



I wish to have my salary redirected for the period 7/1/2008 through 6/30/2009 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 and cannot be changed except under special circumstances as outlined in the Summary Plan Description. This agreement is subject to the terms of the NAPEBT Flexible Spending Program.

Social Security Number \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Name \_\_\_\_\_  
(Last, First MI)

Street \_\_\_\_\_

City \_\_\_\_\_  
State, Zip \_\_\_\_\_

	Per Pay Period	# of Pay Periods	Total for the Plan Year
Health Care Reimbursement Account	_____	____	_____
Dependent Care Assistance Account	_____	____	_____

**DIRECT DEPOSIT REIMBURSEMENT (Flexible Spending Accounts only)**

I authorize ASI to credit my \_\_\_\_\_ (checking, savings) account number \_\_\_\_\_ at (name of bank) \_\_\_\_\_, 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 over the Internet at the address below instead of U.S. Mail.

E-mail address: \_\_\_\_\_

Employee's signature: \_\_\_\_\_

Date \_\_\_\_\_