

# IBIS 125-Flex Advantage Plan Employee Election Form

Return to: 105/125 Department  
800.258.1415 phone  
515.286.4244 fax

Iowa Bankers Insurance & Services, Inc  
PO Box 6210  
Johnston, IA 50131

<b>Employer Name/Location</b>	<b>Billing/Routing Number</b>	* Check One <input type="checkbox"/> New Election <input type="checkbox"/> Renewal Election
Employee Last Name	Employee First Name	Maximum Med FSA Contribution
		Maximum DCAP Contribution
PO Box	Date Employed	Date of Birth
Street Address	1st Payroll Deduction Date	Social Security Number
City	State/zip	Number of Pay Periods

<b>Election Information</b>			
<u>BENEFIT</u>	<u>Employee Annual Amount</u>	<u>Employer Annual Amount</u>	<u>Per Payroll Amount</u>
1a. Unreimbursed Medical Expense (Med FSA)	\$ _____	\$ _____	\$ _____
1b. Limited Scope FSA (Dental/Vision only)	\$ _____	\$ _____	\$ _____
2. Dependent Care (DCAP)	\$ _____	\$ _____	\$ _____
3. Health Savings Account Contribution (HSA)	\$ _____	\$ _____	\$ _____
4. Premiums (Amount Supplied by Employer)			
<input type="checkbox"/> Group Health Premium	<input type="checkbox"/> Dental/ Vision Premium	<input type="checkbox"/> Other Premium	

**Check & Initial**

I hereby authorize and request the following amounts be deducted from my salary. I understand the purpose of this program is to allow employees to select their qualified benefits within the guidelines of the Internal Revenue Code 125. I have been offered the company SPD for the plan. This election form will remain in effect and cannot be revoked or changed during the plan year, unless the revocation and new election are within the guidelines of the Change of Status governed by the IRS. I hereby certify the above information to be correct and authorize participation in this plan.

I acknowledge that one or more members of my family  are covered  are not covered by a **Health Savings Account (HSA)**.

I acknowledge I will not receive reimbursement for claims submitted to Iowa Bankers Insurance Services, Inc. (IBIS) through another health or Flex Plan.

**AUTHORIZATION AGREEMENT FOR AUTOMATIC DEPOSIT (ACH CREDIT):** I hereby authorize IBIS to initiate the credit entry for reimbursements, if necessary, debit entries for any adjustments to the account I have identified below.  
I understand that the notice of deposit is not a guarantee that funds have been received by my financial institution.  
I acknowledge this authorization is binding and may only be altered or cancelled upon written notification from me.

**AUTHORIZATION AGREEMENT FOR ELECTRONIC EXPLANATION OF BENEFITS (EOB) NOTIFICATION AND ONLINE ACCESS:** I hereby authorize Iowa Bankers Insurance and Services to send an electronic notification, whenever possible, to the email address provided on this form for notification that my EOBs are available online by clicking on the link in the email notification or by logging in to the IBIS website and to stop mailing paper copies of EOBs to me.  
**Note:** This authorization for online access to EOBs will remain in effect until you notify Iowa Bankers Insurance and Services that you wish to cancel this authorization. You must notify IBIS by sending an email to flexadmin@bankers-ins.com or by faxing a written notice to 515-286-4244.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Email Address \_\_\_\_\_

**PLEASE ATTACH A COPY OF A VOIDED CHECK ON A 8.5 X 11 SHEET OF PAPER (only if changing)**

<b>Bank Name</b>	<b>Routing/Transit Number</b>	<b>Account Number</b>	<input type="checkbox"/> <b>Checking</b> <input type="checkbox"/> <b>Savings</b>
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**TO DECLINE PARTICIPATION**

The benefits of the plan have been thoroughly explained to me, but I choose NOT TO PARTICIPATE in the plan.

Signature \_\_\_\_\_ Date \_\_\_\_\_