



Reading School District Enrollment Form

Plan Year: 2009 (01/01/2009 - 12/31/2009) BAS-Key: 0005061-0000-000--XXXXXX-I

Benefits Class: Benefit Eligible Employee

Employee Profile Data Please make any necessary corrections on this form.

Employee's Name	Gender	Soc. Sec. #	Date of Hire
Address Line 1	Date of Birth	Eligible Date	
Address Line 2	Home Phone #	Dept. No.	
City	State	Zip	Full/Part-Time

MyEnroll.com: Your benefits information will be available online at our secure & private website called MyEnroll.com.
 Write in your mother's maiden name as your Account Access Security Word. You will be able to change it when you first log on to MyEnroll.com.

E-Mail Address (Office or Home)	Account Access Security Word:
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BAS will provide you with access to your benefits information on its secure internet site. You will need to supply your e-mail address & an Account Access Security Word (i.e., a word that only you would know such as pet's name, color, etc.) so BAS will be able to securely identify you the first time you sign in. BAS will keep this information private, and will not divulge it to any other party. If you provide the requested information, then you will be able to access your account.

Your Available Flexible Spending Accounts

Please fill in indicator circles next to each coverage in which you would like to enroll.
 Note: Enter your Annual Election Amount for each selected coverage.

Health Care Flexible Spending Account * WAIVE

If you elect this coverage, then a pro rata portion of your annual election will be deducted from each of 26 remaining pay periods in the plan year 2009.

Elect coverage - Write in the amount of your Plan Year Election = \$_____ The maximum election for 01/01/2009 - 12/31/2009 is \$2,000.00

Dependent Care Flexible Spending Account * WAIVE

If you elect this coverage, then a pro rata portion of your annual election will be deducted from each of 26 remaining pay periods in the plan year 2009.

Elect coverage - Write in the amount of your Plan Year Election = \$_____ The maximum election for 01/01/2009 - 12/31/2009 is \$5,000.00 *

* If you are married and file a separate tax return from your spouse, then the maximum contribution is \$2,500.00

Dependent Listing

Dependents Full Name (last, first, mi.)	Relationship (i.e., Spouse, Child)	Date of Birth (mm/dd/yyyy)	Soc. Sec. #	Gender (M/F)	Full-Time Student (Yes/No)	Handi-capped (Yes/No)	Remove Date
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List Additional Dependents Below (Attach a sheet of paper to list additional dependents, if more space is needed)

Dependents Separate Legal Home Addresses

Do any of the dependents listed above live at a legal home address different from employee's home address? Yes No

If Yes, then please provide the following information:

Who?
What Address?
Explain Circumstances:
If any dependent's last name is different from employee's, please explain why:

Authorization

I hereby elect the amounts I have recorded on this form to be reduced from my gross paycheck. I recognize that my contributions through payroll reduction are completely voluntary and in compliance with State Law. I understand that I cannot change my elections until the next plan year unless I experience a qualified status change event as described in the informational materials, at which time I must notify my employer within 30 days, if I wish to change my elections. Furthermore, in the event I separate from service with my employer, I understand my employer will withhold a portion of wages from my final paycheck(s), in an amount equal to the withholding assessed each pay period, in accordance with my election(s) described in this salary reduction agreement.

By selecting a Health Care Flexible Spending Account, I understand that any amounts not claimed from this account during the plan year will be forfeited.

By selecting a Dependent/Elder Care Flexible Spending Account, I certify that my dependent day care expenses do not exceed the lower of my or my spouse's income. Furthermore, I understand that any amounts not claimed from this account during the plan year will be forfeited.

Employee's Signature: _____ Date: _____