



TOWN OF BURLINGTON, MA
MA FLEXIBLE BENEFIT PLAN ENROLLMENT FORM
PLAN YEAR: JANUARY 1, 2026 TO DECEMBER 31, 2026

A. Employee Information

Please Print Clearly!

Instructions on Back

Name: _____ Social Security Number (Required): _____

Home Address: _____

Check if New: ☐ _____

City: _____ State: _____ Zip Code: _____ Day Phone: _____

E-mail Address: _____ Date of Birth: _____

B. Flexible Benefit Plan Pre-tax Elections

1. Health Care Reimbursement Account Eligible health expenses include professional medical expenses incurred by my dependents or myself during the Plan Year for "the diagnosis, cure mitigation, treatment or prevention of disease, or for the purpose of affecting any structure or function of the body".

\$	X		=	\$
Your Contribution Per Pay Period		# of Pay Periods		Total Election

Election allowed
\$250 minimum/\$3,000 maximum

2a. Dependent Care Assistance Account Eligible dependent day care expenses are incurred to allow you and your spouse (if applicable) to be gainfully employed. Please remember that the IRS will require you to disclose the Tax ID or Social Security Number of your day care provider(s) when you file your income taxes.

\$	X		=	\$
Your Contribution Per Pay Period		# of Pay Periods		Total Election

Total Election allowed
For both Dependent Care and Sprouts:

2b. Sprouts Day Care Reimbursement Account



\$	X		=	\$
Your Contribution Per Pay Period		# of Pay Periods		Total Election

\$250 minimum/\$7,500 maximum
(\$3,750 if married filing separately)

C. FlexExpress® Debit Card The FlexExpress Card® is optional. If you and/or your dependents have debit cards, they will automatically be reactivated unless you indicate below that you do not want a card. Otherwise, please indicate your selection below. Annual Fees: Primary Card - Paid by Employee, Cost \$5, Dependent Cards - Paid by Employee, Cost \$5 each.

Check One:	* If you and/or your dependents have debit cards, they will be <u>automatically</u> reactivated for your renewal. Otherwise, please select from below:		NO action required.
	<input type="checkbox"/>	I am a new participant to this plan and would like a NEW debit card.	This is for brand new participants only. If you already have a card, selecting this option will automatically <u>inactivate</u> your existing card.
	<input type="checkbox"/>	I have a card that was lost, stolen or damaged and would like a replacement card.	Selecting this option will <u>inactivate</u> your existing card.
	<input type="checkbox"/>	I do NOT want a FlexExpress Card.	Your default reimbursement method will be check unless the direct deposit information below is completed.

Additional Card Information: List your spouse or dependents (over age 18) you would like to order a FlexExpress® Card for. This is for your legal dependents only. Domestic/Civil Union Partners are not IRS eligible dependents in most cases. If your dependents already have a card, it will remain active until you indicate to inactivate it below.

Full Name	Social Security Number	Date of Birth	New or Inactivate Card
1.			___New ___Inactivate
2.			___New ___Inactivate

If you are looking to set up/update direct deposit bank information on your Flex or Dependent care account, please set this up directly on your online account with VOYA.

E. Signatures By signing below, I agree to all of the Terms and Conditions stated on the opposite side of this form.

Employee Signature (required):		Date:	
Employer Acceptance (required):		Effective Date:	

Enrollment Form Instructions

Section A	EMPLOYEE INFORMATION - Please print your name and complete address clearly. Your phone number and e-mail address will be used only to communicate with you with regards to this plan. It will not be distributed to any other organization or used for marketing purposes in any way. Statements of your account balance and activity will be sent via e-mail whenever possible. Please understand that this is an employee account and due to federal and state laws we cannot release detailed information to anyone other than the participant, this also includes your spouse and/or dependent(s). Please contact our office for further information.
Section B	FLEXIBLE BENEFIT PLAN PRE-TAX ELECTIONS <ol style="list-style-type: none"> 1. Health Care Reimbursement Account - Carefully consider how much money you would like to set aside each pay period during the Plan Year to pay for your family's eligible out-of-pocket medical expenses. Make sure you read your Summary Plan Description and/or the Health Care brochure to fully understand how the plan works. 2. Dependent Care Assistance Account - Carefully consider how much money you would like to set aside each pay period during the Plan Year to cover the expenses you will incur to care for your eligible dependents while you and your spouse (if applicable) are gainfully employed. Make sure you read your Summary Plan Description and/or the Dependent Care brochure to fully understand how the plan works.
Section C	FlexExpress® Debit Card - If you and/or your dependents currently have FlexExpress® Debit Cards, they will be automatically reactivated each year unless you indicate to inactivate them. New participants can order cards for themselves as well as their dependents using the debit card section on the front of the form. Cards may also be inactivated using this form if necessary.
Section E	Signatures - After you have completely filled out this form and carefully read the following Terms and Conditions please sign and date then return the enrollment form to the HR office as applicable. Employers must review the elections and sign that the employee meets the eligibility requirements.

Flexible Benefit Plan Terms and Conditions

[illegible]