

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.Ih1ondemand.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.

ENROLL Annual: \$_____

Per Pay: \$_____

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.

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.

ENROLL Annual: \$_____

Note: This is not for dependent medical expenses.

Per Pay: \$_____

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

DECLINE DCDSA

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 DCDSA, 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: _____