

Customer Service
P. O. Box 488
Coldwater, MI 49036

Group: Sample company
Date: 12/13/2020

NOTIFICATION OF ENROLLMENT FOR:

Sample1 Participant
123 North Street
Coldwater, MI 49036

Sample1 Participant:

You are enrolled in the following Pre-tax Benefit Plans:

Plan	Election for the Year	Employer Contribution	Per Paycheck Deduction	1st Payroll Deduction Date
FSA Healthcare	\$2,000.00	\$0.00	\$57.14	01/01/2021
Total Deductions per Paycheck:			\$57.14	

Your method of reimbursement is Check .

If the elections listed above do not agree with your records, please contact us immediately. If you have questions about your Plan, you can call our toll-free number. You may also access your account information through our website at www.infinisource.com. We have representatives available Monday through Thursday from 8:00 a.m. to 8:00 p.m., and on Fridays from 8:00 a.m. to 6:00 p.m. (all times are listed as Eastern Standard Time). Additionally, your Summary Plan Description may answer questions you have about the plan.

CONTACT INFORMATION

Customer Service
P. O. Box 488
Coldwater, MI 49036

Phone Number: (866) 370-3040
Email Address: fsa@isolvedhcm.com