

Davey Administration Group
FLEXIBLE SPENDING ACCOUNTS
ELECTION AGREEMENT
Plan Year: January 1 through December 31, 2012

I, the undersigned employee of **Contra Costa Water District**, hereby make the following election(s) regarding the benefits available to me under the Section 125 Flexible Benefit Plan. I am further making an election to have my taxable compensation reduced by an amount equal to the value of the benefits specified below, such amount to be deducted in approximately equal sums from my regular paychecks during the coming Plan Year. I understand that this election form cannot be revoked or changed during the plan year, unless there is a change in family status. I understand that salary reductions must be reimbursed for qualified expenses incurred during the plan year and may not be carried over into future plan years. If at the end of the plan year, my total contributions exceed my qualified expenses, the difference in amounts will be forfeited per IRS Code.

Medical Reimbursement

Annual Maximum \$3,000 \$ _____/Annual \$ _____/Per Pay Period* Initials: _____

Dependent Care Reimbursement

Annual maximum \$5,000 \$ _____/Annual \$ _____/Per Pay Period* Initials: _____

- Single/Married (filing joint tax return) Maximum Deferral - \$5,000 annual
- Married (filing separately) Maximum deferral - \$2,500 annual

* Divide annual amount by 26.

Employee's Last Name	First Name	Mid. Initial	Telephone #
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Employee's Address	City	State	Zip
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Email Address	Date of Birth	Date of Hire
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Choose all that apply

- I elect to receive a debit card in my name and _____ (name of 2nd card holder).
(I have been informed the cost of the card is \$12 annually and will be deducted from my annual FSA amount.)
- I elect to have my reimbursement checks sent to my home
- I elect direct deposit into the same account as 2011
- I elect direct deposit (complete attached authorization form)

	Dependent Information	Sex	Date of Birth
Spouse			
Child			
Child			
Child			
Child			

Signature: _____

Employee ID # _____*

Date: _____

*Use the last 4-digits of your SS# or any 4-digit #

RETURN COMPLETED FORM TO HUMAN RESOURCES BY MONDAY, DECEMBER 5, 2011

**FLEXIBLE SPENDING ACCOUNT
AUTHORIZATION FOR AUTOMATIC REIMBURSEMENT DEPOSIT**

Employee Name _____

Identification No: _____ *

***Use the last 4-digits of your SS# or any 4-digit # (must be the same as the number on the enrollment page)**

Employer: Contra Costa Water District

I hereby authorize Davey Administration Group to initiate credit entries to my **(check one)** _____ **checking account** or _____ **savings account** indicated below and the depository named below (financial institution) to credit the same to such account.

Account Number _____

Financial Institution (Depository) _____

City _____

State _____

This authority will remain in full force and effect until Davey Administration Group has received written notification from me of its termination in such time and in such manner as to afford Davey Administration Group a reasonable opportunity to act on it.

Signature

Date

****AN ACTUAL VOIDED CHECK MUST BE ATTACHED ****

If an actual check is not available to attach (i.e. some savings accounts), you are responsible for obtaining the correct ACH transit routing number from your financial institution.

BANK ACH TRANSIT ROUTING NUMBER

RETURN COMPLETED FORM TO HUMAN RESOURCES