

2017 State Flexible Spending Accounts (FSA) Available Only to Oregon Registered Certificate of Domestic Partners Information for 2017 State FSA

The State Health Care FSA allows employees with an **Oregon Registered Certificate of Domestic Partner** to use State pre-tax dollars to pay for qualified expenses such as co-pays, co-insurance, deductibles, most prescriptions, and many other expenses for your domestic partner or domestic partner's qualified children. Note that this specific State Health Care FSA is **not on a Federal pre-tax basis**. In order to determine whether this FSA is advantageous for you, consider talking to a tax advisor or accountant.

The State Dependent Care FSA allows employees with an **Oregon Registered Certificate of Domestic Partner** to set aside state pre-tax dollars to pay for out-of-pocket child care expenses for a domestic partner's children under the age of 13. If the domestic partner has an older dependent that lives with you at least 8 hours each day and requires assistance with day-to-day living, you can claim these expenses through this dependent care FSA. You cannot claim medical expenses through your State Dependent Care FSA you can claim these expenses through a State Health Care FSA. Note that this specific State Dependent Care FSA is **not on a Federal pre-tax basis**. In order to determine whether this FSA is advantageous for you, consider talking to a tax advisor or accountant.

Like the Federal FSAs, State FSAs are "use it or lose it" accounts and follow the same reimbursement and enrollment policies. It is not necessary to enroll in either of the State FSA programs if you want only to enroll in PEBB's current FSA accounts, which are federal pretax payroll deductions allowing qualified reimbursement for only qualified tax dependents.

As noted above, the State Health Care FSA and the State Dependent Care FSA are not Federal pre-tax payroll deductions. Consequently, you may want to consider talking to a tax advisor or accountant in order to determine whether these accounts are advantageous for you.

Monthly contributions to a Federal or State FSA combined cannot total more than the federal FSA allowed yearly contributions, Health Care FSA is \$2,550 and Dependent Care is \$5,000.

To enroll in either of these programs you must submit a completed enrollment form to PEBB.



2017 Open Enrollment State Flexible Spending

- Office Use Only -

Approved by _____ Date _____

Effective Date _____

Submit this completed form to PEBB.

- 2016 FSA accounts terminate 12/31/2016, to have an FSA in 2017 you must enroll.
- After 12/31/2016 the Open Enrollment correction time period allows for corrections to existing FSA accounts, it does not allow a new 2017 account enrollment.

For more information and to better understand FSAs, go to <http://orpebb.asiflex.com/>

1. Contact Information		PEBB Benefit Number (P#####), Employee ID, University ID				
You must complete all fields. (Please Print)						
Last Name	First Name	MI	Agency #	Gender		
				F	M	
PEBB and the plans in which you enroll will send all benefit-related correspondence to your contact address.						
Contact Address	Check if New Address	Apt #	City	State	Zip	
Residence Zip	Work Zip	Work Email	Personal E-mail (optional)			
Date of Birth (mm/dd/yyyy)	Work Phone	Home Phone (optional)				
<p>The Health Care and the Dependent Care FSAs are reimbursement accounts that you contribute a pre-tax amount to each month of the plan year from your paycheck.</p> <p>Health Care FSA: When you submit qualified health care expense claims for yourself and eligible dependents you receive reimbursement from the account.</p> <p>Dependent Care FSA: When you submit a claim for qualified work-related expenses incurred for the care of a qualified dependent you receive a reimbursement from the account.</p> <p>Oregon State Payroll Employees (OSPS)</p> <ul style="list-style-type: none"> • OSPS employees must enroll for 12 monthly contributions. Example: Ann enrolls in the Health Care FSA for the plan year's maximum allowed contribution of \$2,550. Ann's monthly pretax contribution to the account will be \$212.50 each month. <p>Oregon University (OUS) or Oregon Department of Education Employees (ODE)</p> <ul style="list-style-type: none"> • OUS and some ODE Academic employees select 9, 10, or 12 months, based on number of paychecks received in the calendar year. If you are unsure of your total paychecks contact your benefit office before enrolling. <p>Example: Ann wants to enroll in the Health Care FSA for the maximum yearly contribution of \$2,550. Ann is a ten month employee and does not receive a paycheck for July or August. Ann's FSA contribution is \$255.00 for 10 months.</p> <p><u>If you are an OUS or ODE employee with less than 12 paychecks, check the months you will NOT receive a paycheck</u></p> <p style="text-align: center;"> <input type="checkbox"/> June <input type="checkbox"/> July <input type="checkbox"/> August <input type="checkbox"/> September </p>						

2. Healthcare FSA Minimum monthly contribution is \$20. Maximum total year election is \$2,550

Healthcare FSA (Total year maximum = \$2,550)	Monthly Contribution (Minimum \$20)	Number of Months You Will Be Paid	Total Year Election
	\$ _____ X	_____ =	\$ _____

3. Dependent Care FSA Minimum monthly contribution is \$20. Maximum total year election is \$5,000

Dependent Care FSA (Total year maximum = \$5,000; \$2,500 if you are married and file taxes separately)	Monthly Contribution (Minimum \$20)	Number of Months You Will Be Paid	Total Year Election
	\$ _____ X	_____ =	\$ _____

4. Employee Signature and Authorization

I affirm I am eligible to participate in a Healthcare FSA Dependent Care FSA and that dependents for my dependent care claims meet related federal requirements.

I agree not to deduct or claim credit for any of the expenses reimbursed through an FSA on my individual income tax return.

I understand that:

- An FSA is administered subject to federal Treasury regulations.
- The elections I made are in effect as long as I continue to meet PEBB eligibility and participation requirements.
- **This is a Use-It-Or-Lose-It Account.** This account is non-refundable unless qualified claim reimbursements are submitted within the allowable time. If my qualified claim reimbursements during the plan year or grace period do not total my account balances or I do not file for a qualified claim reimbursement before the end of the grace period, I will forfeit my remaining account balance.
- I can request to change my monthly contribution midyear only if I experience a qualified midyear plan-change event that allows the change. The requested change must be consistent with the qualified event.
- This is an annual account, which means it terminates at the end of each plan year. I must enroll during Open Enrollment to participate each plan year. I determine my contributions for the next year with each plan year enrollment

I understand the limitations and qualifications of this program.

Employee Signature

Date

Submit Form to:

PEBB
500 Summer St NE, E89
Salem, OR 97301

Salem: 503-373-1102
Fax: 503-373-1654

Submit completed form by Oct. 31, 2016

Keep a copy of your benefit forms for your records.

Any alteration of this form may result in it being ineffective.