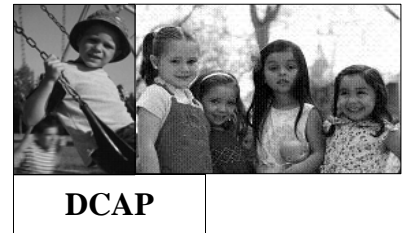


**Dependent Care Assistance Program
Enrollment and Salary Reduction Authorization
Mid-year Enrollment - Plan year 2011**



Participant Information

Employee Name		Employee ID Number <i>required</i>	
Mailing Address	Street	Email Address	
	City	State	Zip
Office/Dept. Name		Office Phone Number	
Marital Status:		<input type="checkbox"/> Married	<input type="checkbox"/> Single
<i>If married</i> , spouse is:		<input type="checkbox"/> Employed	<input type="checkbox"/> Full-time student
		<input type="checkbox"/> Disabled	<input type="checkbox"/> None of the above

Before-Tax Allocations

Annual Enrollment (full plan year 1/1-12/31)
Mid-year start date is the first pay date with a contribution.

	Pay Period Amount	# of Pay Periods	Total for the year	Not to Exceed
Partial Plan year	\$ _____	X _____	= \$ _____	\$5,000.00

Minimum: \$20/pay period; Maximum: \$5000/yr=\$192.30/pp if full year participant.
Refer to IRS rules or Reimbursement Programs brochure for complete details regarding maximum.

Authorization and Agreement

I authorize the County of Sonoma to deduct the before-tax amount shown above from my paycheck each pay period. This amount will be directed into my Dependent Care Assistance Program account maintained by the County. My account will be used to reimburse me for eligible dependent care expenses incurred during the period of coverage.

I have read the Flexible Spending Account (FSA) Reimbursement Program brochure and I understand this authorization is for the period of coverage specified above. I understand these payroll deductions **cannot be changed** during the plan year, unless I experience a change in status as defined by the IRS and submit a completed Change in Election form within 31 days of the change event. I further understand that any unused amounts remaining in my Reimbursement Account at the end of the plan's "grace period" will be forfeited, as required by law.

Claims may be filed up to March 31, 2012 for eligible expenses incurred during the 2011 calendar year and the plan's "grace period" (January 1, 2011 through March 15, 2012).

Employee Signature	Date Signed
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**Return completed forms to ACTTC Central Payroll
575 Administration Dr., Rm. 117A, Santa Rosa, CA 95403
*Before submitting this form, please make a copy for your records.***

FOR COUNTY USE ONLY:

Coverage begin date:	<input type="checkbox"/> _____ 2011	County Representative Initials: _____
<input type="checkbox"/> eP	<input type="checkbox"/> Vendor number _____	<input type="checkbox"/> Confirmation Statement
		<input type="checkbox"/> Welcome Packet

Original: Auditor-Payroll **Copy:** Enrollee will receive a copy of the approved form in the Welcome Packet