

Pima County  
FSA Enrollment Agreement  
2007-2008 Plan Year

I wish to have my salary redirected for the period \_\_\_\_\_ through June 30, 2008 in each of the categories below. I understand the benefits available to me as well as the other rights and obligations that I have under the Plan. I understand this agreement revokes any prior election under this plan and that during the above period this agreement is irrevocable and cannot be changed except under special circumstances as outlined in the Summary Plan Description. This agreement is subject to the terms of the Pima County Flexible Spending Accounts Summary Plan Description.

Social Security Number \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Pima Employee ID Number (EIN) \_\_\_\_\_

Name \_\_\_\_\_

(Last, First MI)

(Department/HiOrg)

Street \_\_\_\_\_

Date of Hire \_\_\_\_\_

City \_\_\_\_\_

Date of Birth \_\_\_\_\_

State, Zip

	DOE	Per Pay Period	# of Pay Periods	Total for the Plan Year	Not to Exceed
Health Care FSA	GM	_____	_____	_____	\$5,000.00
Dependent Care FSA	GN	_____	_____	_____	\$5,000.00

**I am enrolled in Pima County's Health Savings Account (HSA)**

Caution: Remember if you are enrolled in the Health Savings Account (HSA), you can only participate in the Limited Purpose Flexible Spending Account. The Limited Purpose FSA is only available for Vision & Dental expenses not paid through your health plan. Also, you may not be reimbursed from both the HSA and the Limited Purpose FSA.

**I am not enrolled in Pima County's Health Savings Account (HSA)**

Note: By enrolling in this plan, I authorize an additional \$1.26 deduction from each paycheck for participation in one or both accounts for administrative costs.

Please see your Departmental Benefits Representative for number of pay periods left in this Plan Year.

Employee's signature: \_\_\_\_\_

Date \_\_\_\_\_

**Return form to Pima County Departmental Benefits Representative.**