

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 **2008/2009** Plan Year (July 2008 – June 2009).

	Amount Per Pay Period	Annual Amount	
Health Care Account: \$ _____	\$ _____	(Maximum allowed: \$3,000) (Minimum allowed: \$500)	
Dependent Care Account: \$ _____	\$ _____	(Maximum allowed: \$5,000) (Minimum allowed: \$500)	
Total: \$ _____	\$ _____		

Authorization and Agreement

I understand this authorization is for the **2008/2009** 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 HR DEPARTMENT WITHIN 31 DAYS OF LIFE QUALIFIED EVENT

For office use only:

Health care: 017 Job Group: _____

Dependent care: 018 Job Group: _____