

Metropolitan YMCA of the Oranges

Enrollment/Change of Status Form



Enrollment Activity

New Hire/Open Enrollment Re-Hire COBRA Elect (*Debit Cards not available*)

Mid-Year Change Activity

Adding Spouse/Dependent Removing Spouse/Dependent Change of Status/Election Termination

Reason for Change (i.e. Divorce, Marriage, Birth, etc.): _____

Effective Date

Effective Date (required for processing): ____/____/____
MM DD YEAR

For Commuter – OCA will assume first pay following effective date as when payroll deductions will begin or end, unless otherwise noted.

Employee Information

Name (First/MI/Last): _____ Social Security #: _____

Mailing address: _____

City: _____ State: _____ Zip Code: _____

Gender: Male Female Contact Phone #: (____)____-____ Cell Home Work

Date of Birth: ____/____/____ Email Address: _____
MM DD YEAR .com .edu .net .org .us

Commuter Elected Coverage(s)

Parking: Monthly Contribution \$ _____ Add Change Term Waive
Transit: Monthly Contribution \$ _____ Add Change Term Waive

Employee Enrollment Authorization – REQUIRED FOR PROCESSING APPLICATION

I hereby certify that the information provided throughout to be correct and true to the best of my ability. I also understand that the purpose of this program is to allow employees to select their qualified benefits within the guidelines of the Internal Revenue Code. By signing this form I am indicating which benefits I am electing. Lastly, I have read or been made aware that I may request from my Employer the Summary Plan Description (SPD) which contains the Plan information summary. This election form will remain in effect and cannot be revoked or changed during the plan year, unless the revocation and new election are consistent with a change in status or Qualifying Life Event as listed on the Status Change Matrix contained within the SPD.

Employee Signature: _____ Date: _____

HR or Designated Signatory – REQUIRED FOR PROCESSING APPLICATION

Authorized Signature: _____ Date: _____

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mySource Debit Card Request Form

Employee mySource Card Enrollment Agreement		
Name (First/MI/Last):		Last 4 digits of SS #:
Mailing address:		
City:	State:	ZIP Code:
Mother's Maiden Name (for security purposes):	Contact Phone #: (____)____-____ <input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work	
Date of Birth: ____/____/____ MM DD YEAR	Email Address (REQUIRED): _____ <input type="checkbox"/> .com <input type="checkbox"/> .edu <input type="checkbox"/> .net <input type="checkbox"/> .org <input type="checkbox"/> .us	
Employee mySource Card Request		
<p>Please note cardholder must be 18 years of age or older for additional card requests. NOTE: There is a 21 character maximum including spaces for the name on the card.</p>		
<input type="checkbox"/> New Card <input type="checkbox"/> Replacement Employee - Primary Cardholder (Please Print): _____		
Employee Certification		
<p>As a participant in one or more of your Employer Plans you will receive a mySourceCard™ MasterCard® Debit Card issued by Benefit Bank, and agree to use it per this Agreement and the Cardholder Agreement that will be provided to you with the Card. You understand that the Card is restricted to certain merchant categories and is not accepted at all MasterCard® acceptance locations. You understand that you may not obtain a cash advance with the Card at any merchant, bank or ATM. You understand that the Card is to be used exclusively for Qualified Expenses as defined by the plan(s) in which you participate. If the Card is issued pursuant to Employer Plans and you use the Card for an expense that is not a Qualified Expense, you are indebted to your employer and must repay the full amount of the non-qualified expense.</p> <p>You agree to save all invoices and itemized receipts related to any expense paid with the Card; upon request, you must submit these documents for review by OCA. Failure to submit the receipt(s) will cause the expense to be treated as a non-qualified expense and you will be required to remit payment to your employer. Payment may be in the form of an offsetting claim, a personal check, electronic draft from your personal checking or savings account, a post-tax deduction from your paycheck, or other options established by your employer.</p> <p>I acknowledge that I have read the above and know that there may be occasions when I will be required to submit the appropriate documentation to support my charges to keep the card active.</p>		
Employee Signature: _____		Date: _____