Plan year begins July 1 and ends June 30. You must re-enroll in FLEX$ each year.

Qualified Healthcare Account

$____________________ per plan year
(Medical, dental, or vision out-of-pocket expenses for you, your spouse, or dependent children.)

Qualified Dependent Day Care Account

$____________________ per plan year
(Day care expenses only for your dependent children.) Minimum $130 per plan year, maximum $5,000 per plan year. ($2,500 if married and planning to file a separate IRS tax return).

Total Salary Reduction*

$____________________ per plan year
* The salary reduction amount for health care and/or dependent day care will be divided by the number of pay periods per plan year. (Or the remaining number of paydays for the Plan Year). For mid-year changes, enter the total amount to be withheld for the Plan Year. (Cannot be less than year to date contributions).

Before signing, make sure that all applicable sections are complete so your enrollment is not delayed. You may be asked to provide additional information and/or documentation.

I represent that all information is true and correct. I understand and agree that any false information I provide on this form may, at PEHP’s sole discretion, result in a limitation or termination of my coverage. By signing below, I hereby: (1) authorize the deduction of health/dental contributions through the provisions of IRS Section 125 Flexible Benefits; (2) authorize PEHP to release information to health/dental providers, insurance entities, or other entities necessary to process claims and to administer the health plan; (3) certify all dependents listed are eligible for coverage; (4) understand if PEHP is not notified that a dependent is ineligible and subsequent claims are paid, I will be responsible for reimbursement to PEHP for any claims paid in error; (5) certify that any expenses submitted are eligible expenses under Section 125(a) of the Internal Revenue Code; and (6) agree to the terms and conditions in the PEHP Master Policy.

Consult your tax advisor for any tax advice concerning your plan(s).