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 **period of July-December 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:** $1,500***** **Minimum required per Plan Year:** $250
Dependent Care Account	$ _____	_____	$_____ X _____ = $_____ (A) X (B) = (C)	**Maximum allowed per Plan Year:** $2,500***** **Minimum required per Plan Year:** $250
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 **period of July-December 2012.** 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 LIFE-QUALIFYING EVENT

For office use only: Health care: 017 Job Group: _____ Dependent care: 018 Job Group: _____