

**PEBB Dependent Care Assistance Program (DCAP)
Flexible Spending Account Enrollment Form
Active Employee
2009 Plan Year – Instructions**
Enroll online at <https://pebb.benefits.oregon.gov/members>

Complete this form to enroll for a Dependent Care Assistance Program (DCAP) Flexible Spending Account (FSA) for 2009, as a newly hired employee or during Open Enrollment.

- Effective date for Open Enrollment is January 1, 2009. Effective date for a mid-year enrollment is the first of the month following receipt of the appropriate forms or the event date, **whichever is later**.
- If you terminate employment, no contribution to your account will be taken from your final pay.
- Application Software, Inc. (ASIFlex) administers the DCAP plan. If you have any questions about your DCAP reimbursement or account balance, contact ASIFlex at 1-800-659-3035 or www.asiflex.com. Detailed information is available on-line at www.asiflex.com or at www.oregon.gov/DAS/PEBB in the Summary Plan Document.

SECTION A – EMPLOYEE INFORMATION - Complete each item in this section.

SECTION B – CONTRIBUTION AMOUNT

- **Total Year Election:** Calculate your monthly deposit based on the effective date of enrollment and the number of calendar months remaining in the year (Open Enrollment is 12 months). If you are an **academic** or **university employee** your number of contributions for the year is based on the number of paychecks received in the year. For additional information contact your benefit representative.
 - If you are married filing jointly – the limit is up to \$5,000 in the calendar year.
 - Single or head of household – the limit is up to \$5,000 in the calendar year.
 - If you are married and filing separately – the limit is up to \$2,500 in the calendar year.
 - If both spouses work and participate in a DCAP (even if through different employers), the up to \$5,000 limit in the calendar year applies to the combination of both accounts.

SECTION C – DEPENDENT INFORMATION

- You must list your dependents under the Dependent Care Assistance Program (Flexible Spending Account).
- **If you do not list your eligible dependents, your enrollment will not be processed.**

SECTION D – EMPLOYEE SIGNATURE AND AUTHORIZATION

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



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Active Employee – 2009 Plan Year**

SECTION A - EMPLOYEE INFORMATION

<input type="checkbox"/> NEW EMPLOYEE		HIRE DATE :		<input type="checkbox"/> OPEN ENROLLMENT	
LAST		FIRST		MI	ID NUMBER (SSN, University, 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
E-MAIL					

SECTION B - CONTRIBUTION AMOUNT

See Instructions:

Plan	Monthly Contribution	Number of Months	Total Year Election (Monthly Contribution x Number of Months)
Dependent Care Assistance Program	\$		\$

SECTION C - DEPENDENT INFORMATION

List all eligible dependents. Your dependents **do not need to be enrolled** for coverage in any other PEBB plan.

Last Name:	First Name:	MI	Relationship:	DOB: (mm-dd-yyyy)

SECTION D - EMPLOYEE SIGNATURE AND AUTHORIZATION

I **verify** that I am eligible to participate in the PEBB Dependent Care Assistance Program.

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:

- To be eligible to participate in the Dependent Care Assistance Program, I must list my eligible dependents.
- DCAPs 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 PEBB eligibility requirements are met for the 2009 plan year.
- If I do not incur the anticipated expenses during the plan year or grace period and I do not file for reimbursement by March 31, 2010, I forfeit my remaining balance.
- I can change my contribution midyear only if I experience a qualified status change. The request must be consistent with the qualifying status change.
- This is an annual account I must enroll during Open Enrollment to continue participation from year to year. I determine my deposits for the next year with each enrollment.

I understand the limitations and qualifications of this program.

Employee Signature

Date

Approved By: (initial)	Date:	Approved Effective Date:	PDB Updated By: (initial)
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