

San Jose Evergreen Community College Flexible Benefit Plan/Transportation Plan Enrollment Form

Employee Information *Required (Please complete all sections)

First Name M.I. Last Name

Social Security Number:

Street:

City: State: Zip:

Phone: Email: _____

HR Use Only *Required

*Effective Date

*Date of first payroll contribution
10/10/2024

Division/Department information (if applicable)
Associate Faculty

Payroll Cycle (if your company has more than one pay cycle)
3

Dependent Care Reimbursement Account *Required (Please complete all sections)

Limit: \$5,000.00

Per Pay Period Contribution

x **3**
Number of Pay Periods

= _____
Total Annual Contribution

NO, I do not elect to open a Dependent Care Reimbursement Account

Medical Care Reimbursement Account *Required (Please complete all sections)

Limit: \$3,200.00

Per Pay Period Contribution

x **3**
Number of Pay Periods

= _____
Total Annual Contribution

Minimum \$240.00

NO, I do not elect to open a Medical Care Reimbursement Account

Parking Fringe Benefit Account *Required (Please complete all sections)

Limit: \$315.00/mo

N/A
Per Pay Period Contribution

x **N/A**
of Pay Dates per month

= **N/A**
Total Monthly Contribution

NO, I do not elect to open a Parking Fringe Benefit Account

Transportation *Required (Please complete all sections)

Limit: \$315.00/mo

Per Pay Period Contribution

x **1**
of Pay Dates per month

= _____
Total Monthly Contribution

NO, I do not elect to open a Transportation

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Authorization *Required if participating in the above accounts (Please sign & date)

I hereby elect to participate in my employer sponsored Benefit Program as listed on this form (herein referred to as the Plan/s), agreeing to be bound by all terms, conditions and limitations to the Plan/s and any and all separate plans, contracts, and documents made a part hereof. I agree to have my gross salary reduced by the amount of the cost of the benefits elected in cases where an employee contribution is noted. By reducing my gross salary, I understand that Social Security, Life and Disability benefits may also be reduced. I understand that any unused balance left in these benefits after the spending and submittal deadlines for the benefit have expired will be forfeited to the employer sponsor as required by law. If Carryover is a part of the employer sponsored plan design, only funds eligible for Carryover can be rolled forward into a future plan year. I understand that changes to these benefit elections may not be made in cases where such changes are prohibited by the Plan Document and/or that changes may be limited to qualified change in status events as defined in the Plan Document. I certify that I have been provided with the Summary Plan Description for the Plan/s that fall under Section 125. Finally, I certify that should the Plan mistakenly reimburse an expense (whether by my error or by an administrative error by another party), that it is my responsibility to reimburse the Plan/s as instructed. I understand that failure to do so is considered federal tax fraud and could result in additional civil penalties.

Employee Signature: _____ Date: _____

**2024 FLEXIBLE SPENDING ACCOUNTS
ADDITIONAL ENROLLMENT INFORMATION FOR ADJUNCT FACULTY**

Here are a couple items to take into consideration for adjunct faculty participants.

- ❖ All adjunct faculty are eligible to participate, regardless of your FTE.
- ❖ If you worked spring 2024 you are not eligible to enroll again until the 2025 plan year (based on your continued employment spring 2025).
- ❖ Those of you enrolled in the District's Kaiser Plan for Adjunct Faculty automatically have your portion of the Kaiser premium deducted from your paycheck from pre-taxed dollars.
- ❖ Changes to your dependent(s) status may create a qualifying event for mid-year enrollments/changes. Please contact HR.Benefits@sjeccd.edu within 30 days of any changes to your dependent(s) and/or employment status, including if your *other* employment has mid-year changes as you may qualify for a late enrollment or be able to make changes to your annual contribution.
- ❖ Plan year - If you are a new hire (did not work for SJECCD spring 2024, you may participate September 1 through December 31, 2024, but your deductions are taken October thru December.

Your effective date of the plan year is based on when your assignment begins. If your assignment is all late start classes, you are eligible to participate effective the first of the month after your first late start class begins. This is your only enrollment period for the rest of the 2024 plan year, unless you have a qualifying event.

Your first deduction will come out of your October paycheck unless your assignment begins after September 20th, or your enrollment window extends over October's payday.

Continued Employment:

Every November/December we hold an enrollment period for the following calendar year. If during that period you do not have a teaching assignment for spring 2025 and later receive one, you may sign up during that enrollment period or wait until your assignment begins as long as you sign up within 30 days of your first scheduled work day spring semester. If you have an assignment/contract for spring but do not sign up during the November/December enrollment period, you will not be eligible to participate in 2025, there are little to. An enrollment form is required and only accepted during the enrollment period. Plans do not automatically renew; you must complete a new enrollment form each year.

Please note that each participant's annual election amount is deducted from their paychecks in October, November, and December. However, you may file a claim for services received from your effective date through December 31, 2024 as long as you are still employed by the District. If your employment ends mid-year, the plan ends the last day of the month in which you work.

If you have any questions about eligible expenses, please contact Igoe directly at 800.633.8818 Option 1 or email them at flex@goigoe.com. You may contact the Benefits Office in Human Resources at 408.223.6713 or HR.Benefits@sjeccd.edu if you have questions about enrollment; Michelle & Diana are available to help. Be sure to read the plan documents so you are fully aware of their provisions.



HEALTH FSA OVERVIEW



WHAT IS A HEALTH FSA?

A Health FSA is a pre-tax employee benefit plan option that allows you to set aside salary before any taxes are taken out. You can use these funds to pay for qualified out of pocket medical expenses incurred by yourself and your tax dependents (regardless of your enrollment in your employer health plan). This plan can save you up to 30% on qualified expenses.

EXAMPLES OF FSA ELIGIBLE ITEMS

- ✔ Co-pays & Deductibles
- ✔ Dental, Vision, and Orthodontic expenses
- ✔ Durable Medical Equipment
- ✔ Feminine Care Products
- ✔ Over-the-Counter items
- ✔ Personal Protective Equipment (PPE)
- ✔ Prescription Drug Costs

DUAL PURPOSE EXPENSE EXAMPLES

Dual purpose expenses are items or services you may use for your general health that also qualify to be reimbursed if prescribed by a Doctor for the purpose of treating a specific medical condition. Below are a few examples of dual purpose expenses:

- Massage Therapy
- Supplements
- Vitamins

 **FSAstore**® [Explore Eligible Items Here](#)

SPENDING ACCOUNT TIMELINES

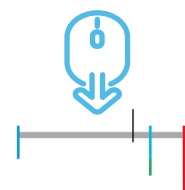
Spending accounts have deadlines for spending that may change based on your individual circumstances. You can view your Summary Plan Description or your online account details for information about your plan's spending and submission deadlines. Simply follow the steps below:



1. Login to your portal on your computer or mobile device



2. Click on your FSA details



3. Scroll down to view your Plan Dates timelines



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HELPFUL TUTORIALS & RESOURCES



DEPENDENT CARE ASSISTANCE PLAN OVERVIEW



OVERVIEW

The Dependent Care Assistance Plan (DCAP) is an employer sponsored benefit that allows you to set aside a portion of your income on a pre-tax basis and use that money to pay for eligible daycare related expenses.

To qualify for this program, you must meet your employer's benefit eligibility requirements. You must also have a tax-dependent that is under the age of 13 or is deemed medically incapable of caring for themselves. Lastly, expenses must be incurred in order for you to maintain or seek gainful employment.

EXAMPLES OF QUALIFIED EXPENSES

- ✓ Childcare (including before and after school care)
- ✓ In home daycare services (including nanny services)
- ✓ Summer Day Camp

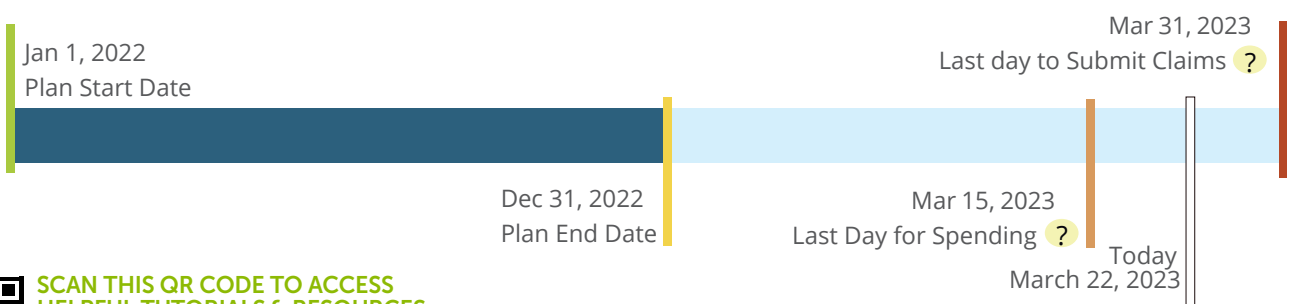
EXAMPLES OF EXPENSES THAT ARE NOT QUALIFIED

- ✓ School tuition (children who are 5 or older)
- ✓ Sports programs
- ✓ Food expenses (unless inseparable from care)

WHAT HAPPENS IF I TERMINATE MY EMPLOYMENT?

If you terminate your employment during the plan year or you otherwise cease to be eligible under the plan, your active participation in the plan, as well as your pre-tax contributions, will end automatically. In limited scenarios, your Dependent Care Assistance Plan may include a "spend-down" provision that allows you to submit dependent care expenses incurred after your termination, assuming you continue to have eligible daycare expenses. This feature is not available in all plans. View your Summary Plan Description or your online account details for information about your spending and submission deadlines.

Below is an active participant example of a timeline from the Igoe Participant Portal:



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COMMUTER PLAN OVERVIEW



Understanding the Commuter Plan

A Commuter Plan allows you to set aside salary before any taxes are taken out and use those funds to pay for qualified mass transit or parking expenses you incur to get to and from your primary place of employment. This plan can save you up to 30% on qualified expenses.

Using your Benefits Card

Use your Benefits Card to pay for eligible parking expenses or request reimbursement via direct deposit or check. Some parking and mass transit facilities are not properly coded to accept Benefits Cards. If your Benefits Card declines, this is generally the reason. Please be prepared to pay out of pocket and request reimbursement. Igoe recommends that you include a receipt with your request for reimbursement however receipts are not required if the parking facility does not supply you with one.

Qualifying Transit & Parking Expenses

Please note that this is not an exhaustive list. For a comprehensive overview of all eligible expenses, review your Summary Plan Description.

Eligible Mass Transit:

- Buses
- Subways
- Tokens/Vouchers
- Trains

Eligible Parking:

- Garages
- Lots
- Parking near mass transit
- Parking near place of work



NEED HELP ?
SCAN QR CODE