

LANE COMMUNITY COLLEGE – SECTION 125 BENEFITS ENROLLMENT (2020)

SUBMIT FORMS TO: 4000 E 30th Ave, Eugene, OR 97405 OR Fax (541) 463-3970

EMPLOYEE INFORMATION					
L#	SSN	Birth Date	Gender	Hire Date	Employee Status
Last Name			First Name		
Address, City, State, Zip Code					
Preferred Email			Preferred Phone		

FAMILY INFORMATION – Complete if you wish to enroll dependents				
<input type="checkbox"/> Spouse <input type="checkbox"/> Child	Last Name	First Name	Gender	Birth Date
<input type="checkbox"/> Spouse <input type="checkbox"/> Child	Last Name	First Name	Gender	Birth Date
<input type="checkbox"/> Spouse <input type="checkbox"/> Child	Last Name	First Name	Gender	Birth Date
<input type="checkbox"/> Spouse <input type="checkbox"/> Child	Last Name	First Name	Gender	Birth Date
<input type="checkbox"/> Spouse <input type="checkbox"/> Child	Last Name	First Name	Gender	Birth Date

PLAN ELECTIONS					
Plan Type	Per Pay Period Amount		# of Pay Periods		Annual Election
Healthcare Flexible Spending Account (FSA)	\$	x		=	\$
Dependent Care (Daycare) FSA	\$	x		=	\$

AUTHORIZATION	
<p>I certify the above information to be true to the best of my knowledge and that the children for whom I will be claiming expenses either reside with me in a parent-child relationship or are legally dependent on me for their support. I understand that any amounts remaining in my account(s) not used for qualified expenses incurred during the Plan Year will be forfeited in accordance with current Plan provisions and tax laws. Furthermore, I agree that the IRS regulations state four conditions: (1) any expenses I/we incur must be within the Plan Year; (2) any expenses I/we incur must not be covered by any other sources, such as insurance; (3) I/we must provide proper documentation to receive payment; (4) I/we cannot change or revoke elections during the Plan Year unless there is a specific change in status and my employer allows such changes. Please see Summary Plan Description for details.</p> <p>By signing below, I agree that I am voluntarily participating in this plan and authorizing Lane Community College to deduct the election amount(s) noted above from my payroll checks.</p>	
Employee Signature	Date Signed

EMPLOYER/BENEFITS INFORMATION – For Human Resources Office Use Only			
Effective Date	First Payroll Date	Annual Employer Contribution	Payroll Schedule