COUNTY OF SAN LUIS OBISPO

INDIVIDUAL TAX SAVINGS (ITS) PROGRAM

"ITS" ENROLLMENT FORM

PARTICIPANT INFORMATION

Employee Name _____ Personnel Number _____

Address _____

Street **City** **State** **ZIP**

Marital Status: ☐ Married ☐ Single

If married, spouse is: ☐ Employed ☐ Full-time student ☐ Disabled ☐ None of the above

Department _____Work Phone No. _____Date of Hire _____

I hereby agree that my cash compensation (salary) will be reduced by the amounts set forth below for each pay period during the Plan Year (or during such portion of the year as remains after the date of this agreement).

Plan year starts January 1 or with your first payroll deduction and ends December 31, of the plan year.

BENEFIT ELECTIONS Total Plan Year Deductions

Health Care Spending Account **$**_____
(Annual maximum $2,500)

Dependent Care Spending Account **$**_____
(Annual maximum $5,000)

IMPORTANT - READ CAREFULLY BEFORE SIGNING

I have read the Individual Tax Savings (ITS) Program information and understand that the elections shown above will remain in force for the entire plan year unless I have a change in family status, as defined by the IRS. If I have elected to make deposits for a health care and/or dependent care account, I understand that any amount remaining in the accounts after March 1 of the next plan year will be forfeited, as required by law.

Employee Signature _____ **Date Signed** _____

FOR COUNTY USE ONLY

Effective Date of Action _____ Action _____

County Representative Signature _____