

KanElect FLEXIBLE BENEFITS COMMUNICATION FORM

Employees and agency personnel officers are invited to communicate any concerns or suggestions about the KanElect Flexible Benefits Program by completing this form.

Employee _____ Name _____ (optional)

Agency Name _____

Work Telephone (optional) _____ Date _____

Enrolled in Pretax Premium Option
 Health Care Flexible Spending Account
 Dependent Care Flexible Spending Account

Reason for writing Concern Suggestion Other

Would you like a response? Yes No

Details/Specifications (please print or type): _____

Return this form to either your Personnel Office or to:
Division of Personnel Services Benefits Unit
Landon State Office Building
900 S. W. Jackson, Room 951-S
Topeka, Kansas 66612-1251

DA-270 (10/91)

Division of Personnel Services
Department of Administration