



Health & Benefits

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# PEHP FLEX\$

## Salary Reduction Agreement

Salt Lake City School District

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

Plan year begins September 1 and ends August 31.

You must re-enroll in FLEX\$ each year.

SECTION A

<b>Qualified Healthcare Account</b> <small>(Medical, dental, or vision out-of-pocket expenses for you, your spouse, or dependent children.)</small>	District-Paid FLEX\$ Plan <input type="checkbox"/> \$ _____ per plan year	Employee-Paid FLEX\$ Plan <input type="checkbox"/> \$ _____ per plan year	Minimum <b>\$130</b> per plan year Maximum <b>\$2,700</b> per plan year	
	<b>Qualified Dependent Day Care Account</b> <small>(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).</small>	District-Paid FLEX\$ Plan <input type="checkbox"/> \$ _____ per plan year	Employee-Paid FLEX\$ Plan <input type="checkbox"/> \$ _____ per plan year	
		<b>Total Salary Reduction*</b> <small>* 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).</small>		

SECTION B

<input type="checkbox"/> Open Enrollment Period Enroll by June 15 or the date specified by your employer for the following plan year  <input type="checkbox"/> New Hire Employee hire date _____  <small>* Mid-year changes/new hire enrollment must be made within 60 days of the qualifying event.</small>	<input type="checkbox"/> <b>Mid-Year Changes after September 1*</b> Qualifying Event/Status Change Date _____ <input type="checkbox"/> Marriage <input type="checkbox"/> Divorce <input type="checkbox"/> Death of Spouse or Child <input type="checkbox"/> Birth or Adoption of Child <input type="checkbox"/> Employment Status Change <input type="checkbox"/> Spouse Employment Change <input type="checkbox"/> Dependent Status Change <input type="checkbox"/> Change in Daycare Needs <input type="checkbox"/> COBRA <input type="checkbox"/> Other _____ Explain in detail or attach appropriate documents: _____ _____
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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	