

FOOTHILL-DE ANZA COMMUNITY COLLEGE DISTRICT
Office of Human Resources and Equal Opportunity

FLEXIBLE BENEFITS SPENDING ACCOUNTS - ENROLLMENT FORM

Employee Information

Type of Employee: Please check one: 10 months _____ 11 months _____ 12 months _____

Employee Name (Last, First, Middle Initial) _____

Social Security Number _____

Home Address _____

City _____

State _____

Zip _____

Home Phone _____

Work Phone _____

E-Mail Address _____

Flexible Benefits Spending Account "Before-Tax" Allocations

I authorize Foothill-De Anza Community College District to deduct the following before-tax amount(s) from my paycheck each pay period. These amounts will be credited to my account(s) maintained by Foothill - De Anza Community College District. My account(s) will be used to reimburse me for eligible health care expenses or dependent care expenses I incur during the **2011/2012** Plan Year (July 2011 – June 2012).

	Amount Per Pay Period (A)	# of Pay Periods Annually (B)	Annual Amount (C)	Annual Amount Provisions
Health Care Account	\$ _____	_____	\$ _____ X _____ = \$ _____ (A) X (B) = (C)	Maximum allowed per Plan Year: \$3,000* Minimum required per Plan Year: \$500
Dependent Care Account	\$ _____	_____	\$ _____ X _____ = \$ _____ (A) X (B) = (C)	Maximum allowed per Plan Year: \$5,000* Minimum required per Plan Year: \$500
TOTALS	\$ _____		\$ _____	

***Note:** If you are enrolled in mid-year, the maximum allowance must be *prorated* for the remaining months in the plan year.

Authorization and Agreement

I understand this authorization is for the **2011/2012** Plan Year. I understand these payroll deductions cannot be adjusted during the Plan Year, unless I experience a change in family status. I further understand that any unused amounts remaining in my reimbursement account(s) at the end of the Plan Year will be forfeited.

Signature of Employee _____

Date _____

IMPORTANT: PLEASE RETURN THIS FORM TO THE HR DEPARTMENT WITHIN 31 DAYS OF A LIFE-QUALIFYING EVENT

For office use only: Health care: 017 Job Group: _____

Dependent care: 018 Job Group: _____