

**Santa Barbara County Superior Court  
Section 125 Flexible Benefits Program  
Enrollment Form – Plan Year 2021**



New Hire:  - Effective Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Open Enrollment:

**Employee Information**

Employee's Name (Last, First, Middle Initial)		Social Security Number (First 3 digits only)		Date of Birth	
Employee's Home Address (Street)		(City)		(State) (ZIP)	
Work Phone	Home Phone	E-mail Address		Date of hire	Employment status <input type="checkbox"/> Full time <input type="checkbox"/> Part time

**Pretax Premiums**

**Salary Reduction Agreement:**  
I understand the Court will pretax the amount I am required to contribute toward my employee benefits throughout the Plan Year. Employee benefits include employer-sponsored plan and voluntary life and personal accident insurance. The amount of reduction will automatically change in the event a change occurs in the contribution amount.  Check here to decline having your insurance premiums taken on a pre-tax basis.

Signature \_\_\_\_\_ Date: \_\_\_\_\_

**Flexible Spending Accounts**

**Spending Account Elections:** I request the following amounts be deducted from my pay with pretax dollars:

**Election for Plan Year**

Dependent Care Spending Account \$ \_\_\_\_\_  Annually **\$5,000 Maximum Plan Year Election**

Health Care Spending Account \$ \_\_\_\_\_  Annually **\$2,750 Maximum Plan Year Election**  
*\*not for use with HDHP*

Health Care Spending Account \$ \_\_\_\_\_  Annually **\$2,750 Maximum Plan Year Election**  
-for Dental and Vision expenses only  
*\*to be used only in conjunction with High Deductible PPO and Healthcare Savings Account*

Transit Spending Account \$ \_\_\_\_\_  Monthly **\$270 Maximum Monthly Election**  
Reimbursements cannot exceed \$270 for each month's expenses.  
This election may be changed at any time.

Parking Spending Account \$ \_\_\_\_\_  Monthly **\$270 Maximum Monthly Election**  
Reimbursements cannot exceed \$270 for each month's expenses.  
This election may be changed at any time.

**Dependent Information**

Dependent's Last Name, First Name	Relationship	Date of Birth

**Spending Account Agreement**

The amount(s) I have elected will be taken from my pay in equal installments on a pretax basis. I understand that if I fail to submit eligible claims for entire amount elected, I forfeit any remaining balance. The election(s) will continue throughout the Plan Year or until I notify the company in writing of a qualifying Status Change. If I have provided an e-mail address, I am requesting that all possible communications be through e-mail.

Signature \_\_\_\_\_

Date: \_\_\_\_\_

HR Use Only	Received By	Entered ADP	Audited ADP	Entered Web	Audited Web
Initial/Date					
Deduction Amt		Monthly Amount		Pay Period Amount	Annual Amount