



Formerly SelectAccount®

DEPENDENT CARE FLEXIBLE SPENDING ACCOUNT ENROLLMENT FORM

Complete and return to your employer

Group Information	
Group Name: _____ Further Group Number: _____	
Location Name (if applicable): _____	
Employee Information	
SSN#: _____ Primary Phone: _____	
Last Name: _____ First Name: _____ Middle Initial: _____	
Street Address: _____	
City: _____ State: _____ Zip Code: _____	
Email Address: _____ Date of Birth: _____	
Account Information	
Dependent Care Flexible Spending Account: IRS Annual Maximum: \$5000.00 (\$2500 if married and filing separate tax returns) Effective Date _____ (To be provided by group contact)	
<input type="checkbox"/> I want to contribute a total of \$ _____ during this plan year to my Dependent Care Flexible Spending Account. I understand this amount will be deducted from my pay throughout the plan year.	
Signature	
I have reviewed the above elections and understand my choices will remain in effect for the entire Plan Year, unless I experience a change in status as defined by the IRS. It is also my understanding that any funds remaining in my accounts at the end of the Plan Year may be forfeited.	
Signature: _____ Date: _____	

Employees: Complete and return this form to your employer.

Employers: Save time by entering this information online at least 30 days prior to your plan start date. Sign into Online Group Service Center at hellofurther.com. Questions? Call Group Leader Services at 1-888-460-4013.

Send via secured email only:
further.documents@hellofurther.com

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