Erica Lane Enterprises, Inc.

FLEX SPENDING ACCOUNT (FSA)

BENEFIT ELECTION FORM

PLAN YEAR: 01/01/2021 – 12/31/2021

Please Print

EMPLOYEE NAME (LAST, FIRST, MI)	ELE EMPLOYEE NO
WORK LOCATION ,	WORK TELEPHONE
EMAIL ADDRESS	ALTERNATE TELEPHONE

I have reviewed the terms of the Company's Plan and I understand that I may elect coverage under the accounts below. If I elect to participate in my employer's Flexible Spending Account Plan and agree to be bound by the terms of my employer's plan. I understand that the contribution(s) I have elected will be made with pre-tax salary reductions and that such reductions reduce my compensation for Social Security benefit purposes. I also understand that I am making a binding election for the entire Plan Year unless I have a Qualified Life Event change as defined by my employer's plan. I also understand the Plan Administrators may reduce or cancel the amount of my pay reduction or otherwise modify this agreement in accordance with the Cafeteria Plan if the administrator believes it is advisable in order to satisfy certain provisions of the Internal Revenue Code. Any salary deductions that have not been used for expenses incurred in the Current Plan Year noted above will be forfeited. I will only use the Flexible Spending Account (including the use of a Debit Card) for eligible expenses under the plan and understand I will be responsible to pay for any transaction not allowed by the Plan. In addition, I authorize the release of medical and account information to my spouse (if applicable). Complete details of the plan can be found in the Summary Plan Description.

☐ Waive Participation ☐ 1st Time Participation ☐ Renewal Request

HEALTH CARE EXPENSES

Maximum annual allowable: $2,700

Annual Election Amount	Divide by No. of Payrolls Remain in Year	Per Pay Period Amount
$		$

DEPENDENT CARE EXPENSES

Maximum annual allowable:
$5,000 or $2,500 if "Married filing Separately"

Annual Election Amount	Divide by No. of Payrolls Remain in the Year	Per Pay Period Amount
$		$

☐ Accept: By Selecting "Accept" I acknowledge that I read, understand, and agree with the above requirements of the Flex Spending Account. I acknowledge my electronic signature is as binding as my ink signature.

_____ _____ _____

Print Name Employee Signature Date

Please return to Human Resources: marie.bagwill@eleinc.com or parris.love@eleinc.com or Fax: 256.536.7133