Portland Community College 2020 Flexible Spending Account Enrollment Form

This Flexible Spending Account (FSA) Enrollment Form initiates your participation in the FSA program. Please indicate your election by writing in the ***monthly*** contribution amount you wish for each account and returning this form **within 30 days of benefits eligibility,** to:

- Human Resources Department, DC 321
- Fax to 971-722-5604 (must dial entire #)

To be completed by Benefits Dept.

❒ Open Enrollment
❒ New Hire

❒ Part-time
❒ Full-time

Effective Date: _____

EE Class: _____

_____
Employee name (Last, First, MI)

_____
Address

_____
City **State** **Zip Code** **G Number**

_____
Phone number **Email** **Date of birth** **Gender**

FLEXIBLE SPENDING ACCOUNT (FSA)

This election is for the calendar year 2020.

Please indicate the **MONTHLY** contribution amount(s) below.

❒ Health Care Related Expense Account* $ _____contribution **per month** to a maximum of **$2,700** per calendar year.
(For out-of-pocket health, vision and dental expenses for you, your spouse, and your dependent children) *Note: Part-time faculty are **not** eligible for the Health Care Related Expense account.*

❒ Dependent Care Expense Account $_____contribution **per month** to a maximum of **$5,000** per calendar year, OR **$2,500** if married filing separately.
(For expenses related to childcare of a dependent child or eldercare for elders living in your home which enables you to work).

Name an adult to be responsible for your FSA account in the event of your death or incapacitation:

Name_____Relationship_____

***NOTE: PCC health insurance premiums are taken as a pre-tax payroll deduction and do not qualify as a reimbursable expense.**

AUTHORIZATION AND RELEASE

My signature below indicates that I have read and understand this election form and the descriptive material provided. This election is binding on me and cannot be revoked or modified except under limited circumstances as established by PCC and the IRS.

I authorize PCC to enroll me in the plans I have elected and to reduce my pay by the agreed upon amount(s). I further understand that any contributions for flexible spending accounts will be on a pre-tax basis.

I declare that the information furnished on this form is true, correct, and complete to the best of my knowledge.

X _____

Signature Date