FLEXIBLE SPENDING ACCOUNT PLAN

STERLING CHEMICALS, INC.

TYPE OR PRINT CAREFULLY (USING BLUE OR BLACK INK), GIVING ALL INFORMATION REQUESTED, SIGN AND DATE THE FORM.

TO BE COMPLETED BY APPLICANT			
This election will be effective January 1 unless you are a new hire or have a change in family status			
EFFECTIVE DATE	PAY GROUP	PARTICIPANT STATUS	ELECTIONS
1/1/10	☐ SALARIED ☐ HOURLY	☐ ACTIVE ☐ COBRA	☐ ANNUAL ENROLLMENT ☐ NEW HIRE ☐ CHANGE IN FAMILY STATUS

LAST NAME FIRST NAME MI	ADDRESS	STATE	ZIP CODE
BADGE NUMBER	**SOCIAL SECURITY NUMBER**	**SEX**	**DATE OF BIRTH**

Enter the amount you wish to contribute to your Health Care Flexible Spending Account and/or your Dependent Care Flexible Spending Account for the calendar year.

HEALTH CARE SPENDING ACCOUNT (HCFSA)

TOTAL ANNUAL CONTRIBUTION ($5,000 maximum) $ _____

($5,000 maximum) – prorated over the number of your annual paychecks, 26 Hourly
24 Salaried

(Please note that amounts elected will be prorated over the remaining pay periods in the year for new hires and change in family status elections.)

DEPENDENT CARE SPENDING ACCOUNT (DCFSA)

TOTAL ANNUAL CONTRIBUTION $ _____

($5,000 maximum; $2,500 maximum if married and filing separate income tax return) – prorated over the number of your annual paychecks, 26 Hourly
24 Salaried

(Please note that amounts elected will be prorated over the remaining pay periods in the year for new hires and change in family status elections.)

Read the statements below before signing and dating this form.

I authorize the reduction of my wages on a pre-tax basis by the amounts designated above.

I understand that any amounts deducted from my wages, which are not used for reimbursement of eligible health care, and/or dependent care expenses will be forfeited in accordance with IRS regulations.

I also understand that this authorization is irrevocable until the next elected period unless I have a qualified change in family status as described in the Flexible Spending Account Plan Description.

_____ _____

PARTICIPANT SIGNATURE DATE