



Part-time Faculty 2020 Flexible Spending Account Enrollment Form

This 2020 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 **5pm on December 2, 2019**, to:

- Human Resources Department, DC 321
- Fax to 971-722-5604 (must dial entire #)

Employee name (Last, First, MI)

Address

City	State	Zip Code	G Number
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Phone number	Email	Date of birth
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FLEXIBLE SPENDING ACCOUNT (FSA)

*This election is for the calendar year 2020. 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 which enables you to work).

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 Faculty

Effective Date: January 1, 2020

EE Class: AJ Bi-Weekly