

Enrollment Agreement
2010 Plan Year

I wish to have my salary redirected for the period 1/1/2010 through 12/31/2010 in each of the categories below. I understand the benefits available to me as well as the other rights and obligations that I have under the plan. I understand this agreement revokes any prior election under this plan and that during the above period this agreement is irrevocable (Health & Dependent Care) and cannot be changed except under special circumstances as outlined in the Summary Plan Description. This agreement is subject to the terms of City of Omaha Flexible Compensation Plan.

Social Security Number _____/_____/_____

Name _____

Street _____

City, State, Zip _____

	Per Pay Period Amt	# of Pay Periods	Total for the Plan Year	Not to Exceed
Health Care Reimbursement Account				\$3,000.00
Dependent Care Reimbursement Account				\$5,000.00
Parking Reimbursement Account				\$2,640.00
Transportation Reimbursement Account				\$1,380.00

DIRECT DEPOSIT REIMBURSEMENT (Flexible Spending Accounts only)

I authorize **AFLAC** to credit my _____ (checking, savings) account # _____
at (Bank Name) _____ with my Flexible Spending Account payments.
Please attach a copy of a check or a void check and write the bank's routing number:

_____.

E-MAIL

I wish to receive my notification of direct deposit reimbursement via e-mail at the address below instead of U.S. Mail.

E-mail Address: _____

Employee's Signature _____ Date _____

** Parking & Transit reimbursements will be mailed to employees by check (Twice/Month)**