

# The City of Lake Forest Flex Election Form

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Human Resources Department:

Please check one:

This is to confirm that I wish to place my Flex Contribution into my **deferred compensation account.**

This is to confirm that I wish to place my Flex Contribution into my **Flex Spending Account for unreimbursed medical expenses.**

Flex amount earned: \$\_\_\_\_\_

I understand that this may require additional documentation and that Human Resources will contact me if anything further is needed.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Employee Number

\_\_\_\_\_  
Printed Employee Name