# CONEXIS
# FLEXIBLE BENEFITS ENROLLMENT FORM

**Complete this form and return it to your Employee Benefits Department**

**LOS RIOS COMMUNITY COLLEGE DISTRICT**
**Calendar Year 2009**

## PART 1 – EMPLOYEE DATA

**Employee Name (Last, First MI.)**

**Social Security Number**

**Home Address (include apartment number)**

**City** **State** **Zip Code**

**Date of Birth** **Date of Hire** **Sex (M or F)**

## PART 2 – ELECTIONS

### Health Care Reimbursement Account

Annual maximum allowable is $5,000.

☐ I elect to participate $_____ per pay period x ____ remaining pay periods = $ _____Plan Year Total

☐ I elect to waive coverage

### Dependent Care Reimbursement Account

Annual maximum allowable is:
- $5,000 for married filing jointly or single
- $2,500 if married filing separately

☐ I elect to participate $_____ per pay period x ____ remaining pay periods = $ _____ Plan Year Total

☐ I elect to waive coverage

## PART 3 – AUTHORIZATION

I have reviewed the terms of my employer's Flexible Benefits Plan. I understand that I may elect coverage under any or all of the above components. I understand that the premiums for the coverages that I elect will be deducted from my compensation on a pre-tax basis and the deductions cannot be changed until the next plan year unless there is a change in status. I have read and agreed to the terms of participation.

_____ _____ _____
Employee's Signature Employee ID Date