



Enrollment Form

You must complete this form to start a tax-free account for either or both programs.

Form with fields: Name (Last, First, MI), Social Security Number, Date of Birth, Street Address, City, State, ZIP Code, Daytime Phone, Home Phone, Agency or Higher-Education Institution Name, Employee I.D. (Higher Education only), Enrollment Status (Open Enrollment, New Hire, Career Seasonal/Contract Employee).

Dependent Care Assistance Program (DCAP) Enrollment -- For child/elder daycare expenses. Includes instructions, 'DO NOT include medical expenses...', and Annual Salary Reduction Amount field.

Washington Flex Flexible Spending Account (FSA) Enrollment For health care expenses for you and your tax dependents. Includes instructions and Annual Salary Reduction Amount field.

How do you prefer ASIFlex to reimburse you for your claims? (select either Direct Deposit or Check). Direct Deposit options and bank information fields.

If you choose to have your reimbursements deposited into your checking or savings account, how do you prefer ASIFlex to notify you of the deposit? Check: If you choose to receive reimbursement by check, select this box.

- I understand: I have requested tax-free paycheck deductions based on the number of paychecks I expect to receive in 2010. The DCAP and FSA benefits, and my rights and obligations under this plan, as specified in the DCAP Program Summary and the Washington Flex Enrollment Guide. Elections during open enrollment are effective January 1, 2010 and are collected equally from each paycheck I will receive throughout 2010, or during my initial contracted period of employment with the State of Washington.

Employee signature \_\_\_\_\_ Date \_\_\_\_\_

Community college employees: During open enrollment, fax this form (toll-free) to ASIFlex at 1-877-879-9038 or mail to ASIFlex, P.O. Box 6044, Columbia, MO 65205-6044. Outside of open enrollment employees must return this form to their benefits office for processing. If you work at a state agency, or the University of Washington fax this form (toll-free) to ASI at 1-877-879-9038 or mail to ASIFlex, P.O. Box 6044, Columbia, MO 65205-6044. All other university employees: Please return this form to your benefits office for processing.

Questions? Call ASIFlex toll-free at 1-800-659-3035 (TTY 1-866-908-6043) or send an e-mail to asi@asiflex.com