



Formerly SelectAccount®

## DEPENDENT CARE FLEXIBLE SPENDING ACCOUNT ENROLLMENT FORM

**Complete and return to your employer**

Group Information		
Group Name: _____	Further Group Number: _____	
Location Name (if applicable): _____		
Employee Information		
SSN#: _____	Primary Phone: _____	
Last Name: _____	First Name: _____	Middle Initial: _____
Street Address: _____		
City: _____	State: _____	Zip Code: _____
Email Address: _____	Date of Birth: _____	
Account Information		
<b>Dependent Care Flexible Spending Account:</b>		
IRS Annual Maximum: \$5000.00 (\$2500 if married and filing separate tax returns)		
Effective Date _____ (To be provided by group contact)		
<input type="checkbox"/> I want to contribute a total of \$ _____ during this plan year to my Dependent Care Flexible Spending Account. I understand this amount will be deducted from my pay throughout the plan year.		
Signature		
I have reviewed the above elections and understand my choices will remain in effect for the entire Plan Year, unless I experience a change in status as defined by the IRS. It is also my understanding that any funds remaining in my accounts at the end of the Plan Year may be forfeited.		
Signature: _____		Date: _____

**Employees:** Complete and return this form to your employer.

**Employers:** Save time by entering this information online at least 30 days prior to your plan start date. Sign into Online Group Service Center at [hellofurther.com](http://hellofurther.com). Questions? Call Group Leader Services at 1-888-460-4013.

**Send via secured email only:**  
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