



Cohoes City School District
Section 125 Benefit Plan
Enrollment Application

New Address
New Enrollment
Current Participant

Plan Year: October 1, 2010 - September 30, 2011

Name: SS Number:

Address:

City: State: Zip:

Telephone: (Home) (Work)

Email Address (Required):

FLEXible Spending Accounts (Check One):

I elect the following amounts to be withheld from my paycheck this plan year. I understand that I will NOT pay Federal, State Income, or FICA taxes on the amounts withheld.

Table with 3 columns: Amount, Description, and For Office Use Only (Number of Pay Periods, Per Pay Period). Rows include Unreimbursed Medical FLEX Account, Dependent Care FLEX Account, Premium Expense FLEX Account, and Total withheld.

I elect NOT to participate in the Flexible Spending benefit for this plan year.

Salary Redirection Agreement:

I have read and understand the explanation I have received regarding my options under the Cohoes City School District FLEXible Benefit Program. I hereby apply for the options listed above and I authorize my employer to redirect my salary during the plan year as indicated.

Employee Signature Date Employer Signature Date

Please Return to Payroll Office by September 13 2010