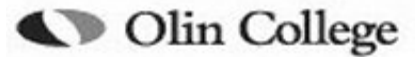




Flexible Spending Account Enrollment Form



Phone: (888) 537-3539
BenefitsWorkshop.com/olin

Employee Name: _____

Employee Social Security Number: _____ ID Number _____

Employee Home Address: _____

City, State, ZIP: _____

Is this a new address (circle one): Yes No Home Phone Number: _____

Instructions

Please submit this form to Human Resources during open enrollment or within 30 days of a qualifying event that permits you to change your election. You may make a photocopy of this form for your records. Please print.

Purpose of the Form

<input type="checkbox"/> Election	Qualifying Event (Check one)	<input type="checkbox"/> Marriage	<input type="checkbox"/> Gain employment
		<input type="checkbox"/> Divorce	<input type="checkbox"/> Lose employment
		<input type="checkbox"/> Add a dependent	<input type="checkbox"/> Gain eligibility for other coverage
		<input type="checkbox"/> Lose a dependent	<input type="checkbox"/> Lose eligibility for other coverage
		<input type="checkbox"/> Change in day care costs (Dependent Care FSA only)	

Health Care Flexible Spending Account (FSA)

The maximum is \$6,000 per plan year. The minimum is \$100 per plan year..

Annual Amount		Number of Paydays		Deduction Each Payday
	Divided by		Equals	

The full amount of your anticipated contribution is available for the reimbursement of eligible expenses during the plan year.

Dependent Care (Day Care) Flexible Spending Account (FSA)

The maximum is \$5,000 per plan year, \$2,500 if married and filing separately. The minimum is \$100 per plan year.

Annual Amount		Number of Paydays		Deduction Each Payday
	Divided by		Equals	

Only the amount of your actual contributions is available for the reimbursement of eligible expenses during the plan year.

Authorization

By signing this form, I authorize my employer to redirect (reduce) my taxable pay by the indicated amounts. I understand and agree that :

- ♦ I have read the materials provided to me by my employer and I understand the operation and rules of the plan.
- ♦ I cannot change or suspend my election until next January unless I have a qualifying event.
- ♦ I cannot transfer money between the reimbursement accounts.
- ♦ All expenses including debit card transactions must be documented per IRS rules. I will repay any expenses not documented in a timely manner. I also understand my card privileges may be revoked for noncompliance.
- ♦ Any money in my accounts not used to pay qualified expenses by December 31, 2007 for either FSA or filed (requested) by March 31, 2008 will be forfeited.
- ♦ The redirections I have elected are made in accordance with the plan document and the provisions of the Internal Revenue Code Section 125, and will be taken out in equal installments throughout the year.

Signature

Date