



Company Name \_\_\_\_\_

Employee Data	Check One
Name (Last, First, Mi): _____, _____, _____	<input type="checkbox"/> New Hire/New Group <input type="checkbox"/> Status Change/Life Event <input type="checkbox"/> Open Enrollment    Effective Date ____/____/____
Social Security Number: _____, _____, _____	Date of Birth: _____/_____/_____
Address: _____, _____, _____	City, State, Zip: _____, _____, _____
Phone: _____-_____-_____	Email: _____

If requesting changes due to a Status Change/Life Event, please provide details below (ie: Marriage/Divorce, Gain/Loss of Coverage, etc.) \_\_\_\_\_

Flexible Spending Account (FSA)		
Plan	Annual Election	Maximum Contribution
FSA	\$	\$3,300.00
Limited FSA	\$	\$3,300.00
DCFSA	\$	\$5,000.00

Healthcare Savings Account (HSA)		
Annual Election	Max Contribution	Max Contribution 55+
\$	\$4300 Employee/\$8550 Family	\$5300 Employee/\$9550 Family
Own HSA <input type="checkbox"/>	Routing: _____	Account #: _____
Thrivepass <input type="checkbox"/>	<i>Check this box if you'd like Questco to open an HSA account for you with Thrivepass</i>	

The annual amount that you select will be divided between the remaining paychecks of the calendar year. You may participate in the Limited Medical Flexible Spending Account and HSA in the same year. You also must be enrolled in a High Deductible Plan to be eligible for an HSA. You may be contacted by the Financial Institution to activate your HSA account. *\*Please be advised you will be charged a \$1.74 Monthly Maintenance Fee for your Thrivepass HSA which will be deducted via payroll.\**

## Dependent Data

Please complete all sections for all covered dependents

Relation	Name	Date of Birth	SSN	Sex	Disabled?
Spouse					
Child					
Child					
Child					
Child					

I have received and read the Questco benefit options and the employee contribution benefit cost sheet. Based on the option(s) selected above, I authorize the company to enroll me and my listed dependents in the benefit plans selected above, and to redirect the required payroll deductions from my paychecks. These benefits will be taken out on a pre-tax basis, if the individual meets requirements under the IRS section 125. Under the provisions of this plan, I understand that the additional amounts I have chosen to redirect must remain in effect until the next annual enrollment unless a qualifying change in my family status occurs (defined by the IRS) and is approved by the Company Administrator and/or Insurance Carrier. I understand that if I have a change in status, 1 days of the date I receive notice of an event or I will not be permitted to enroll or make changes until the following annual enrollment. I further understand that if I do not notify the Plan Administrator in writing within thirty (30) days of the date I receive notice of an event or I will not be permitted to enroll or make changes until the following annual enrollment. I further understand that if I do not return my signed enrollment form to Questco within thirty (30) days of being eligible for coverage, Questco will consider this a refusal of coverage. \_\_\_\_\_ Initial

I certify that the information on this form is true, accurate and complete to the best of my knowledge, and I understand that this authorization shall continue in effect until submit a new enrollment and/or change form. I understand that the Flexible Spending Account and Health Savings Account elections do not carry over to the next calendar year and that a new election must be made each calendar year for these benefits to continue. By signing below, I acknowledge that I understand and agree to the above statements, and that I have read and understand the benefit summaries provided to me for each line of coverage. \_\_\_\_\_ Initial

Signature \_\_\_\_\_

Date \_\_\_\_/\_\_\_\_/\_\_\_\_

If you have any questions or concerns please send your inquiry to [benefits@questco.net](mailto:benefits@questco.net) or call 936-756-1980.