

**Enrollment Form:
Flexible Spending
Account**



**Return form to
4J Human Resources
by Sept. 15, 2011**

EMPLOYEE INFORMATION

Employer name: Eugene School District 4J		Effective date: October 1, 2011
Employee name:		Date of birth:
Address:		
Home phone:	Work phone:	
E-mail address:	Employee Number:	

ACCOUNT INFORMATION

Beneficiary*: _____ Relationship: _____

*Please designate someone over the age of 18 to be the beneficiary for your account. This person will be responsible for submitting claims in the event you are not physically able to do so. The beneficiary does not need to be related to you.

Please indicate your employment type:

- Administrative Licensed Classified—12ck Classified—10ck

I request the following amounts to be reduced from my paycheck:

	<u>Per Pay Period Amount</u>	<u>Total (Annual) Amount</u>	
Dependent Care Expenses (\$416.66/mo maximum)	\$ _____	\$ _____	<input type="checkbox"/> Not applicable
Unreimbursed Health-Related Expenses** (\$5,000 annual maximum for 2011/12 plan year. \$2,500 annual maximum will begin Oct. 2012)	\$ _____	\$ _____	<input type="checkbox"/> Not applicable
TOTAL AUTHORIZED REDUCTIONS	\$ _____	\$ _____	

****Health-Related Expenses amount CANNOT be changed mid-year. Please plan carefully.**

AUTHORIZATION

I hereby certify the above information to be correct and true to the best of my knowledge, and that the children for whom I will be claiming dependent or childcare expenses either reside with me in a parent-child relationship or are legally dependent on me for their support. I understand that any amount remaining in my account(s) not used for eligible expenses incurred during the Plan Year will be forfeited in accordance with current plan provisions and tax laws. I further understand that the flexible compensation reductions will be in effect for the Plan Year and cannot be revoked unless I experience a qualified change in status, which only allows for changes in Dependent Care accounts. **I understand Health-Related reductions cannot be revoked under any circumstance.** I also understand that the above reductions may correspondingly reduce my future Social Security benefits.

Signature: _____ Date: _____

Participant: Return original to **4J Human Resources** and retain a copy for your records.