

RICH TOWNSHIP HIGH SCHOOL DISTRICT 227
Section 125 Pre-Tax Premium and Flexible Spending Account Plan
Enrollment Form

PRINT EMPLOYEE NAME _____ **SS#** ____/____/____

ADDRESS _____

DATE OF BIRTH _____ **MARITAL STATUS** _____ **SEX** _____

OPTION 1. - Medical and Dental Pre-Tax Premium Election

I would like to have the insurance premium amount designated by the District based on my enrollment selection withdrawn from my paycheck before taxes: YES _____ NO _____

If you are currently enrolled in this option, your premium payment will continue to be deducted on a pre-tax basis year after year. You do not have to complete the above statement. If you request that the District withhold your premium on an after-tax basis check "NO" on the above statement and turn your form in by the September 27, 2006 deadline.

OPTION 2. - Health Care Flexible Spending Account

DO NOT include any amount contributed by the District based on the classified staff union contract in the calculation below. Your District contributions through this contract will continue to be made according to your contract. The calculation below is only for amounts deducted from your paycheck.

For contributions deducted from your paycheck, complete the statement with the number of pay periods that applies to you only:

\$ _____ per pay period (maximum \$105.26) for 19 pay periods equaling \$ _____ per year

\$ _____ per pay period (maximum \$83.33) for 24 pay periods equaling \$ _____ per year

(DO NOT INCLUDE THE AMOUNT YOU PAY UNDER OPTION 1):

OPTION 3. - Dependent Care Flexible Spending Account

Complete the statement that includes the number of pay periods that applies to you only:

\$ _____ per pay period (maximum \$263.15) for 19 pay periods equaling \$ _____ per year

\$ _____ per pay period (maximum \$208.33) for 24 pay periods equaling \$ _____ per year

I understand that according to IRS regulations, if I elect Option 2 or 3, any money that is remaining in my account after all expenses incurred during the plan year have been reimbursed cannot be returned to me. I also understand, that the above elections are irrevocable until next year's re-enrollment except in the event of a major life change as defined by the IRS described in the enrollment packet.

EMPLOYEE'S SIGNATURE

DATE