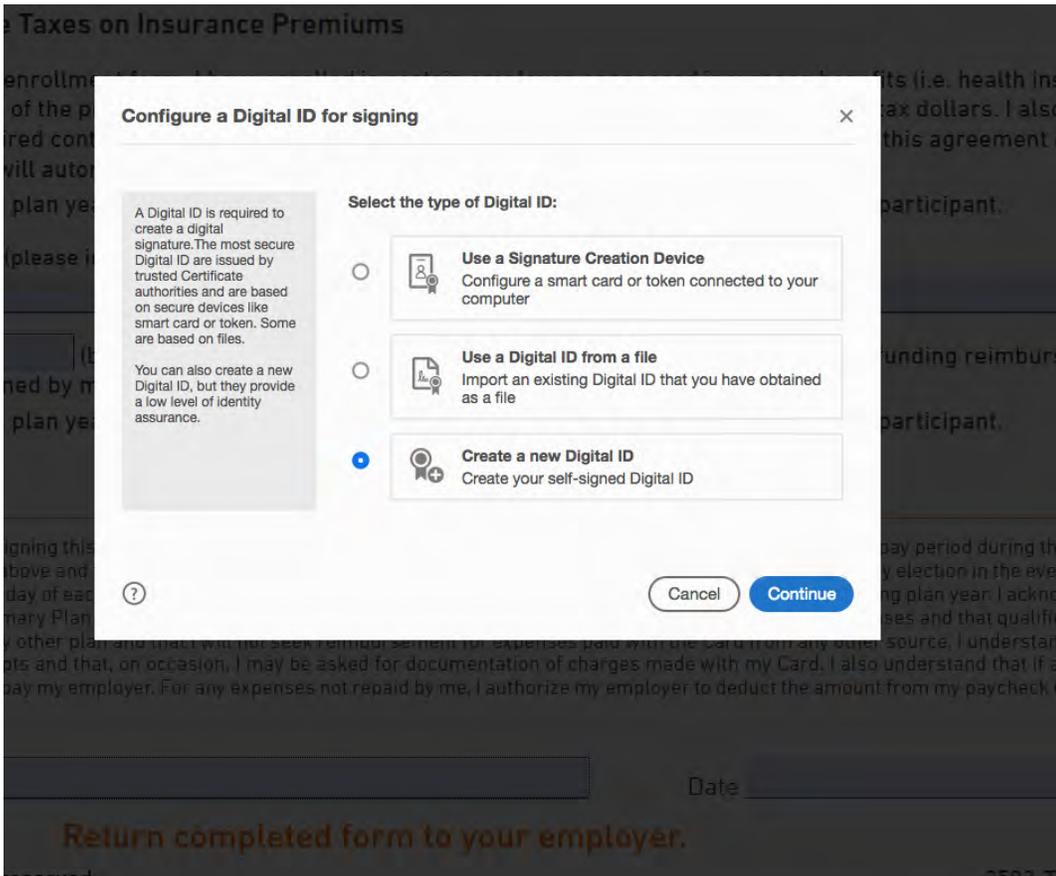
Return completed form to your employer.

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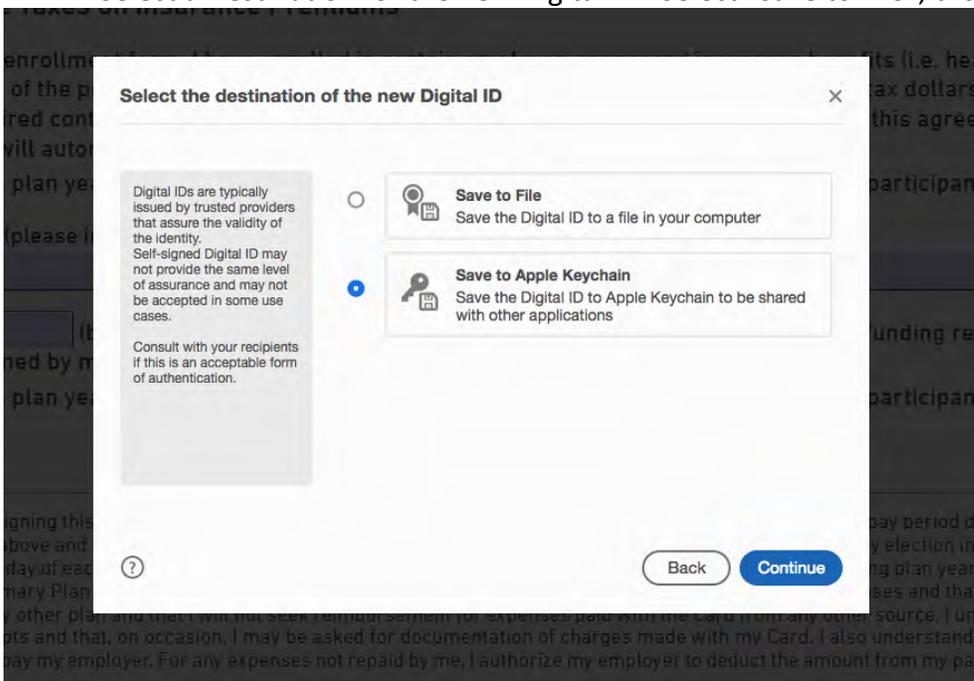
2. If you already have a Digital ID set up on your computer, a menu should appear asking which Digital ID you would like to use. Select your Digital ID and click continue to step 9. If you have not configured a digital ID, continue to step 3.



3. If you need to configure a Digital ID, this menu should appear. Select the option you would like. The first option may ask you to download a program. The second option is to choose an ID from file (this should not apply if you have not created one). Select the third option, Create a new Digital ID. Click continue.



4. Select a Destination for the new Digital ID. Select "Save to File", click continue.



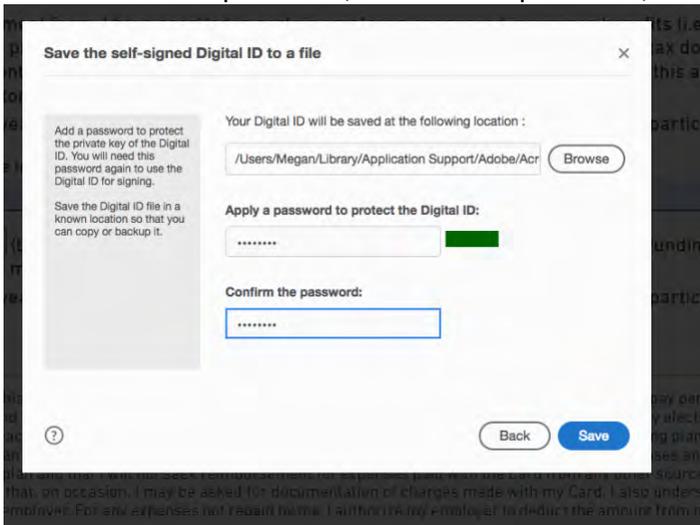
5. Fill in the required information, which is name and email address. You may also enter your organization name/unit if you choose. Select continue.

The screenshot shows a modal window titled "Create a self-signed Digital ID" with a close button (X) in the top right corner. On the left side of the modal, there is a grey box containing two paragraphs of text: "Enter the identity information to be used for creating the self-signed Digital ID." and "Digital IDs that are self-signed by individuals do not provide the assurance that the identity information is valid. For this reason they may not be accepted in some use cases." Below this text is a question mark icon. The main form area contains several fields: "Name" with the value "Your Name"; "Organizational Unit" with the placeholder "Enter Organizational Unit..."; "Organization Name" with the value "Hagerstown Community College"; "Email Address" with the value "yourname@hagerstowncc.edu"; "Country/Region" with a dropdown menu showing "US - UNITED STATES" and a checkmark icon; "Key Algorithm" with a dropdown menu showing "2048-bit RSA"; and "Use Digital ID for" with a dropdown menu showing "Digital Signatures". At the bottom of the modal are two buttons: "Back" and "Continue".

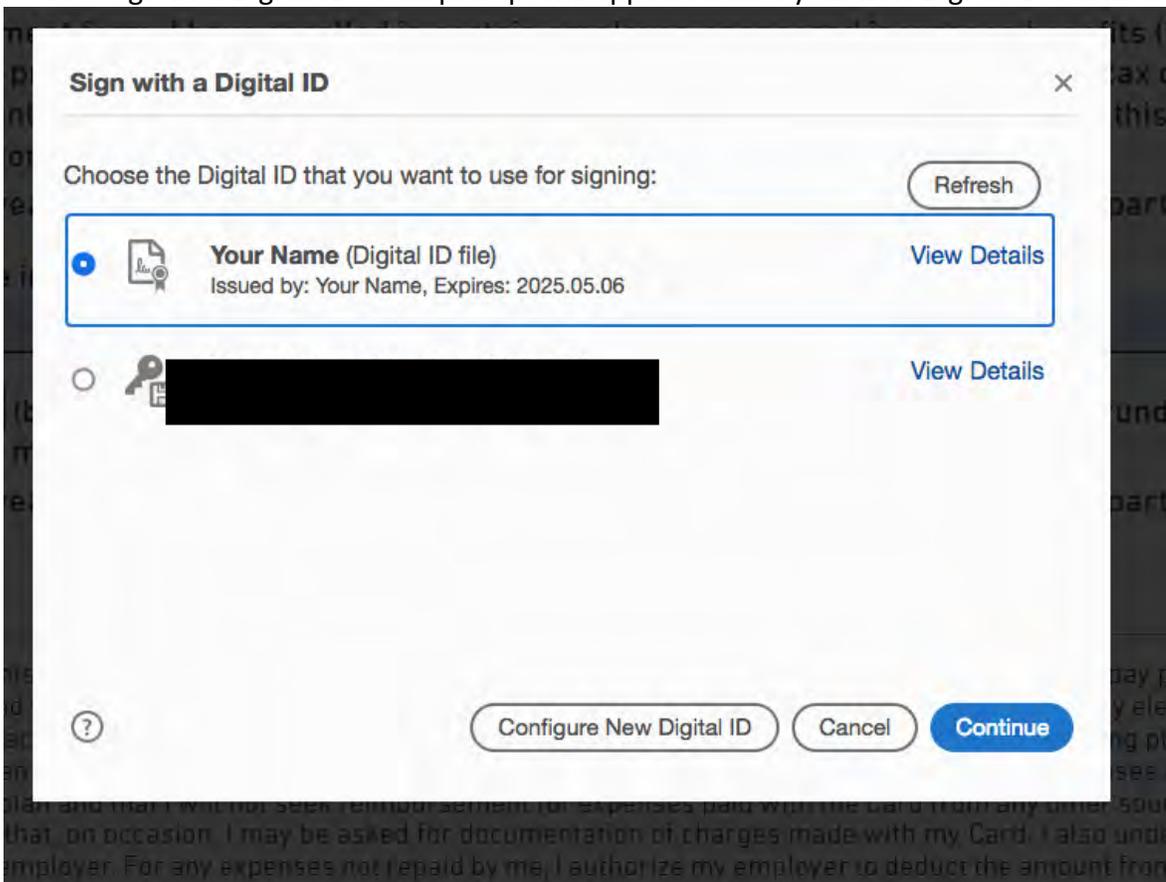
6. Choose a location on your device to save the signature.

The screenshot shows a modal window titled "Save the self-signed Digital ID to a file" with a close button (X) in the top right corner. On the left side of the modal, there is a grey box containing two paragraphs of text: "Add a password to protect the private key of the Digital ID. You will need this password again to use the Digital ID for signing." and "Save the Digital ID file in a known location so that you can copy or backup it." Below this text is a question mark icon. The main form area contains the following elements: "Your Digital ID will be saved at the following location :" followed by a blacked-out text field and a "Browse" button; "Apply a password to protect the Digital ID:" followed by an empty text input field; and "Confirm the password:" followed by another empty text input field. At the bottom of the modal are two buttons: "Back" and "Save".

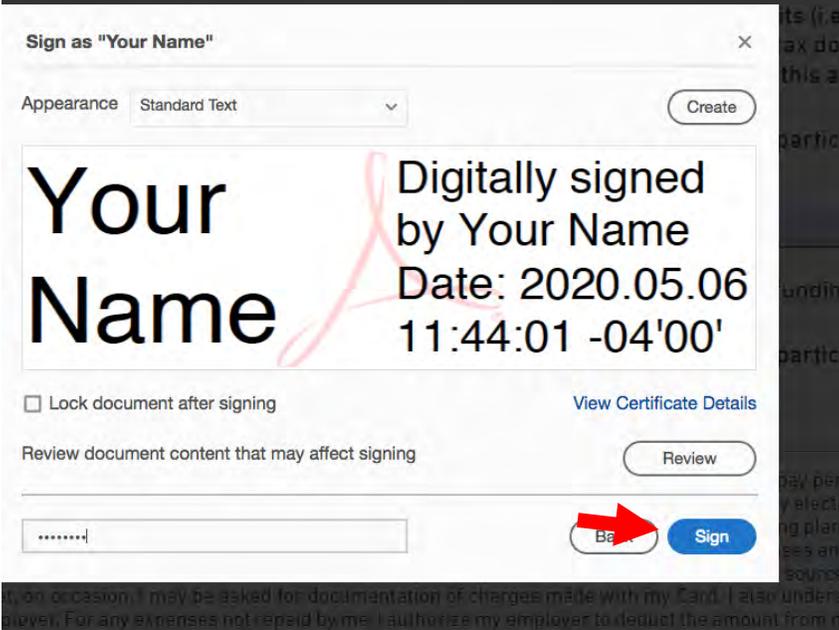
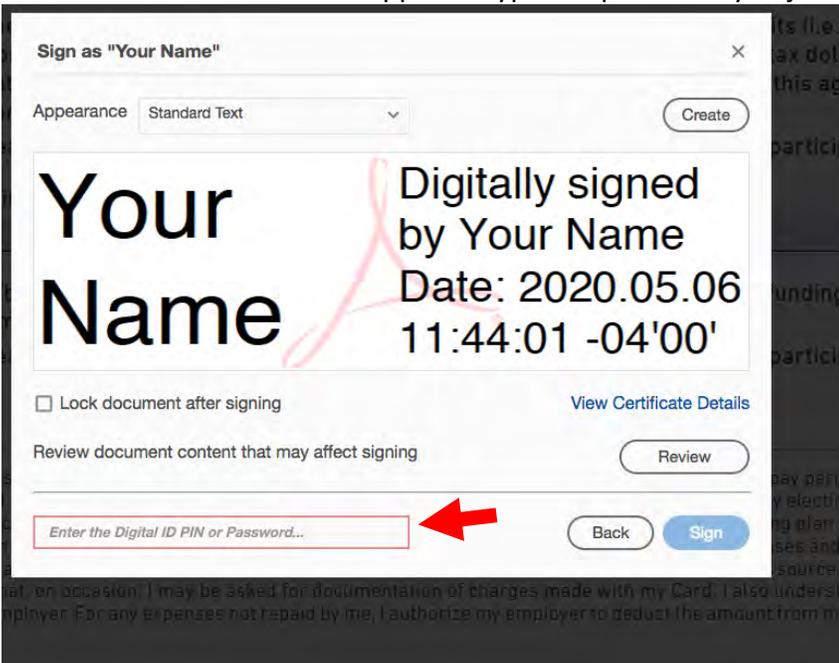
7. Create a password, confirm the password, and click save.



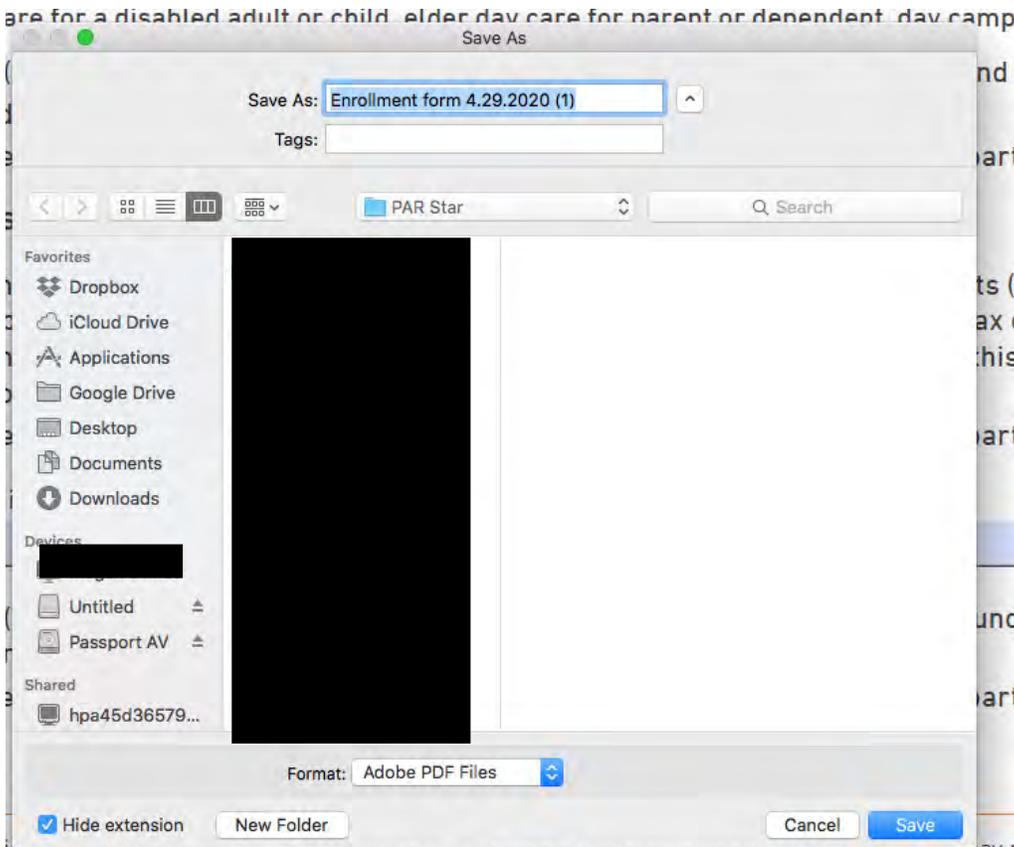
8. Sign with Digital ID menu prompt will appear. Select your new Digital ID and click continue.



9. This window should appear. Type the password you just created into the red box and click sign.



10. You will be prompted to save the signed document. Chose a file name and location and click save.



11. The document should open in Adobe with your digital signature. Return to HR as an attachment to your email.

IMPORTANT: Please read the following before signing this enrollment form. My employer and I agree that my taxat equal portion of the benefit elections set forth above and that qualified expenses will be paid on a tax-free basis. I changes in my status and that, prior to the first day of each plan year, I will be offered the opportunity to change m I have received, read, and understand the Summary Plan Description. I understand that the take care® Card is ava paid with the Card cannot be reimbursed by any other plan and that I will not seek reimbursement for expenses p using the take care® Card I must keep all receipts and that, on occasion, I may be asked for documentation of cha made that is not for qualified expenses, I will repay my employer. For any expenses not repaid by me, I authorize my by state law).

Employee signature Your Name

Digitally signed by Your Name
Date: 2020.05.06 11:44:50 -04'00'

Return completed form to your emp

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***Please remember DO NOT TYPE YOUR SSN on the form. HCC's firewall protection will prevent the recipient from receiving your email.**