



Peralta Community College District
Flexible Benefits Plan Enrollment Form
January 1, 2009-December 31, 2009

If you wish to participate in any portion of the flexible benefit plan you must complete the following section. You may elect to participate in one, or any combination of the three benefits out lined below.

Return this completed form to your Benefits/ Human Resources Representative

SECTION A - EMPLOYEE DATA (PLEASE PRINT OR TYPE)
Name: SSN: Home Phone:
Street Address:
City: State: Zip Code:
DOB (date of birth): Date of Hire: Date of First Contribution (payroll date):
Email:

SECTION B - Dependent Information- Please list your Dependent Information below:
Spouse: DOB: Dependent: DOB:
Dependent: DOB: Dependent: DOB:

SECTION C - I ELECT TO PARTICIPATE IN THE PLAN. I authorize my employer to reduce my salary by the amounts indicated below.
1. COMPANY SPONSORED INSURANCE PREMIUMS (check one) YES NO
2. MEDICAL REIMBURSEMENT ACCOUNT (annual maximum of \$2500 each plan year) YES NO
3. DEPENDENT DAYCARE ACCOUNT YES NO

SECTION E - EMPLOYEE AUTHORIZATION AND SIGNATURE
I understand that:
I cannot change this election during the plan year unless I undergo a change in family status.
Any unused funds left in my account at the end of the plan year are forfeited.
If I terminate my employment, whether voluntarily or involuntarily, and do not elect to COBRA my Medical Reimbursement Account, I can only submit expenses incurred prior to my termination date.
My Social Security Benefits/Disability may be affected by this election.
I cannot claim a tax credit for any expenses paid for by this Plan.
If I elect to participate in the Dependent Daycare Account I must file IRS Form 2441 with my tax return.
This election replaces any prior elections and will terminate at the end of the plan year, or if this plan is terminated.

Date: Employee Signature: