Print Form

HUMAN RESOURCES
& DEVELOPMENT
TULARE COUNTY

Tulare County 2014 Health Benefits Enrollment Form
IRS Section 125 Participation Form BU 12

TCCA – Bargaining Unit 12

Employee Name: _____

Employee ID#: _____

☐ **I WISH TO ENROLL IN A FLEXIBLE SPENDING ACCOUNT (FSA) IN PLAN YEAR 2014.**

Please Select your Annual Amount for Plan Year 2014 for the Available FSA Plans:

Medical Reimbursement $_____ Debit Card – Yes ☐ No ☐

Dependent Care Reimbursement $_____

☐ **I DO NOT WISH TO PARTICIPATE IN A FLEXIBLE SPENDING ACCOUNT (FSA) IN PLAN YEAR 2014.**

I understand that my benefit selections for Plan Year 2014 are effective January 1st through December 31, 2014, and that NO changes can be made to my enrollment status or Pretax Deduction(s) during the Plan Year unless I experience a qualifying event, in accordance to the IRS Code Section 125.

_____ _____
Signature **Date**

Please return this form to:

HR&D – Benefits Center, 2900 Burrel Ave, Visalia, CA 93291

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