



EMPLOYER

Empty box for employer information

EMPLOYEE INFORMATION

Table with employee information fields: LAST NAME, FIRST NAME, MIDDLE INITIAL, SOCIAL SECURITY NUMBER, STREET ADDRESS, CITY, STATE, ZIP, DATE OF BIRTH, WORK PHONE, HOME PHONE, DATE OF HIRE, PAYROLL MODE, E-MAIL ADDRESS, SINGLE, MARRIED, OFFICE, HOME, WEEKLY, SEMI-MONTHLY, BI-WEEKLY, MONTHLY.

HEALTH CARE SPENDING ACCOUNT

Form for Health Care Spending Account with checkboxes and dollar amount fields.

DEPENDENT CARE SPENDING ACCOUNT

Form for Dependent Care Spending Account with checkboxes and dollar amount fields.

AUTHORIZATION TO PARTICIPATE

Text block for authorization to participate with signature and date lines.

EMPLOYER VERIFICATION

TO BE COMPLETED BY HUMAN RESOURCES ONLY

Form for employer verification with fields for effective payroll date, verified by, date, change of status, and qualifying event.