

Healthcare Flexible Spending Account Enrollment Form
Active Employee
2007 Plan Year – Instructions
Enroll online at <https://pebb.benefits.oregon.gov/members>

Complete this form to enroll in Healthcare Flexible Spending Account (FSA) for 2007, as a newly hired employee or during Open Enrollment.

Eligible employees may establish a Healthcare flexible spending account to use pre-tax income to pay for eligible healthcare expenses.

Review detailed information online at www.oregon.gov/DAS/PEBB or refer to the PEBB Healthcare Flexible Spending Account information in the 2007 PEBB Benefit Handbook.

- This is an annual account, so you must enroll each year if you want to participate. Because it is a **“use-it-or-lose-it”** account, you begin each year with a zero balance. You determine your deposits for the next year with each enrollment.
- Keep in mind: this is a **spending** account, not a **savings** account. If you do not incur the same level of out-of-pocket expenses that you deposit in the account during the year and grace period, you will forfeit the balance. By IRS code, FSAs are **“use-it-or-lose-it”** accounts. So estimate conservatively
- You will have until March 31, 2008, to submit claims for eligible expenses incurred during your participation in 2007. The IRS allows a “grace period” for FSAs; it runs from January 1 through March 15 in the year following the plan year. If you have funds remaining in your plan-year account and you incur eligible expenses during the grace period, those expenses may be reimbursed using previous plan-year deposits
- You will be reimbursed only for expenses incurred during your participation in the plan. If you enroll for an FSA after January 1, you can be reimbursed only for expenses you incur on or after the date your account goes into effect.
- Effective date of enrollment is the first of the month following the receipt of the appropriate forms or the qualifying status change event (QSC), **whichever is later**.
- If you are enrolling during Open Enrollment, your first deduction will be taken from your first 2007 pay check.
- Active participation requires that you meet the criteria for eligible employee as defined by PEBB as an employee who works a minimum of 80 paid regular hours per month, is in a job share position, 0.5 FTE for an OUS employee or as defined by collective bargaining agreements. Participation will be terminated if you lose eligibility. You will need to re-enroll in the plan when you regain eligibility.
- BenefitHelp Solutions (BHS) administers the FSA plans. When your account is established, BHS will send a welcome packet with a form for you to use in requesting reimbursements for eligible expenses. Contact BHS at (503) 765-3572 in Portland or (800) 556-2230 statewide if you have any questions about your FSA reimbursement or account balance

SECTION A - EMPLOYEE INFORMATION

- Complete each item in this section.
- Check whether you are enrolling during Open Enrollment or as a new employee.
- If you are enrolling as a new employee, enter your hire date.

SECTION B - CONTRIBUTION AMOUNT

- Total Year Election:
 - The annual maximum you may deposit into each FSA account in 2007 is \$5,000.
 - If you participate in the healthcare FSA and your spouse also has a healthcare FSA through the state or another employer, your individual contribution limit is still \$5,000.
- You can change your contribution amount midyear because of and consistent with a qualified status change event (QSC).
- If you work less than 12 months in a calendar year, calculate your monthly deposit based on the effective date of enrollment and the number of months you will work.
- OUS members should calculate Healthcare FSA monthly deposits based on the number of pay periods.

SECTION C – DEPENDENT INFORMATION

You do not need to list your dependents under the Healthcare FSA.

SECTION D – EMPLOYEE SIGNATURE AND AUTHORIZATION

Read this section carefully. Sign and date the form. Make a copy for your records, and submit the completed form to your agency/university payroll, personnel or benefits office.



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SECTION A - EMPLOYEE INFORMATION

<input type="checkbox"/> NEW EMPLOYEE		HIRE DATE :		<input type="checkbox"/> OPEN ENROLLMENT	
LAST	FIRST	MI	ID NUMBER (SSN, OUS#, Benefit #)		
DATE OF BIRTH (MM-DD-YYYY)			GENDER <input type="checkbox"/> FEMALE <input type="checkbox"/> MALE		
RESIDENCE ADDRESS <input type="checkbox"/> New Address		CITY	STATE	ZIP	
		COUNTY	HOME PHONE		
MAILING ADDRESS (if different from above) <input type="checkbox"/> New Address		AGENCY	WORK PHONE		
EMAIL					

SECTION B - CONTRIBUTION AMOUNT

- Indicate the **monthly** amount you wish to contribute **through payroll deduction** to your healthcare FSA.
- OUS members please see instruction sheet for calculating your total election.

Plan	Monthly Contribution	Number of Months	Maximum Total Election for the year is \$5,000 (Monthly Contribution x Number of Months)
Healthcare FSA	\$		\$

SECTION C - DEPENDENT INFORMATION

No dependent information is required.

SECTION D - EMPLOYEE SIGNATURE AND AUTHORIZATION

I verify that I am eligible to participate in the PEBB Healthcare FSA.

- I agree:
- Not to deduct or claim credit for any of the expenses reimbursed through an FSA on my individual income tax return.

- I understand that:
- FSA's are subject to current federal government regulations and to any future tax changes required by the federal government.
 - The elections I have made are in effect, as long as eligibility requirements are met, for the 2007 plan year.
 - If I do not incur the anticipated expenses during the plan year or the grace period and I do not file for reimbursement by March 31, 2008, all dollars remaining in my account will be forfeited. This is a "use-it-or-lose-it" account.
 - I can change my contribution amount during the plan year because of and consistent with a qualified status change.
 - This is an annual account, so I must enroll during Open Enrollment if I want to continue participation from year to year. I determine my deposits for the next year with each enrollment.

I have read the PEBB Benefit material. I understand the limitations and qualifications of this program.

Employee Signature

Date: