



FLEXIBLE SPENDING ACCOUNT PLAN ENROLLMENT AND STATUS CHANGE



Plan Year October 1, 2022 through September 30, 2023

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 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: _____

<i>For office use only:</i> <input type="checkbox"/> General <input type="checkbox"/> Limited	ANNUAL DEDUCTION
<input type="checkbox"/> Health Care Pre-Tax Election	Maximum Annual Limit - \$2,850* <i>\$20 per month Minimum; \$237.50 per month Maximum</i>
<input type="checkbox"/> Child Care Pre-Tax Election	Maximum Annual Limit - \$5,000* <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 I have a Health Savings Account (HSA) through PPS (for employees enrolled in Moda Medical Plan 6 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, 2023) 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, 2023 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 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 _____