

Name (First, Middle, Last)		PEHP ID #	Plan Year
Home Address	City	State	Zip
			Daytime Phone
Email Address		Employer	

SECTION A

Plan year begins July 1 and ends June 30. **You must re-enroll in FLEX\$ each year.** Minimum \$130 per plan year

Qualified Healthcare Account \$_____ per plan year Maximum \$2,850 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).

SECTION B

<p><input type="checkbox"/> Open Enrollment Period Enroll by May 15</p> <p><input type="checkbox"/> New Hire Employee hire date_____</p> <p>* Mid-year changes/new hire enrollment must be made within 60 days of the qualifying event.</p>	<p><input type="checkbox"/> Mid-Year Changes after July 1*</p> <p>Qualifying Event/Status Change Date_____</p> <table border="0"> <tr> <td><input type="checkbox"/> Marriage</td> <td><input type="checkbox"/> Spouse Employment Change</td> </tr> <tr> <td><input type="checkbox"/> Divorce</td> <td><input type="checkbox"/> Dependent Status Change</td> </tr> <tr> <td><input type="checkbox"/> Death of Spouse or Child</td> <td><input type="checkbox"/> Change in Daycare Needs</td> </tr> <tr> <td><input type="checkbox"/> Birth or Adoption of Child</td> <td><input type="checkbox"/> COBRA</td> </tr> <tr> <td><input type="checkbox"/> Employment Status Change</td> <td><input type="checkbox"/> Other_____</td> </tr> </table> <p>Explain in detail or attach appropriate documents:_____</p> <p>_____</p>	<input type="checkbox"/> Marriage	<input type="checkbox"/> Spouse Employment Change	<input type="checkbox"/> Divorce	<input type="checkbox"/> Dependent Status Change	<input type="checkbox"/> Death of Spouse or Child	<input type="checkbox"/> Change in Daycare Needs	<input type="checkbox"/> Birth or Adoption of Child	<input type="checkbox"/> COBRA	<input type="checkbox"/> Employment Status Change	<input type="checkbox"/> Other_____
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SECTION C

With your enrollment, you automatically get one PEHP FLEX\$ Benefit Card. Complete the following to order an extra card for your spouse.

_____	_____	_____
Spouse Name	Spouse PEHP ID#	Spouse Birthdate

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.

Please note: It is the employee's responsibility to notify PEHP within **60 days of any changes** effecting coverage and/or dependent eligibility (e.g., birth, marriage, divorce, etc.).

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.

_____	_____	PEHP Approval
Employee Signature	Date	