

**OPEN ENROLLMENT**  
**October 13, 2008 through October 31, 2008**



**CHILD AND ADULT DAY CARE SPENDING ACCOUNT**

**Flexible Spending Account Plan  
Enrollment for 2009**

**ORNL Benefits**  
1009 Commerce Park, Suite 350  
MS-6465  
Oak Ridge, TN 37830  
Phone 865-574-7474  
Fax 865-241-3213

**PERSONAL INFORMATION**

BADGE NUMBER	EFFECTIVE DATE <i>(Date of hire or qualifying event date)</i>	SOCIAL SECURITY NUMBER
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NAME (PLEASE PRINT OR TYPE)

ADDRESS - STREET	CITY	STATE	ZIP CODE
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**SPENDING ACCOUNT ELECTION FOR CHILD AND ADULT DAY CARE SPENDING ACCOUNT**

I ELECT TO PARTICIPATE IN THE **CHILD AND ADULT DAY CARE** SPENDING ACCOUNT FOR THE YEAR 2009. I DIRECT AND AUTHORIZE MY EMPLOYER TO REDUCE MY SALARY FOR THE YEAR 2009 BY \$ \_\_\_\_\_ (**ANNUAL ELECTION**). (PLEASE ENTER THE AMOUNT OF YOUR ANNUAL ELECTION FOR **CHILD AND ADULT DAY CARE**. IT MUST BE AT LEAST \$100.) THE MAXIMUM ANNUAL ELECTION FOR THE YEAR 2009 IS \$5,000.

I UNDERSTAND THAT I WILL BE TAXED ON ANY REIMBURSEMENTS FROM MY **CHILD AND ADULT DAY CARE** SPENDING ACCOUNT FOR THE YEAR 2009 THAT EXCEED \$5,000 (OR \$2,500 FOR A MARRIED PERSON FILING SEPARATELY). I ALSO UNDERSTAND THAT I WILL BE TAXED ON ANY REIMBURSEMENTS FROM MY **CHILD AND ADULT DAY CARE** SPENDING ACCOUNT FOR THE YEAR 2009 THAT EXCEED MY EARNED INCOME FOR THE YEAR 2009 OR, IF I AM MARRIED, MY SPOUSE'S EARNED INCOME IF LESS. [YOUR SPOUSE WILL BE DEEMED TO HAVE INCOME OF \$250 PER MONTH (\$500 PER MONTH IF YOU HAVE TWO OR MORE DEPENDENTS) IF YOUR SPOUSE IS A FULL-TIME STUDENT FOR AT LEAST FIVE MONTHS OR IS PHYSICALLY OR MENTALLY INCAPABLE OF SELF-CARE.]

- ◆ I UNDERSTAND THAT A **CHILD AND ADULT DAY CARE** SPENDING ACCOUNT ELECTION IS EXCLUSIVELY FOR DAY CARE AND THE LIKE FOR MY DEPENDENTS.
- ◆ I UNDERSTAND THAT EXPENSES MUST BE **INCURRED** IN THE YEAR 2009 OR DURING THE GRACE PERIOD FROM JANUARY 1, 2010, THROUGH MARCH 15, 2010, AND THAT ANY MONEY IN MY FLEXIBLE SPENDING ACCOUNT THAT IS UNCLAIMED BY MARCH 31, 2010, WILL BE **FORFEITED**.
- ◆ FINALLY, I ALSO UNDERSTAND THAT I CANNOT CHANGE THE ELECTION MADE ON THIS FORM DURING 2009, UNLESS I HAVE A QUALIFYING EVENT THAT IS LISTED ON ORNL-702 AND THAT THE CHANGE MUST BE MADE WITHIN 30 DAYS OF THE QUALIFYING EVENT.

DESCRIPTION OF QUALIFYING EVENT

SIGNATURE OF EMPLOYEE	DATE
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Return this form along with a completed Direct Deposit Enrollment Form For Flexible Spending Account Reimbursements, ORNL-703, to:

**ORNL Benefits**  
**P. O. Box 2008**  
**Oak Ridge, TN 37831-6465**

OR

**ORNL Benefits**  
**1009 COM**  
**MS-6465**



**ORNL Benefits**  
1009 Commerce Park, Suite 350  
MS-6465  
Oak Ridge, TN 37830  
Phone 865-574-7474  
Fax 865-241-3213

## Direct Deposit of Flexible Spending Account Reimbursements

### Flexible Spending Account

**PLEASE ATTACH A VOID CHECK HERE  
DEPOSIT SLIPS NOT ACCEPTED**

### INSTRUCTIONS (Please print all information legibly).

1. Attach a void check if you designate a checking account. **Do not submit a deposit slip.** If you designate a savings account attach a completed Savings Account Direct Deposit Form from your financial institution.
2. Please sign and date the form. Omission of signature will delay processing.
3. Mail completed form to the address indicated at the bottom of the page.
4. Notify Ceridian immediately of any account changes or account closings.

Direct Deposit authorization requires that all account and bank routing numbers be verified for accuracy before any funds are transferred. Eligible claims submitted during the 10-day verification period will be reimbursed with a check. After the verification period, reimbursements will be posted to your bank account two to four days after the scheduled reimbursement date. You will receive a Reimbursement Statement through the mail. Always verify your statement to make sure it is not a negotiable check.

### EMPLOYEE INFORMATION

First Name	Last Name
Social Security Number	Daytime Telephone
Employer Name	Client Code

### BANK INFORMATION

Check only one:	Set up Direct Deposit for:
	Checking (attach void check above)
	Savings (attach a Savings Account Direct Deposit Form from your financial institution)
	Change Account Information
	Cancel Direct Deposit

Full Bank Name	Telephone
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Bank Routing Number (9-digit number on lower left of check)

Bank Account Number (to 17-digits)

### IMPORTANT

- The designated account must be in your name.
- Processing of your Direct Deposit information will be delayed if you do not include both the bank account number and the bank routing number. Call your bank if you are unsure of your bank account information.

### AUTHORIZATION

I hereby authorize Ceridian to initiate credit entries for depositing my Flexible Spending Account (FSA) reimbursements into my account designated above and, if necessary, make corrections for any entries made to my account in error. This authority is to remain in full force and effect until Ceridian has received written notification from me of its termination in such time and in such manner as to afford Ceridian a reasonable opportunity to act on it.

Employee Signature	Date
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- Send completed original enrollment form to: **ORNL Benefits**  
**P. O. Box 2008**  
**Oak Ridge, TN 37831-6465** OR **ORNL Benefits**  
**1009 COM**  
**MS-6465**
- Retain a copy for your records.