

**FLEXIBLE SPENDING ACCOUNT
 CONSENT TO ALLOW
 THE \$500 ROLLOVER OPTION**

Group Information	
Group Name: _____	SelectAccount Group Number: _____
Plan Year Information	
<p>Amend the current FSA plan effective:</p> <p><input type="checkbox"/> 2013 plan year to roll into 2014 plan year</p> <p>Does your 2013 FSA currently have a grace period?</p> <p style="margin-left: 20px;"><input type="checkbox"/> Yes – amend my plan documents to remove the grace period</p> <p style="margin-left: 20px;"><input type="checkbox"/> No</p> <p><input type="checkbox"/> 2014 plan year to roll into 2015 plan year</p> <p>Does your 2014 FSA currently have a grace period?</p> <p style="margin-left: 20px;"><input type="checkbox"/> Yes – amend my plan documents to remove the grace period</p> <p style="margin-left: 20px;"><input type="checkbox"/> No</p>	
Signature	
<p>I have reviewed the above amendments and understand these changes will remain in effect for the entire plan year.</p>	
<p>_____</p> <p>Signature of Group Leader</p>	<p>_____</p> <p>Date</p>

If you have any questions, please call our Group Leader Line at 1-888-460-4013. When complete, either fax this form to 651-662-7247 or email it to [SelectAccount_Group_Administration@selectaccount.com](mailto>SelectAccount_Group_Administration@selectaccount.com).