

This form should be used to Enroll with Flexible Benefits

Section 1 – Personal Information

To be completed by employee upon eligibility and returned to your Human Resource/Payroll Branch

Surname

Given Names

Employee Number

Ministry

Branch

Position Title

Telephone (W)

I authorize and direct that:

- a. Any portion of the unused balance for which I am eligible under the Flexible benefit Account Program that I direct to be paid; and
- b. The amount of the unused balance in excess of \$10 for which I am eligible under the Flexible Benefit Account Program that is outstanding on February 28 in any fiscal year; shall be paid by my employer to the Public Employees' Pension Plan as a voluntary contribution on my behalf.

I understand and acknowledge that:

- a. This authorization and direction remains in effect as long as I am employed within Executive Government of the Public Service of Saskatchewan; and
- b. It is my responsibility to ensure that the voluntary contributions do not exceed the maximum contribution limits established by *the Income Tax Act* (Canada)

Employee's Signature

Date