



FLEXIBLE SPENDING ACCOUNT PLAN ENROLLMENT AND STATUS CHANGE



Plan Year January 1, 2021 through December 31, 2021

Check one: ATU DCU PFSP PAT

Last Name	First Name	Employee ID Number	
Mailing Address	City	State	Zip Code
Email Address	Date of Birth	Home Phone	Work Phone

Status Change (check box below)

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

	ANNUAL DEDUCTION
<input type="checkbox"/> Health Care Pre-Tax Election Annual Min - \$240.00 Annual Max - \$2,750.00* <div style="text-align: center; color: red; font-weight: bold;"> Be sure to respond to debit card document requests, as undocumented debit card transactions are now taxable on your W-2. </div>	\$
<input type="checkbox"/> Child Care Pre-Tax Election Annual Min - \$240.00 Annual Max - \$10,500.00*	\$

* 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:

- **PeopleSoft will calculate my monthly deduction based on my annual pledge. If I do not receive a paycheck each month, either because I elected to be paid on a 10-month pay cycle, or did not work, PeopleSoft will recalculate my new monthly deduction based on the remaining balance of my annual pledge and the remaining months in the plan year;**
- The child(ren) for whom I will be claiming dependent or childcare expenses is my taxable dependent by IRS definition;
- Same-sex spouse expenses are eligible for reimbursement;
- These choices are effective through the end of the plan year (December 31, 2021) and there may be no changes permitted to the above elections, unless there is a 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;
- I may not claim any reimbursement for my domestic partner, or his/her children, unless they are considered a taxable dependent by IRS definition;
- If I am newly enrolled, I will automatically receive a Benny Card from PacificSource to directly pay for certain FSA Health Care expenses.
- If I leave my employment prior December 31, 2021 and I want to continue (COBRA) my FSA, I must contact PPS benefits within 31 days of my last day of work to elect to continue my election with after-tax dollars.

Employee Signature _____ **Date** _____

PLEASE SEND THE COMPLETED FORM TO: EMAIL: benefits@pps.net FAX: (503) 916-3107 OR
MAIL: PORTLAND PUBLIC SCHOOLS | BENEFITS DEPARTMENT – BESC | P.O. Box 3107 | PORTLAND, OR 97208-3107

For Office Use Only- EFFECTIVE DATE _____	APPROVED BY _____
---	-------------------