

LANE COMMUNITY COLLEGE – SECTION 125 EMPLOYEE ENROLLMENT FORM

SUBMIT FORMS TO: 4000 E 30th Ave., Eugene, OR 97405 OR Fax (541) 463-3970 | Plan Administered by Polestar Benefits, Inc.

EMPLOYER Lane Community College		EFFECTIVE DATE 01/01/2016		FIRST PAYROLL DATE 01/08/2016		ENROLLMENT TYPE <input checked="" type="checkbox"/> Open Enrollment/New Hire <input type="checkbox"/> Add/Change Reason _____	
EMPLOYEE INFORMATION							
FIRST NAME		LAST NAME		MI	SSN	L #	DATE OF BIRTH
MAILING ADDRESS			APT.	CITY		STATE	ZIP GENDER <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
EMAIL ADDRESS (REQUIRED)				PHONE () -		<input type="checkbox"/> Contracted Faculty <input type="checkbox"/> Classified <input type="checkbox"/> Part-time Faculty <input type="checkbox"/> Management	
DEPENDENT INFORMATION							
Special Request: If a Benefits Card is offered, would you like an additional card for your spouse? <input type="checkbox"/> YES <input type="checkbox"/> NO							
SPOUSE NAME		DATE OF BIRTH		CHILD NAME		DATE OF BIRTH	
CHILD NAME		DATE OF BIRTH		CHILD NAME		DATE OF BIRTH.	
CHILD NAME		DATE OF BIRTH		CHILD NAME		DATE OF BIRTH	
PLAN ELECTION(S)				DIRECT DEPOSIT (optional)			
FLEXIBLE SPENDING ACCOUNT ELECTION				By electing to have my reimbursements directly deposited, I understand that: 1. Direct deposits are intended to be a more efficient way of receiving reimbursement. Direct deposit is not always a quicker way of receiving reimbursement. 2. Once Polestar Benefits, Inc. receives a completed and signed Authorized on Agreement; it will take approximately 7 – 10 business days to set-up and activate a direct deposit. 3. The date a claim is processed is not always the date the funds are deposited in my account.			
PAY PERIOD ELECTION \$	# OF PAY PERIODS	ANNUAL ELECTION \$					
DEPENDENT CARE ACCOUNT ELECTION							
PAY PERIOD ELECTION \$	# OF PAY PERIODS	ANNUAL ELECTION \$		BANK ACCOUNT INFORMATION (please print clearly) <input type="checkbox"/> CHECKING <input type="checkbox"/> SAVINGS ACCOUNT# _____ ROUTING# _____ By providing the bank information above, I acknowledge that I have read and understand the statements above. I hereby authorize Polestar Benefits, Inc. to initiate direct deposits to the bank account listed above. It is my responsibility to notify Polestar Benefits, Inc. of any changes relating to my account. I may cancel the direct deposit option at any time.			
FOR HR USE ONLY							
EMPLOYER ANNUAL CONTRIBUTION \$				ACKNOWLEDGEMENT AND AUTHORIZATION: I hereby request coverage as outlined above under the Polestar Benefits, Inc. plan offered by my employer. I authorize my employer to deduct from my earnings, including any future adjustments, any required contributions. I reserve the right to change or revoke this authorization by written notice if there is one or more significant change in status (i.e. marriage, death, divorce, separation, birth, etc.). I understand that if I have declined any coverage on myself or eligible dependents and wish to enroll at a later date, coverage will be deferred in accordance with the Policy provisions. I declare all answers are true and complete. **125/FSA and HRA Acknowledgement** The dependents for whom I will see claiming expenses either reside with me in a parent-child relationship or are legally dependent on me for support. I am aware the premium and other contributions made under this plan are the property of my employer and will be used to purchase the elected coverage and cannot be refunded. Reimbursement account claims must be accompanied by proper documentation (i.e. a reimbursement request and related receipt(s) or Explanation of Benefits) of the out-of pocket expense and be incurred within the plan year. This agreement cannot be revoked or changed, unless I experience a qualified change in status. WARNING: Any person who knowingly and with intent to defraud an insurer files an application or statement of claim containing any false, incomplete or misleading information may be guilty of insurance fraud, which is a crime.			
MASSAGE BENEFIT ELIGIBLE <input type="checkbox"/> YES <input type="checkbox"/> NO If less than 24 pay periods: Pay Date Range #1: _____ Pay Date Range #2: _____ Other Comments: _____ _____ _____ _____ _____ _____ _____ _____							
				Employee Signature _____ Date Signed _____			