LANE COMMUNITY COLLEGE – SECTION 125 BENEFITS ENROLLMENT FORM (2019)

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

EMPLOYEE INFORMATION

L#	SSN*	Last Name	First Name

Home Address

Birth Date*	Gender Identity	Phone	Preferred Email

FAMILY INFORMATION – Complete if you wish to enroll dependents

Relationship	SSN*	Last Name	First Name	Gender Identity	Birth Date*
☐ Spouse ☐ Child					
☐ Spouse ☐ Child					
☐ Spouse ☐ Child					
☐ Spouse ☐ Child					
☐ Spouse ☐ Child					
☐ Spouse ☐ Child					

PLAN ELECTIONS

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

AUTHORIZATION

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.

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.

Employee Signature	Date Signed

*Social Security and date of birth for employees and their dependents are required for HRA reporting purposes to the Centers for Medicare and Medicaid Services as part of the Medicare, Medicaid, and SCHIP Extension Act of 2007. Enrollment forms without this required information will be returned for completion.

EMPLOYER/BENEFITS INFORMATION – For Human Resources Office Use Only

Effective Date	First Payroll Date	Annual Employer Contribution	Massage Benefit Eligible	Payroll Schedule
			☐ Yes ☐ No	