

GROUP PLAN SOLUTIONS

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FLEXIBLE SPENDING ENROLLMENT FORM

EMPLOYER NAME: Pekin Public Schools District 108	PLAN YEAR: July 1, 2020 - June 30, 2021
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PARTICIPANT PROFILE			
First Name	Middle Initial	Last Name	
Social Security Number	Date of Birth	Male <input type="checkbox"/>	Single <input type="checkbox"/>
		Female <input type="checkbox"/>	Married <input type="checkbox"/>
Address			
City		State	Zip Code
Home Phone		Work Phone	
Email Address			
Are you covered by Medicare? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, Medicare ID		
Are you covered by other insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, name and ID of other insurance		

FLEXIBLE SPENDING ACCOUNT ELECTION

The **Health Care Spending Account** allows you to use pretax dollars to pay for certain expenses which are not 100% covered or may be ineligible for payment through any group insurance plan(s).

I elect to participate in the Health Care Flexible Spending Account.

Contribution Per Pay Period	Number of Pay Periods Remaining in Plan Year	Fee	Total Annual Election	Maximum election = \$2,750
\$_____.	X <u>20</u>	+ \$52.20	= \$_____.	

The **Dependent Care Spending Account** allows you to use pretax dollars to pay for employment-related dependent care expenses for dependents who are claimed on your annual tax return. (\$5,000 Annual maximum if married filing jointly; \$2,500 if single or married and filing separate returns.)

I elect to participate in Dependent Care Spending Account.

Contribution Per Pay Period	Number of Pay Periods Remaining in Plan Year	Fee	Total Annual Election	Maximum election = \$5,000
\$_____.	X <u>20</u>	+ \$52.20	= \$_____.	

DEPENDENTS – Must be completed for all family members

Dependent Name	Relationship	Date of Birth	Male <input type="checkbox"/> Female <input type="checkbox"/>
Social Security Number	Full Time Student <input type="checkbox"/> Yes <input type="checkbox"/> No	Other Insurance <input type="checkbox"/> Yes <input type="checkbox"/> No	Other Insurance name and ID

Dependent Name	Relationship	Date of Birth	Male <input type="checkbox"/> Female <input type="checkbox"/>
Social Security Number	Full Time Student <input type="checkbox"/> Yes <input type="checkbox"/> No	Other Insurance <input type="checkbox"/> Yes <input type="checkbox"/> No	Other Insurance name and ID

Dependent Name	Relationship	Date of Birth	Male <input type="checkbox"/> Female <input type="checkbox"/>
Social Security Number	Full Time Student <input type="checkbox"/> Yes <input type="checkbox"/> No	Other Insurance <input type="checkbox"/> Yes <input type="checkbox"/> No	Other Insurance name and ID

WAIVER

I elect to WAIVE participation in both the Health and Dependent Care Flexible Spending Accounts offered by my Employer.

SIGNATURE

I authorize my employer to adjust my pay as required by my flexible spending account election. I understand that the benefit option I have elected will remain in force throughout the plan year and cannot be increased or decreased, unless I have a change in family status or other qualifying event. A change in family status includes marriage, divorce, death of a spouse or dependent, birth or adoption of a child, a change in my spouse's employment or such other events the plan document may allow. I am aware that any unused funds in my account after the plan year ends may be forfeited subject to the terms of the plan document.

I hereby certify the above information to be true and correct. I understand that this agreement is subject to the terms and conditions of the employer's plan, as amended from time to time and that this plan shall be governed by and construed in accordance with applicable laws. I understand that this document revokes any and all prior elections for participation in the flexible spending plan.

Date _____ Signature _____

EMPLOYER INFORMATION – FOR OFFICE USE ONLY

Status: <input type="checkbox"/> Active <input type="checkbox"/> COBRA	Date of Hire	Flex Effective Date
Hours Worked per Week	Payroll Frequency <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Monthly	
Division	Division Effective Date	