



Flexible Spending Account Enrollment Form

Client TASC Id:

4501-4637-9598

Plan Name:

Jefferson Science Assoc. LLC

TREVA FERGUSON
JEFFERSON SCIENCE ASSOC, LLC
628 HOFSTADTER RD STE 2
NEWPORT NEWS VA 23606

Every line must be completed. Please enter zero (0) on the lines where no amount is being deducted. Make sure to sign and date the enrollment form. Return the completed and signed form to your employer.

Participant Information: Full Name _____
Address _____
City _____ State _____ Zip _____
Email _____
Home Phone Number _____
Mobile Phone Number _____
Participant's Plan Effective Date _____
Date of First Payroll _____

Prior to completing your election amounts, refer to the instructions and frequently asked questions on page 2.

| Benefit | Maximum Employee Salary Reduction | Annual Salary Reduction Election |
|-------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|----------------------------------|
| Medical (Out-of-Pocket) Expenses (For plan start dates in 2013, employee annual salary reductions may not exceed \$2,500.) | \$ 2,500.00 | \$ _____ |
| Dependent Care Expenses | \$ 5,000.00 | \$ _____ |
| Non-Employer Sponsored Premiums | No Maximum | \$ _____ |

Additional TASC Card for Spouse or Dependent

Each participant may receive one additional card for their spouse or dependent free of charge. To request an additional TASC Card for your spouse or dependent, print their name below. Cards are mailed to your home address 7 – 10 days after your enrollment has been updated in FlexSystem.

Spouse or Dependent Name (Last, First, MI): _____

AUTHORIZATION: I certify the above information to be true to the best of my knowledge and that the children for whom I will be claiming dependent or child care expenses either reside with me in a parent-child relationship or are legally dependent on me for their support. I agree to have my compensation reduced by the deduction amount(s) stated above. I understand amounts remaining in my flexible spending account(s) not used for qualified expenses incurred during the plan year will be forfeited in accordance with current plan provisions and tax laws. I further understand the Flexible Spending Amount will be in effect for the entire plan year and cannot be changed or revoked except as permitted by federal law. I understand my share of eligible group premium(s) will be automatically deducted before taxes. I also understand, that if I do not wish to have my eligible insurance contributions deducted pre-tax and prefer to be taxed on these dollars, I will contact my payroll department. I understand additional TASC Cards issued to my spouse or dependent will provide the named individual with access to my flexible spending account(s) and MyCash account. I accept all responsibility for card transactions incurred by the named individual and will submit supporting documentation, as requested, for those transactions. I agree that upon inappropriate or fraudulent use of the TASC Card or termination of employment, I will immediately return all TASC Cards to my Employer.

Authorize Signature _____ Date: _____

Enrollment Form Instructions

Medical (Out-of-Pocket) Expenses: This amount is usually paid toward deductible and co-insurance portions of health insurance, dental expenses, orthodontic expenses, eyecare and other miscellaneous health care expenses per year. After determining the per payroll amount, multiply that number by the number of payrolls to determine your annual election.

Dependent Care Expenses: Amount paid for day care expenses per year. The maximum allowable amount under IRS regulations is \$5,000 per calendar year per family; \$2,500 per calendar year for married individuals filing single.

Non-Employer Sponsored Premiums: Privately purchased insurance premiums, including health, disability, cancer and term life insurance. Group insurance premiums deducted from your paycheck for your employer-sponsored plans DO NOT qualify within this category. Insurance premiums deducted through your spouse's employer are not eligible.

Pre-Tax Example

| | Without FlexSystem | With FlexSystem |
|----------------------------|-----------------------|--------------------|
| Gross Pay | \$3,500/mo | \$3,500/mo |
| Pre-Tax Benefits | | |
| -Medical/Dental Premiums | 0 | 300 |
| -Medical Expenses | 0 | 100 |
| -Dependent Care Expenses | 0 | 400 |
| TOTAL | 0 | 800 |
| Wages subject to tax | 3,500 | 2,700 |
| Federal Tax | 525 | 405 |
| FICA Tax (Social Security) | 268 | 207 |
| State Tax | 175 | 135 |
| Out-of-Pocket expenses | 800 | 0 |
| Spendable Income | 1,732 | 1,953 |

Net Increase in Take-Home Pay = \$221/mo

This is an illustration only and actual numbers may vary. Paying certain qualified expenses before tax increases your take-home pay.

Questions Frequently Asked by Employees

1. What does FlexSystem offer?

FlexSystem offers you a choice to pay for certain qualified benefits on a pre-tax basis. Paying for certain benefits with pre-tax dollars reduces the amount you pay in taxes and increases your take-home pay. Every dollar paid on a pre-tax basis results in a savings to you. (See example in box.)

2. Any cost or fee to me?

No.

3. Must I participate in my employer's health insurance?

FlexSystem is not tied to any insurance plan or company. You may participate in FlexSystem regardless of your particular insurance provider.

4. What are qualified medical expenses?

These expenses include dental care, prescriptions, eyeglasses, and out-of-pocket medical expenses not covered by insurance. However, vitamins and other dietary supplements taken for general health purposes are not eligible. Purchases of over-the-counter (OTC) medicines and drugs (with the exception of insulin) are only reimbursable if accompanied by a prescription or Prescription Order Form from your medical practitioner.

Below are some

examples of health related expenses:

OTC items that require a prescription or Prescription Order Form include the following:

| | | | |
|------------------------|--------------------------------|--------------------------------|--------------------------|
| Acid Controllers | Anti-Itch and Insect Bite | Digestive Aids | Pain Relief |
| Allergy and Sinus | Antiparasitic Treatments | Feminine Anti-Fungal/Anti-Itch | Respiratory Treatments |
| Antibiotic Products | Baby Rash Ointments and Creams | Hemorrhoidal Medications | Sleep Aids and Sedatives |
| Anti-Gas and Diarrhoea | Cough, Cold and Flu | Laxatives | Stomach Remedies |

OTC items that are eligible and need no physician authorization include the following:

| | | | |
|--------------------------------|---------------------------|-------------------------|----------------------------|
| Bandages & First Aid Dressings | Contact Lens Solution | Heating Pads | Orthopedic Aids |
| Birth Control Products | Denture Products | Hot, Cold & Steam Packs | Pregnancy & Fertility Kits |
| Blood Pressure Kits | Diabetes Testing Supplies | Incontinence Products | Splints, Supports & Braces |
| Canes and Walkers | Durable Medical Equipment | Insulin | Thermometers |
| Contact Lenses | Hearing Aid Batteries | Nebulizers | Wheel & Accessories |

5. How does the Dependent Care Account compare with the tax credit available on the individual Form 1040?

The circumstances that determine which option offers greater savings vary from family to family; as such, the decision to choose the tax credit or the dependent care deduction may be made on a case by case basis only. Participation in FlexSystem results in an immediate savings on Federal, State and Social Security tax, whereas the Federal credit will affect Federal Income Tax only and will be taken at year-end.

6. How does a Cafeteria Plan affect Social Security benefits?

Reduction of your Social Security benefits will be minimal and is offset by the tax savings and lower health care costs available under FlexSystem. To compensate for this minimal reduction you may consider increasing your retirement plan funding.

7. Under what circumstances can the annual election be changed?

The elections can be changed only if there is a change in family or employment status. See the "Change of Elections Form" for more details.

8. What is the "Use-It-or-Lose-It" rule?

Any funds left unused at the end of the Plan Year are forfeited. Take precautionary steps to avoid having balances in the Flexible Spending Accounts at year-end. The key is to be conservative when making elections.

9. Who determines the rules and regulations of FlexSystem?

Flexible Spending Accounts are regulated by the IRS. Our documentation guidelines are intended as a means to ensure eligibility of your Requests for Reimbursement. It is the participant's responsibility to comply with these guidelines and to avoid duplication of requests or submission of ineligible charges. Failure to adhere to the above requirement could lead to payment delays or denial of expenses.

In the event of an error or omission in the course of administering the Plan on behalf of the employer and participating employees, TASC will notify and remedy the error or omission within a reasonable period of time following the error or omission. The employer and employees agree to TASC's procedures for making any corrections, including but not limited to payroll reduction. An error by the employer or TASC does not constitute an assumption of liability for the amount of the error.