



2010 Flexible Spending Account Enrollment Form

To be completed by Benefits Dept.

Open Enrollment

Part-time

Full-time

Effective Date: January 1, 2010

EE Class: _____

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 by 12/4/09 to: Human Resources Department, CA SSB 300, or fax to 503-978-5604.

Employee name (Last, First, MI) _____

Address _____

City _____ State _____ Zip Code _____ Social Security Number (not G number) _____

Phone number _____ Email _____ Date of birth _____ Gender _____

FLEXIBLE SPENDING ACCOUNT (FSA)

This election is for the calendar year 2010.

Please indicate the MONTHLY contribution amount(s) below.

- Health Care Related Expense Account* \$ _____ contribution **per month** to a maximum of \$3,000 per calendar year.
(For out-of-pocket health and dental expenses for you, your spouse, and your dependent children)
- 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)

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

Name _____ Relationship _____

*NOTE: PCC medical/dental premiums are deducted from your paycheck on a pre-tax basis, and do not qualify for FSA's.

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

