

Windham Central Education Association
Cafeteria Plan
 Personal Information

We need the following information for all employees participating in either the Health Care Reimbursement and/or Dependent Care Assistance Account. Due to privacy issues, we will only discuss your account with you. However, you may authorize us to discuss your account(s) with your spouse/dependents by indicating this in the space below.

YOUR NAME:	
MAILING ADDRESS:	
CITY, STATE, ZIP CODE:	PHONE:

MARTIAL STATUS: (PLEASE CIRCLE) SINGLE MARRIED CIVIL UNION * DOMESTIC PARTNER* * CIVIL UNION AND DOMESTIC PARTNER'S EXPENSES ARE NOT ELIGIBLE FOR REIMBURSEMENT UNDER A CAFETERIA PLAN UNLESS THE PARTNER IS A DEPENDENT AND IS CLAIMED AS SUCH WHEN FILING YOUR FEDERAL INCOME TAX RETURN.
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LIST ALL ELIGIBLE DEPENDENTS INCLUDING YOUR SPOUSE (DO NOT INCLUDE YOURSELF):

FULL NAME	Date of Birth	M/F	Social Security No.	Relationship To You
JOHN/JANE DOE	00/00/00	M/F	008-00-0000	SPOUSE

THOSE NAMED ABOVE, ARE ____, ARE NOT ____ (CHECK ONE) AUTHORIZED TO DISCUSS THE STATUS OF MY REIMBURSEMENT ACCOUNTS, INCLUDING PAYMENTS OF BENEFITS WITH FUTURE PLANNING ASSOCIATES, INC.
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SIGNATURE:	DATE:
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PLEASE RETURN THIS FORM WITH YOUR ELECTION OF BENEFITS FORM