Enrollment Form: Flexible Spending Account

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PacificSource.com/PSA

EMPLOYEE INFORMATION

Employer name: Fern Ridge School District 28J		Eligibility date: 10/1/2016	
Employee name:		Date of birth:	
Mailing address:	City:	State:	Zip:
Home phone:	Work phone:		
Email address:			

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.

Payroll Deducted Group Insurance Premiums: ☐ Yes ☐ No ■ N/A $ _____ fee per pay period

Benny® Card Enrollment: ☐ Yes ■ No $ _____ fee per month

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

	Per Pay Period Amount	Annual Amount	
Dependent Care Expenses	$_____	$_____	☐ Not applicable
Unreimbursed Eligible Health-Related Expenses	$_____	$_____	☐ Not applicable
Administrative Fee	$3.60	$43.20	☐ Not applicable
TOTAL AUTHORIZED REDUCTIONS	$_____	$_____	

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. I also understand that the above reductions may correspondingly reduce my future Social Security benefits.

Signature: _____ Date: _____

Participant: Return original to your employer and retain a copy for your records. **Employer:** Forward a copy to PacificSource Administrators.