Section 125 Cafeteria Plan Enrollment Form

Flexible Spending Accounts

I hereby authorize Queen Creek Unified School District (the "District") to **(1)** modify my employment contract, if any, and reduce my compensation as provided in this Salary Reduction Agreement (this "Agreement"), **(2)** deduct the amount specified below from my pay as provided under state statutes and **(3)** contribute the amount by which my compensation has been reduced to the District's Section 125 Cafeteria Plan (the "Plan").

By signing this Agreement I hereby agree that **(a)** I may not change any contribution listed below before the end of the plan year unless I qualify for a Change in Family Status as provided in Internal Revenue Service Regulations, **(b)** the District has no responsibility or liability for my choice of benefit elections in the Plan, including any purchase of insurance product(s) to which my contributions shall be directed **(c)** the District has my permission to deduct any applicable state, local and/or federal taxes from my pay, including this contribution, if applicable and **(d)** the District has my authorization to modify or stop my Plan contribution without my written permission if such action is necessary to protect the District from liability.

For such purposes, I hereby authorize the District to reduce my gross annual compensation the first pay date of Plan year or next enrollment date for new employees hired after the first day of the Plan year.

Choose all applicable:

a. Medical *Expense Reimbursement Account*

(For medical and dental expenses not covered by the District's other benefit plans)

$_____Annual Contribution

(**Minimum** contribution: **$500.00, Maximum** contribution: **$2,250.**)

b. Dependent Care Account

(For qualified dependent care expenses i.e. daycare or babysitter)

$_____Annual Contribution

(Annual Plan **Maximum $5,000/$2,500***)

*The annual limit is $2,500 for an individual who is married and filing a separate federal income tax return and $5,000 for all others

This form does not enroll you in any insurance or other benefits; it only indicates that you want to pay the premiums for this benefit on a pre-tax basis through the Section 125 Cafeteria Plan.

My signature below indicates that I understand and agree to all of the terms of this Form

_____ _____

***Employee Signature** ***Employee Social Security Number**

_____ _____

***Employee Name (Please Print)** ***Date**

_____

***Mailing Address** **City** **State** **Zip Code**

_____ _____

NAME OF SPOUSE - Please Print (if second card is desired) **Spouse's Social Security Number**

Employer Approval: _____ _____

Authorized Employer Signature **Date**