



## FLEXIBLE SPENDING ACCOUNT PLAN ENROLLMENT AND STATUS CHANGE



**Plan Year October 1, 2020 through September 30, 2021**

Check one:       **SEIU**                       **Non-Represented**

|                 |               |           |                    |
|-----------------|---------------|-----------|--------------------|
| Last Name       | First Name    | MI        | Employee ID Number |
| Mailing Address | City          | State     | Zip Code           |
| Email Address   | Date of Birth | Home/Cell | Work Phone         |

Status Change (check box below)

|                                                           |                                                                          |                                                         |
|-----------------------------------------------------------|--------------------------------------------------------------------------|---------------------------------------------------------|
| <input type="checkbox"/> Marriage<br>Date: _____          | <input type="checkbox"/> Change in day care provider/cost<br>Date: _____ | <input type="checkbox"/> Open Enrollment<br>Date: _____ |
| <input type="checkbox"/> Birth or Adoption<br>Date: _____ | <input type="checkbox"/> Death of spouse or dependent<br>Date: _____     | Employment Status Change<br>Date: _____                 |

| <i>For office use only:</i> <input type="checkbox"/> General <input type="checkbox"/> Limited | <b>ANNUAL<br/>DEDUCTION</b>                                                                  |
|-----------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Health Care Pre-Tax Election                                         | Maximum Annual Limit - \$2,700*<br><i>\$20 per month Minimum; \$220.83 per month Maximum</i> |
| <input type="checkbox"/> Child Care Pre-Tax Election                                          | Maximum Annual Limit - \$10,500*<br><i>\$20 per month Minimum</i>                            |

\* Maximum annual amount will be adjusted for late hires/enrollments.

I hereby certify the above information to be correct and true to the best of my knowledge. I further understand the following:

- **If have an Health Savings Account (HSA) through PPS (for employees enrolled in Moda Evergreen or Kaiser Plan 3) or my spouse, I may use the Limited FSA Health Care Pre-Tax Election for dental and vision expenses only;**
- **I will be sure to respond to debit card document requests, as undocumented debit card transactions are now taxable on my W-2;**
- The child(ren) 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 may not claim any reimbursement for my domestic partner, or his/her children, unless they are considered a taxable dependent by IRS definition;
- Same-sex spouse expenses are eligible for reimbursement;
- These choices are effective through the end of the plan year (September 30, 2019) and there may be no changes permitted to the above elections, unless there is a qualifying change in my status and I notify you of this change by submitting a new enrollment form for approval by the Benefits Department within 31-days of the change;
- **I will forfeit amounts deposited to my account if I do not incur enough eligible expenses to use them by the end of the plan year;**
- The above reductions may correspondingly reduce my future Social Security benefits;
- If I leave my employment prior September 30, 2019 and I want to continue (COBRA) my FSA, I must contact PPS benefits within 30 days of my last day of work to elect to continue my election with after-tax dollars.

**Employee Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

Please send completed form to:    [benefits@pps.net](mailto:benefits@pps.net)                      Fax: (503) 916-3107 or  
 Portland Public Schools | Benefits department – BESC | P.O. Box 3107 | Portland, OR 97208-3107

*For Office Use Only*- Effective date \_\_\_\_\_ Approved By \_\_\_\_\_