



**2010**  
**CITY OF ANAHEIM**  
**FLEXIBLE SPENDING ACCOUNT**  
**ENROLLMENT FORM**

Use this form to designate your deposits for the Flexible Spending Account. Deadline: November 30, 2009.

**EMPLOYEE NAME:** \_\_\_\_\_ **SOCIAL SECURITY NO.:** \_\_\_\_\_

**DATE OF BIRTH:** \_\_\_\_\_ **EMAIL ADDRESS:** \_\_\_\_\_

**MAILING ADDRESS:** \_\_\_\_\_  
Number Street City State Zip Code

**DEPARTMENT:** \_\_\_\_\_ **DAY TIME PHONE NO.** \_\_\_\_\_

**SALARY REDIRECTION**

THE FOLLOWING SALARY REDIRECTION MUST BE MADE FOR EACH CALENDAR YEAR, AND WILL REMAIN IN FORCE ONLY FOR THAT CALENDAR YEAR.

FOR EMPLOYEES ELIGIBLE TO PARTICIPATE BEGINNING JANUARY 1, 2010, this salary redirection must be received by November 30, 2009. The payroll deductions specified will begin on the first pay period of the tax year as long as you are actively employed.

FOR NEWLY ELIGIBLE EMPLOYEES (e.g., new hires) to participate, this salary redirection must be received within 30 days of eligibility. The payroll deductions specified will begin the pay period following receipt of this form, and will continue through the last pay period of the tax year as long as you are actively employed.

*I direct the following BIWEEKLY amounts to be deposited through payroll deductions from each of my BIWEEKLY pay checks into the Flexible Spending Account:*

\$ \_\_\_\_\_ for Non-Reimbursed Health Care Expenses (From \$10 to \$350)

\$ \_\_\_\_\_ for Child & Disabled Dependent Care Expenses (From \$10 to \$192.30)

\$ \_\_\_\_\_ TOTAL (may not exceed \$350 per pay period)

**READ CAREFULLY BEFORE SIGNING**

*In the event I am on short term disability leave or leave without pay during the plan year, I hereby specifically authorize the City of Anaheim to withhold from my paychecks, upon my return to work, any contributions I would have contributed had I been on regular pay.*

*Pursuant to California Labor Code Section 224, I hereby knowingly and intelligently sign this Authorization on a voluntary basis and not under duress.*

*I understand that the deposit direction made above is **irrevocable** for this calendar year except for certain events as specified in the Summary Plan Description. I also understand that the total deposits specified above may not exceed \$9,100 in a tax year. For each calendar year, any unspent balance from my deposit above will be **forfeited**. I have read and understand the contents of the Summary Plan Description for the City of Anaheim Flexible Compensation Plan. I agree that the City has utilized the best information available concerning tax consequences of this Plan and further agree that the City, its officers, employees and agents shall not be liable or responsible for any loss or failure to qualify for any tax deductions, exclusions or exemptions in connection with said Plan. I understand that there may be changes in the laws or regulations or interpretations thereof governing the tax status of the provisions of said Plan and I agree that the City, its officers, employees and agents shall not be liable or responsible for any adverse tax consequences resulting therefrom.*

**EMPLOYEE SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_