



Part-time Faculty 2010 Flexible Spending Account Enrollment Form

This 2009 Flexible Spending Account (FSA) Enrollment Form initiates your participation in the FSA program. Please indicate your election by writing in the contribution amount you wish per pay period 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 contribution amount per pay period below.

- Dependent Care Account \$ _____ contribution **per pay period** 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 _____

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

To be completed by Benefits Dept.

- Open enrollment
- Part-time

Effective Date: January 1, 2010
EE Class: AJ Bi-Weekly

Manley Administrative Services Co.

1-800-422-7038

1-541-485-7488

Example:

Gretchen pays \$600 per month toward child care for her daughter, so her total yearly cost for child care expenses is \$7,200. The maximum yearly amount for the dependent care account is \$5,000, so Gretchen decides to enroll in the dependent care account for \$192.30 per pay period ($\$192.30 \times 26 = \4999.80).

When determining your total yearly dependent care costs, employees that are off during the summer or employees working reduced schedules part of the year need to remember to consider their reduced dependent care costs for those months that they have little or no dependent care needs.