



**Los Angeles Unified School District  
Benefits Administration**

**FLEXIBLE SPENDING ACCOUNT  
ENROLLMENT FORM**

Employee Number	Last Name	First Name			M.I.	Phone Number
Address		City	State	Zip Code	Social Security Number	
Email Address		<input type="checkbox"/> Classified <input type="checkbox"/> Certificated		Effective Date	Processed Date	Initials
<b>HEALTH CARE FLEXIBLE SPENDING ACCOUNT (3902) (min \$120/max \$2,700)</b> Expenses incurred for yourself or eligible dependents for eligible health care expenses only.						
<input type="checkbox"/> Check here to voluntarily elect enrollment into the <b>HEALTH CARE</b> flexible spending account.						<b>Annual Deduction*</b> \$
<b>DEPENDENT CARE FLEXIBLE SPENDING ACCOUNT (3901) (min \$120/max \$5,000)</b> Expenses for dependent daycare only. Spouse health care expenses are not applicable.						
<input type="checkbox"/> Check here to voluntarily elect enrollment in the <b>DEPENDENT CARE</b> flexible spending account.						<b>Annual Deduction*</b> \$
<i>*The number of deductions is 12 for employees on a monthly pay schedule and 24 for employees on a semi-monthly pay schedule. Deduction amounts are calculated according to your pay schedule. Deductions are taken each pay period.</i>						

**You must re-enroll annually during the Annual Benefits Open Enrollment period. Enrollment is not automatic.**

You will be qualified to make a mid-year change if you experience one of the “Major Life Events” below:

- Begins/ends full-time employment
- Begins retirement
- Marriage/divorce/death of a spouse
- Birth or adoption
- Death of a covered child
- Spouse loses employment

**Note:** Changes must be consistent with the qualifying status change. **Please submit this form along with proof of your major life event within 30 days of the event.**

All funds in your account(s) must be used for eligible expenses only. Any amounts remaining in your account(s) not used for eligible expenses incurred during the calendar year and the first 2 ½ month extension period of the next year will be forfeited in accordance with current plan provisions and tax laws.

**THIS FORM WILL NOT BE PROCESSED UNLESS SIGNED AND DATED**

I hereby request enrollment in the Flexible Spending Account(s) indicated above and authorize LAUSD to deduct the necessary amounts from my pay check. I understand this election will remain in effect as long as I remain eligible, or until I make another election during an annual open enrollment period. I hereby authorize any insurance company, organization, employer, hospital, physician, surgeon, or pharmacist to release any information requested to pay any claim under the account(s) selected. I certify under penalty of perjury that the above information is true and is accurate to the best of my knowledge and belief.

Applicant's Signature	Date
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Return completed form (fax or email preferred) to: Fax: (213) 241-4247 | Email: [benefits@lausd.net](mailto:benefits@lausd.net)

