

Boulder Valley School District

2012 Flexible Benefits Plan Enrollment (Section 125 Plan)

For calendar year January 1, 2012 – December 31, 2012

_____ Name (please print)		_____ School/Worksite	
_____ Home Address		_____ City	_____ State
_____ Zip			
_____ Social Security Number	or	_____ Employee Number	() Phone Number

Enrollment in any of these plans is required each year.

PLEASE FILL IN AMOUNTS AS APPLICABLE FOR THE FLEX PLAN(S) YOU WISH TO PARTICIPATE IN:

Health Care Reimbursement Account:

- a. Total **annual** (calendar year) contribution
- b. Number of monthly payroll deductions (1-12)
- c. **Monthly** payroll deduction (a divided by b)

Maximum \$3,000/calendar year

\$ _____

\$ _____

Dependent Care (e.g., daycare) Reimbursement Account:

- a. Total **annual** (calendar year) contribution
- b. Number of monthly payroll deductions (1-12)
- c. **Monthly** payroll deduction (a divided by b)

Maximum \$5,000/family/calendar year

\$ _____

\$ _____

Transportation (mass transit) Reimbursement Account:

- a. Total **annual** (calendar year) contribution
- b. Number of monthly payroll deductions (1-12)
- c. **Monthly** payroll deduction (a divided by b)

Maximum \$120 per month

\$ _____

\$ _____

Employees who participated in the Health Reimbursement Account in 2007 or later can receive the \$120 District contribution without making any contribution themselves. This feature is intended for employees who are within four years of retirement. Check the box if you want to receive the \$120 district contribution without making a contribution of your own.

I have read the information about the flexible benefits plan and wish to participate in at least one of the BVSD Flex Plan reimbursement accounts, as I have indicated above. I understand that election in one or more of these options is irrevocable during the plan year except in case of certain qualifying events (contact Human Resources for details). In addition to reducing my state and federal taxable gross salary and Medicare wages, BVSD Flex will reduce the amount on which eligible PERA benefits are calculated. If I have elected one or more of the reimbursement accounts, I understand that I will forfeit any amounts not claimed for reimbursement and must furnish complete information to the plan administrator. I understand reimbursement may be denied due to Internal Revenue Service restrictions (i.e., non-allowable expenses).

Signature

Date

Benefits Office use only:

Enrollment: New Change Effective Date: ____/____/____