

PRECISION ADMINISTRATORS, INC.

People. Products. Precision.

Enrollment Form

Section 125 Cafeteria Plan

INSTRUCTIONS: New Hires: Return to HR. **Open Enrollment:** Return to HR OR enroll online at <https://PAI.lh1ondemand.com>.

1. EMPLOYEE INFORMATION

Name (Last, First, MI): _____ SSN: _____-____-____
Mailing Address: _____ Date of Birth: ____/____/____
City: _____ State: _____ Zip: _____ Phone: (____) ____-____
Email: _____

2. EMPLOYER & PLAN INFORMATION

Employer Name: _____ Dept/Loc: _____
Plan Year: ____/____/____ to ____/____/____ First Deduction Date: _____
Pay Frequency: ☐ Weekly (52) ☐ Bi-Weekly (26) ☐ Semi-Monthly (24) ☐ Monthly (12) ☐ Other: _____

3. BENEFIT ELECTIONS (PLAN YEAR 2026)

IRS limits shown are for 2026. Your employer's plan limits may vary.

A. HEALTH FLEXIBLE SPENDING ACCOUNT (Max \$3,400)

Covers: Medical, dental, and vision expenses.

HSA Warning: If you have a Health Savings Account (HSA), you are **NOT** eligible for the standard Health FSA. You must select the *Limited Purpose* option (Dental/Vision only) to remain HSA-eligible.

☐ **ENROLL** Annual: \$ _____
Per Pay: \$ _____
☐ **Limited Purpose (Dental/Vision Only)**
(Check this box if you have an HSA)
☐ **DECLINE Health FSA**

B. DEPENDENT CARE FSA (Max \$7,500)

Covers: Day care, after-school care, or elder care so you can work.

Note: This is not for dependent medical expenses.

Max: \$7,500 (Family) / \$3,750 (Married Filing Separately)

☐ **ENROLL** Annual: \$ _____
Per Pay: \$ _____
☐ **DECLINE DCFSA**

4. DIRECT DEPOSIT PREFERENCE

Get reimbursed faster. PAI encourages all participants to set up Direct Deposit.

☐ I will set up/confirm my banking info on the PAI Portal or App. (Do not write banking info here.)

5. AUTHORIZATION & ACKNOWLEDGEMENTS

By signing below, I certify and agree:

- **Salary Reduction:** I authorize my employer to reduce my pay on a pre-tax basis by the amount(s) indicated above.
- **Irrevocability:** I understand elections cannot be changed during the Plan Year unless I have a qualifying life event (e.g., marriage, birth).
- **Forfeiture ("Use-it-or-Lose-it"):** I understand that unused funds at the end of the Plan Year (plus any applicable grace period) may be forfeited if not claimed by the deadline.
- **Dependent Care:** If enrolling in DCFSA, I certify my dependents qualify under IRC g~ 21 and g~ 129, and the \$7,500 limit applies to my household.
- **Tax Advice:** I understand this is not tax advice and I am responsible for consulting my own tax advisor.

6. SIGNATURES

Employee Signature: _____ Date: _____

Employer / HR Acceptance: _____ Date: _____