



## Health Care and Dependent Care Reimbursement Account 2007 Enrollment Form

Complete this form if you wish to participate in the Health Care or Dependent Care Reimbursement Accounts for 2007.

Name (Please Print)

Social Security No.

Employee No.

Home Address - Street

Home Telephone

Work Telephone

City, State, Zip

### Health Care Reimbursement Account (HCRA)

The minimum amount you can contribute per calendar year is \$200; the maximum is \$5,000.

| Annual Election |   | No. of Pay Periods |   | Per Paycheck Contribution |
|-----------------|---|--------------------|---|---------------------------|
| \$              | ÷ |                    | = | \$                        |

Your annual election will be withheld equally from all paychecks throughout the plan year. To determine your per paycheck deduction, divide your annual election by the number of pay periods in the year.

### Dependent Care Reimbursement Account (DCRA)

The minimum amount you can contribute per calendar year is \$300; the maximum is \$5,000 if you are married and filing jointly (or \$2,500 if married and filing separate income tax returns).

| Annual Election |   | No. of Pay Periods |   | Per Paycheck Contribution |
|-----------------|---|--------------------|---|---------------------------|
| \$              | ÷ |                    | = | \$                        |

Your annual election will be withheld equally from all paychecks throughout the plan year. To determine your per paycheck deduction, divide your annual election by the number of pay periods in the year.

### Acknowledgement & Authorization

I authorize CRI to reduce my salary on a per-paycheck basis by the amounts designated above. I understand that the amounts deducted from my salary and not used for eligible health or dependent care expenses will be forfeited in accordance with IRS rules. I also understand that if my paycheck is not sufficient to cover my contributions, the company may, in its sole discretion, automatically collect any such payment(s) from a future paycheck(s). I acknowledge that the company reserves the right to collect through other methods and that any repayment must be made in full contribution increments.

I further acknowledge that (i) if the HCRA or DCRA plans should fail to satisfy the nondiscrimination requirements or benefit limitations imposed by the IRS code, that my elections may be modified (with or without my consent) to ensure compliance with any such requirements; (ii) the tax advantages available to these types of arrangements are not guaranteed and may be subject to change; (iii) any claim payment errors may be recovered from any future claim payment or through other methods; and (iv) this election is valid only for the current plan year.

Participant's Signature

Date