

*SAN DIEGO UNIFIED SCHOOL DISTRICT*

# *BENEFITS INFORMATION FOR NEWLY ELIGIBLE EMPLOYEES*

*January 1, 2009 Through December 31, 2009*



**IMPORTANT: You are not automatically enrolled in a medical, dental or vision plan.**

## **WHAT YOU NEED TO DO**

- **Review this information carefully**
- **Choose the coverage combination that is right for you**
- **Return all your enrollment forms to the Benefits Operations Office within 31 days from your first day of employment.**
- **When including a spouse, a marriage certificate is required**
- **When including children, birth certificates are required**

## HOW TO USE THE EMPLOYEE BENEFITS INFORMATION PACKET

San Diego Unified School District offers a comprehensive benefits package to Eligible Employees and their Eligible Dependents. There is a choice of three medical and three dental plan options, vision coverage, employee assistance program, district paid employee basic life insurance equal to one times your annual rate of basic earnings, voluntary employee life insurance, voluntary dependent life insurance, and voluntary accidental death and dismemberment coverage to select in order to meet the needs of you and your family members.

Eligible employees may also choose to participate in a Health Care and/or Dependent Day Care Flexible Spending Account (FSA).

As a new employee, it is very important that you take specific action regarding enrollment in district-sponsored benefits plans **WITHIN 31 DAYS** of becoming eligible for the coverage. To enroll for benefits, please take the following steps:

1. Please read all of the information in the benefits packet carefully.
2. Decide which medical and dental plan best meets your needs and the needs of your family. **Please note that you and your eligible dependents must be enrolled in the same plans.** (*PacifiCare members that have dependent students that live out of the area are eligible to enroll in a plan that provides care within a 30 mile radius from their home.*)
3. Indicate the medical and dental plans you have selected on the enclosed enrollment forms. Please note that the vision coverage is designated when you enroll in the dental plan and, enrollment for basic life insurance is automatic - no enrollment form is required.
4. Return the completed and signed forms to the Employee Benefits Operations Office, Eugene Brucker Education Center, Room 1150-A, **within 31 days** of becoming eligible for coverage.
  - Marriage Certificate is required
  - Registration for Domestic Partnership is required
  - Birth Certificate for dependent child(ren) is required
  - Declaration of Dependent Eligibility form and proof of full-time student status with 12 units or more from an accredited college/vocational school must be provided for eligible dependents who are at least nineteen (19) years of age, but less than twenty-five (25) years of age. **Each January and September this information will be required to maintain dependent coverage in the benefit plans.**
  - Disabled child certification must be provided upon enrollment and when requested thereafter. In order to maintain coverage for a dependent with a mental disability or physical handicap the approval by the medical carrier must be enforce prior to age nineteen.

Incomplete enrollment forms **will not** be accepted!

## ELIGIBILITY

### **Eligible Employees**

An active employee, in paid status, in a monthly-salaried position of half-time or more is eligible for medical, dental, vision, employee assistance program and life insurance coverage.

A **Certificated** employee, in paid status, in a monthly-salaried position of half-time or more may enroll in district-sponsored benefits plans **within 31 days** of either: a.) the paid service begin date b.) the acceptance of offer date, or c) the contract signature date whichever is the later.

**Please Note:** No eligible employee can be required to give up their right to participate in a benefits plan in order to obtain a particular job assignment.

### **Eligible Dependents**

Eligible Dependents are:

1. An eligible employee's legal spouse (marriage certificate will be required) who has not entered a final decree or divorce or an annulment from the employee and is not on active duty as a member of the armed forces, an unmarried employee's registered same-sex domestic partner who is not on active duty as a member of the armed forces and is not legally married to another individual or an unmarried employee's registered opposite-sex partner where one individual is over the age of 62 and is not on active duty as a member of the armed forces and is not legally married to another individual.
2. An eligible employee's unmarried child (including any stepchild, child of the employee's registered same-sex domestic partner, legally adopted child, or child for whom the employee is named legal guardian by court order) who has not reached his/her nineteenth (19th) birthday, is not covered for benefits as an employee, and is not on active duty as a member of the armed forces.
3. An eligible employee's unmarried child (including any stepchild, child of the employee's registered same-sex domestic partner, legally adopted child, or child for whom the employee is named legal guardian by court order) who is at least nineteen (19) years of age but less than twenty-five (25) years of age, is primarily dependent upon the employee for support and maintenance, and attends an accredited college, university, or vocational/technical school as a full-time student enrolled in 12 units or more. The vocational/technical school must be approved by the State Department of Education.
4. An eligible employee's unmarried child (including any stepchild, child of the employee's registered same-sex domestic partner, legally adopted child, or child for whom the employee is named legal guardian by court order) who is at least nineteen (19) years of age, is primarily dependent upon the employee for support and maintenance, and is incapable of self-sustaining employment because of mental disability or physical handicap incurred prior to age nineteen (19).

Dependents that are in active, full-time military service are not eligible for coverage.

## EFFECTIVE DATE

An employee's coverage under the district-sponsored medical, dental, vision, and basic life insurance plans becomes effective as follows:

### EMPLOYEES HIRED BETWEEN THE 1<sup>ST</sup> AND THE 15<sup>TH</sup> OF THE MONTH

For employees hired between the 1<sup>st</sup> and 15<sup>th</sup> of the month, benefits will become effective on the first day of the month following the first day of paid service in a monthly salaried position of half-time or more, provided the employee is actively at work and the appropriate enrollment forms are received in the Employee Benefits Operations Office within 31 days from the date the employee becomes eligible for coverage (i.e. A unit member starting on August 10<sup>th</sup> would become eligible for benefits on September 1<sup>st</sup>)

### EMPLOYEES HIRED AFTER THE 15<sup>TH</sup> OF THE MONTH

For employees hired after the 15<sup>th</sup> of the month, benefits will become effective the first day of the second full month of paid service in a monthly salaried position of half-time or more, provided the employee is actively at work and the appropriate enrollment form are received in the Employee Benefits Operations Office within 31 days from the date the employee becomes eligible for coverage (i.e. A unit member starting on August 26<sup>th</sup> would become eligible for benefits on October 1<sup>st</sup>).

Coverage for Eligible Dependents who are included on an employee's enrollment form becomes effective the same date as the employee's coverage.

For Eligible Dependents acquired after an employee's benefits become effective, an enrollment form must be submitted to the Employee Benefits Operations Office **within 31 days** of the date the dependent becomes eligible (i.e., **within 31 days** following the date of marriage, birth, adoption, etc.); otherwise, enrollment is permitted only during the annual Open Enrollment period held in November with coverage effective the following January 1st. (Note: An eligible registered same-sex domestic partner not included on a new employee's enrollment form may be added within 31 days of registering as domestic partners or during an open enrollment period.)

## MEDICAL AND DENTAL COVERAGE

### Enrollment Procedure

You are not automatically enrolled in a medical or dental plan. **To elect coverage for yourself and your Eligible Dependents, you must complete the enclosed enrollment forms and return them to the Employee Benefits Operations Office within 31 days of becoming eligible for coverage.** An informational packet regarding tax implications related to enrolling a registered same-sex domestic partner is available in the Employee Benefits Operations Office by calling (619) 725-8130.

**PLEASE NOTE:** Except as noted below, if the enrollment forms are not received in the Employee Benefits Operations Office within the specified time limits, you **will not** be eligible to enroll for coverage until the next annual open enrollment period. **Employees are urged to give careful consideration to the consequences of not enrolling when first eligible.**

**Exception:** When an employee or a dependent does not enroll for medical coverage because he/she has other coverage, a federal law known as HIPAA permits enrollment at times other than open enrollment when a loss of the other coverage occurs through no fault of your own. An appropriate enrollment application must be

completed **within 31 days** following the loss of the other coverage. This special enrollment provision also allows an employee to enroll for coverage for self/dependents **within 31 days** of acquiring a new dependent; i.e., marriage, birth, adoption, placement for adoption, or registration of domestic partner.

**Information About the Medical and Dental Plans**

Selecting a medical and dental plan is an important and personal matter. Among the many factors which need to be considered are type of plan, out-of-pocket expenses, level of coverage, convenience, service area, and the quality and number of physicians, dentists, and other providers.

Included in this packet are two large summary sheets. These sheets, white for medical and tan for dental, present a summary of each plan's benefits and copays. You should study these summaries very carefully to determine which of the medical/dental plans offered best meets your needs and the needs of your family. Please note that the summaries provide merely a brief comparison of the major benefits of the plans. Each plan is governed by an official plan document/contract.

For calendar year 2009, the district offers three medical and three dental plan options to Eligible Employees and their Eligible Dependents as follows:

**Medical Plans**

<b><u>Name of Plan</u></b>	<b><u>Type of Plan</u></b>
PacifiCare HMO	HMO
PacifiCare POS	Point-of-Service Plan
Kaiser Foundation Health Plan	HMO

**PacifiCare HMO** and **Kaiser** are **HMO's (Health Maintenance Organizations)**. Members must live within specified service areas. There are no deductibles to meet before benefits are payable and, in most cases, claim forms are not required. Services must be obtained from specific doctors and facilities. When you enroll in these plans, you will select a Primary Care Physician (PCP) who will direct all your medical care including arranging for referrals to specialists and other participating providers for laboratory tests, x-rays, hospitalization, and medications. Many services are provided at no cost; however, some services and supplies require a copay. (A copay is an amount that the member must pay.)

The **PacifiCare POS plan** is similar to the PacifiCare HMO. A member must live within a PacifiCare network service area and must select a PacifiCare Primary Care Physician (PCP) who coordinates all their In-Network medical care. However, the POS plan offers additional flexibility which allows the member to choose between their PacifiCare provider, or any other licensed health care provider (not affiliated with their PacifiCare PCP), each time they seek medical care. When Out-of-Network providers are used, lower benefits are received, annual deductibles must be met, and claim forms are required for reimbursement of Covered Expenses. Services are subject to review by the plan for medical necessity determination. Benefits for some services are provided In-Network only.

**Dental Plans**

<b><u>Name of Plan</u></b>	<b><u>Type of Plan</u></b>
Delta Dental	PPO
DeltaCare USA	Prepaid
Western Dental Plan	Prepaid

The **Delta Dental PPO** is a **PPO** plan. This Plan contracts with dentist provided by Delta Dental of California however, your choice is not limited to these providers. You may go to a Delta Dental PPO provider or any other licensed provider. Delta Dental contracts with specific dentists in San Diego County for discounted fees, if you choose to go to a Delta PPO dentist most services will be provided at no cost. If you choose to go to a non-Delta Dental PPO dentist, you will be responsible for a percentage of the bill. There is a deductible before the plan will pay any benefits. The maximum amount payable by the plan per person, per calendar year, is \$1,500.

**DeltaCare USA** and **Western Dental** are **Prepaid** plans. Prepaid dental plans operate much like the medical HMO's. Under these plans you will select a primary dentist or facility from a list of participating dentists or facilities. The dentist/facility will generally provide all your dental care, but if necessary, will refer you to a participating specialist. Most services are provided at no cost. No claim forms are required.

**Participating Providers**

For your convenience, lists of each of the medical/dental plans providers are included in this packet. You may want to call your personal provider to inquire about his/her participation in a specific plan prior to enrolling in that plan. You may also call the plans directly. The telephone numbers are listed on pages 8 and 9 of this booklet. Some of the plans have provider/insurance company directories available on web sites. For those who do, the web site address is also indicated.

Please note that there is no assurance that a particular physician, dentist, hospital, or other provider will continue participation in a specific plan. It is your responsibility to verify that a provider is a participant in your plan prior to obtaining services or supplies.

**Cost of the Medical and Dental Plans**

For 2009, **no employee contribution will be required** for employees in paid status in monthly salaried positions of half time or more (excluding teachers in job-share assignments who must pay a pro rata share of the cost if coverage is desired). The district will pay the full cost of any of the medical and dental plans selected for employees and their Eligible Dependents (may be subject to change). The 2009 medical and dental plan costs are shown below:

**Annual Medical Plan Rates**  
**2009**

	<b>PacifiCare HMO</b>	<b>PacifiCare POS</b>	<b>Kaiser</b>
Full Cost	\$10,051.56	\$11,796.84	\$8,761.08
District Contribution	\$10,051.56	\$11,796.84	\$8,761.08
<b>Employee Contribution</b>	- 0 -	- 0 -	- 0 -

**Annual Dental Plan Rates**  
**2009**

	<b>Delta Dental PPO</b>	<b>DeltaCare USA</b>	<b>Western Dental</b>
Full Cost	\$833.52	\$298.80	\$357.12
District Contribution	\$833.52	\$298.80	\$357.12
<b>Employee Contribution</b>	- 0 -	- 0 -	- 0 -

(The amount that an employee may be required to pay for coverage changes annually. These amounts are announced during the Open Enrollment period held in November. Any required employee contribution is made through automatic payroll deduction on a tenths basis each month September through June.)

**Open Enrollment**

An Open Enrollment period is held during November each year. During this time, Eligible Employees may elect to change medical and/or dental plans, enroll for coverage if not already enrolled in a plan, and/or add Eligible Dependents. All changes become effective the following January 1.

Approximately the first week of November, district information circulars are sent to each work location announcing the Open Enrollment period and the employee costs for the ensuing calendar year. If you do not receive the notification by the end of the first week of November, please check with your site secretary or call the Employee Benefits Operations Office for a copy. Employees who wish to make any changes must request, complete, and return appropriate enrollment forms within the time limits specified in the Open Enrollment circular; otherwise, the changes will not be accepted. **No exceptions will be made.**

<b>VISION COVERAGE</b>
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**Vision Service Plan**

Eligible Employees that complete a dental form are enrolled in the Vision Service Plan (VSP). Eligible Dependents listed on the employee's dental enrollment form are automatically enrolled for vision coverage also. Please refer to the enclosed information regarding VSP Plan benefits.

**Cost of the Vision Plan**

VSP is provided at district expense to employees in monthly salaried positions of half time or more (excluding teachers in job-share assignments who must pay a pro rata share of the cost if coverage is desired).

The 2009 Vision Service Plan rates are shown below:

**Annual Vision Plan Rates**  
**2009**

	<b>Vision Service Plan</b>
Full Cost	\$129.11
District Contribution	\$129.11
Employee Contribution	- 0 -

## EMPLOYEE ASSISTANCE PROGRAM

The Employee Assistance Program (EAP) is available through the PacifiCare Behavior Health plan. Eligible employees that complete a medical form are enrolled in the EAP plan. The EAP provides professional and confident, short-term, problem-focused counseling. A broad range of issues and concerns are dealt with including but not limited to:

- Work issues;
- Emotional Well-Being;
- Parenting and Child Care;
- Substance abuse and Recovery
- Money Management

This program provides 5 visits per incident to a licensed/certified network therapist. Family members may be involved in the counseling process, as appropriate.

The Employee Assistance Program is a confidential service designed to help members resolve personal and workplace challenges.

## LIFE INSURANCE COVERAGE

Included in the benefits packet is information describing the district-sponsored life insurance program. There are three parts to this program as follows:

### **Basic Life Insurance**

Eligible Employees are automatically enrolled for the basic life insurance coverage which is underwritten by Hartford Life Insurance Company. This plan is provided to you at district expense. The death benefit is equal to your annual salary. Coverage begins on the first day of the month following your first day of paid service in a monthly salaried position of half-time or more.

### **Voluntary Employee Life Insurance**

Voluntary employee life insurance is available on a self-pay basis through payroll deduction. This coverage is underwritten by Hartford Life Insurance Company. Employees may purchase up to the lesser of five times annual salary or \$400,000. If application is made **within 31 days** of the date you first became eligible for coverage, a guaranteed minimum amount will be issued without evidence of good health. For more than the guaranteed minimum, evidence of good health acceptable to the company must be submitted. Information about the coverage and enrollment forms are enclosed. Mail the completed application and payroll deduction authorization to Hartford in the enclosed envelope. Coverage is effective the first of the month following the first payroll deduction, provided you are actively at work and required application procedures have been followed. If application is not made **within 31 days** of eligibility, all coverage is subject to insurance company approval.

### **Voluntary Spouse and/or Children Life Insurance**

For employees who purchase the Hartford voluntary employee coverage, spouse and/or children life insurance is also available through payroll deduction. This coverage can be applied for at the same time that application is being made for voluntary employee coverage by completing the applicable section on the enrollment form. A guaranteed minimum issue is available if application is made **within 31 days** of the later of the following: 1) the date you first became eligible for employee coverage; or 2) the date of your marriage or the birth of your first child (as applicable). Coverage is effective the first of the month following your first payroll deduction, provided

you are actively at work and the required application procedures have been followed. If application is not made **within 31 days** of eligibility, all coverage is subject to insurance company approval. **Please note: If your spouse is also an employee, you may have dual coverage for the voluntary life insurance coverage.**

## VOLUNTARY ACCIDENTAL DEATH & DISMEMBERMENT INSURANCE

### Personal Accident Insurance (AD&D)

Voluntary Accidental Death & Dismemberment Insurance (AD&D) is available on a self-pay basis through payroll deduction. Prudential Insurance Company of America underwrites this insurance. Employees may purchase insurance for themselves only or for themselves and eligible dependents. The dependent benefit is a percent of the employee insurance amount for dependents covered at the time of the covered accident. Eligible employees may choose specified amounts from \$50,000 to the lesser of \$500,000 or ten times annual salary. A brochure describing the benefit is enclosed.

The cost per month (tenths) for 2009 is:

Employee Only:	\$1.15 per \$50,000
Employee and Dependents:	\$1.60 per \$50,000

To enroll, submit a completed Voluntary Accidental Death and Dismemberment form to the district's Employee Benefits Operations Office. The form is inside the enclosed packet. Coverage is effective the first of the month following your first payroll deduction for the insurance.

## FLEXIBLE SPENDING ACCOUNTS

Eligible employees may choose to participate in the Flexible Spending Accounts Plan (FSAs) allowed under Section 125 of the Internal Revenue Code.

Under the FSA Plan, eligible employees may redirect a portion of their pay check each month (except July and August) to their own personal Health Care FSA and/or Dependent Care FSA. The money redirected to the FSA will never be subject to Federal, State, Social Security, or Medicare taxes.

As a participating employee incurs eligible out-of-pocket health or dependent care expenses, he/she simply pays the bill and submits a claim to the FSA Plan administrator for reimbursement.

All employees must, **within 31 days** of becoming eligible, indicate whether they wish to participate in the FSA Plan for 2009. The required election form is included at the end of this packet.

## FSA FREQUENTLY ASKED QUESTIONS

### **Can I participate if I'm not enrolled in my company's health plan?**

Yes. You can still participate in one or both FSA plans.

### **Why should I participate if I have health care coverage?**

You could significantly increase your spendable income! The amount you elect to contribute is deposited into the FSA before taxes are deducted from your paycheck, so you pay your eligible expenses with tax-free dollars. This can mean as much as a 30% to 35% discount on those expenses.

### **What happens if I terminate my participation or employment, or my position is reduced to part-time during the year?**

Health Care FSA—Once your employment is terminated, or if you have a qualified status change that permits you to terminate your plan participation, or if you no longer meet eligibility requirements, your plan year is over. The only expenses that you may submit are those you incurred from your entry date through your date of termination. If you elect COBRA, you can continue to submit expenses until your account balance is zero. Dependent Care FSA—You can still be reimbursed for expenses you incur after your termination or reduction in hours date until the end of the plan year. Continue submitting the eligible expenses you have before the last day of your company's run-out period for the plan year. You will be reimbursed all the money you have contributed to your account if your claims meet or exceed your contributions.

### **What happens if I have money left in my account at the end of the plan year?**

Due to current IRS regulations, any money left in your FSAs at the end of the plan year must be forfeited. You cannot roll your money into the next plan year or be paid in cash. However, if you plan properly, you most likely will not forfeit any money. There are many ways to spend any unused balance before the end of the plan year. (Note: your employer may have adopted the grace period for your plan. If so, you have until the end of the grace period to spend your remaining balance, if you are participating in the plan the last day of the plan year.

### **During what timeframe are expenses eligible for reimbursement?**

An expense is "incurred" on the date you receive the service or treatment, not the date you are billed or when you paid for the service. Only eligible expenses that you incur during the plan year (and any applicable grace period) will be reimbursed. You will have a "run-out period" after the end of the plan year during which you can submit claims for expenses incurred during the plan year. This run-out period varies from company to company, so please check your Plan Summary for information.

### **How do I get reimbursed?**

You must submit a claim form and attach the required documentation. Details about necessary information is on the claim form. Your personalized claim form will be available on TRI-AD's Web site once you enroll.

### **How will I know how much money I have in my account(s)?**

You can check your account balance 24 hours a day, seven days a week on TRI-AD's Web site or by calling the Voice Response Unit. You will also receive an account statement with each reimbursement check and direct deposit advice.

## IMPORTANT TELEPHONE NUMBERS

The telephone numbers and web site addresses listed below may be used to obtain information about each of the Plan's benefits and providers.

### **MEDICAL**

PacifiCare

HMO

800.624.8822

POS

800.913.9133

[www.pacificare.com](http://www.pacificare.com)

Kaiser Health Plan

Benefits/Provider Network

800.464.4000

[www.kaiserpermanente.org/locations/california](http://www.kaiserpermanente.org/locations/california)

### **CHIROPRACTIC BENEFITS**

American Specialty Health Plans (ASHP)

800.678.9133

[www.americanspecialtyhp.com](http://www.americanspecialtyhp.com)

Medco Health Solutions, LLC

800.918.8011

[www.medcohealth.com](http://www.medcohealth.com)

### **DENTAL**

Delta Dental PPO

866.499.3001

[www.deltadentalca.org](http://www.deltadentalca.org)

DeltaCare USA Dental

800.422.4234

[www.deltadentalca.org](http://www.deltadentalca.org)

Western Dental

800.992.3366

[www.westerndental.com](http://www.westerndental.com)

### **VISION**

Vision Service Plan

800.852.7600

[www.vsp.com](http://www.vsp.com)

### **EMPLOYEE ASSISTANCE PROGRAM**

PacifiCare Behavioral Health

800.625.4809

[www.pbhi.com](http://www.pbhi.com)

### **LIFE INSURANCE**

Hartford Life Insurance Company

800.523.2233

Option 1 Ext. 3-8110

Prudential Insurance Company of America

619.725.8130

### **FLEXIBLE SPENDING ACCOUNTS**

619.725.8130

## ADDITIONAL INFORMATION

### **Family and Medical Care Leave**

If an employee is enrolled in any district-sponsored group insurance plan (medical, dental, and vision), coverage for the employee and eligible dependents will continue and be paid by the district during an approved family and medical care leave (FMLA). If you are enrolled in any supplementary life insurance benefits, you will automatically be billed for the appropriate contribution. If you do not wish to continue your supplementary life insurance coverage, please notify the Benefits Operations Office by returning the first billing statement with your signature. However, your district-paid basic life insurance benefit will not be continued unless you elect to continue it by making the appropriate contribution. If you are interested in continuing your basic life insurance benefit, please contact the Benefits Operations Office.

### **Termination of Coverage**

When an employee ceases paid service in an eligible monthly salaried position, coverage under the group insurance plans in which the employee is enrolled terminates at the end of the month which paid service in the eligible monthly salaried position ceases. Employees who cease paid service and are on a district-approved unpaid leave of absence or who separate from the district due to retirement and are receiving a monthly benefit from State Teachers' Retirement System (STRS) or Public Employees' Retirement System (PERS) may continue certain group insurance plans by paying the cost of coverage to the district.

### **Beneficiary Designations**

Employees should remember to keep beneficiary designation forms up-to-date. Forms are available from the Employee Benefits Operations Office to designate beneficiaries for: PERS/STRS; final pay warrant; and Life and AD&D benefits.

### **Additional Information**

If you need additional information or assistance, please feel free to contact the Employee Benefits Operations Office (619) 725-8130, Monday through Friday 8:00 a.m. – 5:00 p.m.

San Diego Unified School District  
Employee Benefits Operations Office  
4100 Normal Street, Room 1150-A  
San Diego, CA 92103-2682  
(619) 725-8130

# 2009 Election Form

*Flexible Spending Accounts*

*Certificated*

*Classified*

*Last Name:* \_\_\_\_\_ *First Name:* \_\_\_\_\_ *Employee ID#:* \_\_\_\_\_

*Address:* \_\_\_\_\_ *Phone:* (     ) \_\_\_\_\_

*City:* \_\_\_\_\_ *State:* \_\_\_\_\_ *Zip:* \_\_\_\_\_

**HEALTH CARE FSA -- \$5,000** Annual maximum per family (or \$2,500 if married filing separately)

I wish to redirect \$ \_\_\_\_\_ for the upcoming plan year (\$ \_\_\_\_\_ per pay period, except July and August) to my Health Care FSA. I have considered the IRS tax credit available to me. I understand that if I am married and filing a separate tax return, my maximum is \$2,500.

**DEPENDENT CARE FSA -- \$5,000** Annual maximum per family (or \$2,500 if married filing separately)

I wish to redirect \$ \_\_\_\_\_ for the upcoming plan year (\$ \_\_\_\_\_ per pay period, except July and August) to my Dependent Care FSA. I have considered the IRS tax credit available to me. I understand that if I am married and filing a separate tax return, my maximum is \$2,500.

## Authorization — Read Carefully

I request and authorize the District to reduce the amount of salary payments due me by the above amount(s) and to divert the amount(s) of such reduction(s) to my FSA account(s).

I agree that the District shall in no way be liable to me or my successors for any monetary damages which might arise from the federal or state tax consequences of my participation in this plan and consistent therewith. I further agree to save and hold harmless the District from any such monetary damages.

I understand that the choices I have indicated above must remain in effect for the entire plan year unless I have an eligible family status change. Eligible family status changes are: change in employee's legal marital status; change in the number of tax dependents; termination or commencement of employment by employee, spouse or dependent; change in work schedule (summer recess and intercession periods are not considered family status changes); dependent satisfies (or ceases to satisfy) dependent eligibility requirements; change in residence or worksite of employee, spouse, or dependent.

I understand that any unused balances in either the Health Care or Dependent Care account at the end of the plan year shall be forfeited.

\_\_\_\_\_  
*Signature of Employee*

\_\_\_\_\_  
*Date*

**FOR DISTRICT USE ONLY:**

*Coverage Effective Date:* \_\_\_\_\_

*No. of Pay Periods:* 10

**PLEASE RETURN TO:**

**EMPLOYEE BENEFITS OPERATIONS  
Eugene Brucker Education Center  
Room 1150-A**