



FRONTEER
PAYROLL SERVICES, INC.

"Freedom For Your Business"

P.O. Box 1315 • 4007 State Street
Bismarck, ND 58502 • (701) 258-9848

Benefit Year _____

FLEXIBLE BENEFIT ENROLLMENT FORM

Last Name _____ First Name _____ Initial _____

Subscriber _____

Social Security Number _____ Date of Birth _____ Date of Hire _____

HEALTH CARE EXPENSE REIMBURSEMENT ACCOUNT

I authorize the following amount to be deducted from my paycheck and placed in my health care expense reimbursement account:

\$ _____/year OR \$ _____/paycheck

I do not wish to participate in the health care reimbursement account.

DEPENDENT CARE EXPENSE REIMBURSEMENT ACCOUNT

I authorize the following amount to be deducted from my paycheck and placed in my dependent care expense reimbursement account:

\$ _____/year OR \$ _____/paycheck

I do not wish to participate in the dependent care reimbursement account.

PRE-TAX PREMIUM ACCOUNT

I authorize withholding the following premiums on a pre-tax basis from my paycheck to pay these premiums offered by my employer:

Medical Dental Life Other (Specify) _____

I do not wish to participate in the pre-tax premium account.

I authorize Fronteer Payroll Services, Inc. to make the above deductions from my paycheck on a pre-tax basis. I understand that I will be able to request reimbursement for these withheld monies when I incur eligible expenses during the plan year in accordance with the plan documents.

Employee Signature _____ Date _____