



Please return this form to Cyndy Kluk in Human Resources at cyndy-kluk@dioceseofscranton.org

Employer: Diocese of Scranton Full Name: Last First Address: Street Address Apartment/Un City State ZIP Code	
Address: Street Address Apartment/Un	
Address: Street Address Apartment/Un	
Street Address Apartment/Un	M.I.
City State ZIP Code	it #
	
Phone: Social Security Number:	
Birth Date: E-mail Address:	
Plan Start: 10/1/2022	
Benefit Election	
I ELECT THE FOLLOWING: Amount # of Annual Per Pay Period Pay Periods	Election
Medical FSA Account \$ \$ \$	
Dependent Care Account \$ \$ \$	
Dependent Care Account - \$3,750.00 Á Spouse or Dependent Card Information	
ull Name:	M.I.
lail Card to: Address listed above Alternate Address:	
	Apt. /Unit #
Street Address	ZIP Code
Street Address	ZIP Code
Street Address Date of Birth:	
Street Address Date of Birth: City State	
Street Address Date of Birth: City State	
Street Address Oate of Birth: City State Soc. Sec. Number: Relationship:	