



**Dependent Care Assistance Program (DCAP) &
Washington Flex (Health Care Flexible Spending Account)
2013 Enrollment Form**

You must complete this form to start a tax-free account for either or both programs.

Name (Last, First, MI)		Social Security Number		Date of Birth	
Street Address		City		State	ZIP Code
Daytime Phone	Home Phone		Agency or Higher-Education Institution Name		
Employee I.D.	Enrollment Status				
<input type="checkbox"/> Annual Open Enrollment <input type="checkbox"/> New Hire <input type="checkbox"/> Special Open Enrollment <input type="checkbox"/> Career Seasonal/Contract Employee					

Dependent Care Assistance Program (DCAP) Enrollment -- For child/elder daycare expenses			Benefits Office Use
State agency employees who are eligible for PEBB benefits can participate in DCAP. Qualified expenses include charges for the care and well-being of a child or elder dependent while you work. DO NOT include medical expenses for your dependents in the DCAP enrollment section. You will also need to enroll in the Washington Flexible Spending Account if you want to claim medical expenses for your dependents.			# of Checks Remaining _____ of _____
Salary Reduction Amount (Cannot exceed \$5,000 annually, or \$2,500 if married and filing separate income tax returns)	Per Pay Period \$ _____	Annual Election \$ _____	Per Check Amount _____

Washington Flex Flexible Spending Account (FSA) Enrollment For health care expenses for you and your qualified tax dependents			Benefits Office Use
State agency employees who are eligible for PEBB benefits can participate in the Health Care Flexible Spending account. Qualified expenses include medical, dental, vision, and hearing expenses for you, your spouse, your qualified tax dependents and your adult children through December 31 of the year the child turns age 26. Include only your expenses after reimbursement from insurance plans in this election.			# of Checks Remaining _____ of _____
Salary Reduction Amount (Minimum of \$240, maximum of \$2,500)	Per Pay Period \$ _____	Annual Election \$ _____	Per Check Amount _____

How do you prefer ASIFlex to reimburse you for your claims? (select either Direct Deposit or Check)

Direct Deposit: If you choose to receive reimbursement by direct deposit, select one of these two options:

- Please use same account information that is already being used for FSA and/or DCAP reimbursements by ASIFlex; **OR**
- Please use account information below to set up direct deposit (attach a voided check or copy of a check to this form)

Name of bank _____ 9-digit bank routing number _____ Account number _____

This is a checking account or savings account

If you have your reimbursements deposited into your checking or savings account, how do you prefer ASIFlex to notify you of the deposit?

- Notify me by e-mail. My e-mail address is _____ **OR** Mail the notice to my home address.

Check: If you choose to receive reimbursement by check, select this box. Mail a check to my home address.

I understand:

- I am requesting tax-free paycheck deductions based on the number of paychecks I expect to receive in 2013. If enrolling during the PEBB open enrollment, these deductions will start with my first paycheck in 2013. If enrolling in 2013, these deductions will start no earlier than with the first paycheck of the month after this form is submitted and approved by ASIFlex, through December 31, 2013. If enrolling in 2013, coverage is effective no earlier than the first of the month after the submission of this form.
- The DCAP and FSA benefits, and my rights and obligations under this plan, are specified in the *DCAP Enrollment Guide* and the *Washington Flex Enrollment Guide* found on the ASIFlex website, and Washington Administrative Code found at www.pebb.hca.wa.gov.
- This form cancels any prior elections I have made under this plan, and cannot be changed except as stated in the *DCAP Program Summary* and the *Washington Flex Enrollment Guide* found on the ASIFlex website, and Washington Administrative Code found at www.pebb.hca.wa.gov.
- Elections during the PEBB open enrollment are effective January 1, 2013 and are **collected equally from each paycheck** I will receive throughout 2013, or during my contracted period of employment with the State of Washington.

Employee signature _____

Date _____

Return this form to your benefits office for processing.

Questions? Call ASIFlex toll-free at 1-800-659-3035 (Toll-free TTY 1-866-908-6043) or send an e-mail to asi@asiflex.com