



PENSION DYNAMICS
COMPANY LLC

***Your Online Enrollment Period is
November 1 – November 30, 2016***

Peralta Community College District

Section 125 / Flexible Benefit Plan

EMPLOYEE HANDBOOK

Plan Year: January 1, 2017 - December 31, 2017

Working together to build your tomorrow

Administered by

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[Click here](#) to download the new Employee User Guide for the Participant Portal

*A benefit opportunity for the employees of Peralta Community College District,
operating under Section 125 of the Internal Revenue Code*

About This Handbook

This Handbook is a brief description of the terms of the Plan in common language designed to describe the highlights of the Plan. It is not meant to replace the Plan Document or Summary Plan Description (SPD) which are on file with your Plan Administrator. If you would like a copy of either of these documents please request one from your Human Resources (HR) Department. The Plan Document governs in the event of any discrepancy between these documents.

What Is A Flexible Benefit Plan and How Will The Plan Benefit Me?

A Flexible Benefit Plan, also known as a Section 125 Plan, is part of a cafeteria plan that allows employees to purchase certain benefits with pre-tax dollars. This plan is put into place to assist in paying for Company Sponsored Group Insurance Premiums as well as allowing you to put aside an elected amount for Flexible Spending Accounts (FSAs). If you elect to participate in any of the accounts listed in this Handbook, you will save Federal, State, Social Security and Medicare taxes on every dollar contributed to the plan. For most people in the state of California, that means a savings of 30-40% on every dollar put into this plan. Enrollment in these plans will reduce your reportable income; therefore your Social Security Benefits/Disability may be affected by your election. However, most will find that the tax savings far outweigh the potential negative impact.

Why Should I Participate?

You would participate in the FSA plan in order to pay less in taxes and have more spendable income! Here is an example of how you can save if you elect these benefits.

	Without Flex	With Flex
Monthly Base Salary	\$3,000.00	\$3,000.00
FLEX Contribution	(0.00)	(500.00)
Adjusted Taxable Income	3,000.00	2,500.00
Federal Withholding	(342.00)	(267.00)
State Withholding	(91.00)	(59.00)
Social Security Tax	(186.00)	(155.00)
Medicare	(43.50)	(36.25)
CA SDI	(36.00)	(30.00)
Subtotal	\$2,301.50	\$1,952.75
Expenses		
Company sponsored Insurance Premiums/month	(50.00)	Paid (FLEX)
Health Care FSA/month	(150.00)	Paid (FLEX)
Daycare/month	(300.00)	Paid (FLEX)
Spendable Income	<u>\$1,801.50</u>	<u>\$1,952.75</u>

Monthly increase in personal spendable income is \$151.25.

This translates into an annual take home increase of **\$1,815.00.**

For many of us, this is equivalent to a \$2,500 (taxable) annual salary raise.

The first step toward a full appreciation of the opportunity provided by the Flexible Benefit Plan is to gain an understanding of how the government taxes your income. Remember the last time you received what was supposed to be a \$100 pay raise? You probably noticed that your take home pay increased by only about \$65. The reason the increase was so small compared to your gross wage increase was because the raise was the last \$100 of your income and was taxed at the highest rate you pay. This is referred to as your Marginal Tax Rate. We have a calculator available

on our participant portal at <https://benefits.pensiondynamics.com/> click on Resources. Instructions on how to register for our website are included in this Handbook. Once logged into your account, click Resources/FSA Resources/FSA Tools & Calculators. From that screen you can click on “How Much to Contribute” to calculate your savings.

Annual Expenses Worksheet

This worksheet will help you estimate your annual medical and dependent care costs. Check the following list to identify expenses that pertain to you. This list is not intended to be comprehensive, but it contains some of the more common health care and dependent care expenses. Please refer to the page in this Handbook titled Eligible Expenses for Your Health Reimbursement Account for a partial list of qualifying expenses. Remember to be conservative when calculating your election and list only expenses not covered by your insurance. Be aware that these plans have a “use or lose” clause and in some cases unclaimed amounts at the end of the Plan Year will be forfeited back to your Employer. This is discussed later in this Handbook.

Qualifying Daycare Expenses	Estimated Annual Expense
Amounts paid to a daycare center	\$
Amounts paid for daycare inside your home	\$
Subtotal	\$
Qualifying Health Expenses	Estimated Annual Expense
Co-payments and deductibles	\$
Mental health counseling, chiropractic and acupuncture	\$
Prescription drugs	\$
Over-the-counter drugs and medications*	\$
Laboratory fees, annual check-ups, X-rays, hospital fees	\$
Orthodontia and other eligible dental services	\$
Prescription glasses, eye exams, contacts	\$
Subtotal	\$
Total Annual Expenses	\$

Note: Qualifying expenses under Code Section 125 are different from those listed in I.R.S. Publication 502. Please consult Pension Dynamics if you have any questions as to what constitutes an eligible expense.

*Over-The-Counter Drugs and Medications only qualify for reimbursement under a Flexible Benefit Plan if they are primarily used for the treatment of a medical condition, injury, or illness. Due to Health Care Reform, prescriptions are required for over-the-counter drugs and medications.

How do Flexible Spending Accounts work?

- The FSA accounts have two options, the Health Expense Reimbursement Account and the Dependent Daycare Reimbursement Account. You can elect either or both as needed.
- The amount you elect will be deducted from your pay on a pre-tax basis in equal amounts over the number of pay periods in the Plan Year.
- Each year you must elect your FSA benefits again.
- The amount you elect at that time will remain in effect for the entire Plan Year unless you have a qualified change in status (described in more detail later in this Handbook).

When do I become eligible to participate and how do I enroll in the plan?

- Once you meet the eligibility requirements for your employer health insurance benefits you automatically qualify to participate in the Flexible Benefit Plan.
- Once you are eligible to participate you will have 30 days to complete the enrollment form and return it to your Human Resources representative. Your enrollment begins the date the form is signed and/or the first day of your eligibility, whichever is later, so it is better to complete the form soon. You will not be able to submit expenses incurred prior to the enrollment date.
- After enrolling we recommend logging into our portal at pensiondynamics.com/login to monitor your account details and balance at least monthly.
- Following your initial enrollment period, there will be an open enrollment period before the start of each plan year for you to re-enroll. This benefit does need to have a positive election each plan year.

What are your Privacy Policies and who is authorized to obtain information regarding my account?

- Your privacy is important to us and as a result we have a strict policy in place to safeguard your account and your private information.
- You can grant your spouse and dependents and those eligible to use your account limited access by completing the Release Form. [Click here](#) for the most recent version of this form on our website located under the Flexible Benefit Plan Forms section.
- However, you as the account holder are the only one with full access and rights to your account and account settings.
- Our Privacy Statement can be found here: [Notice of Privacy Practices](#)

What benefits are available?

1. Company Sponsored Group Insurance Premiums

- Allows your portion of the premiums for your Company Sponsored Group Insurance, including Medical, Dental and Vision insurance, to be paid with pre-tax dollars automatically if you enroll in the Company Sponsored Insurance Plans.
- Your portion of any premiums will be contributed to the Plan through pre-tax payroll deductions and paid directly to the insurance company.
- Your payroll deductions will be adjusted automatically for any changes in premiums charged by the insurance company during the Plan Year.
- Note that this is only for premiums paid to a group insurance carrier through your Employer. The Flexible Benefit Plan does not cover premiums paid for individual policies or premiums paid through other Employers (i.e. a spouse's Employer or COBRA premiums).
- If you wish to opt out of this pre-tax benefit, you must notify your Employer in writing prior to the start of the Plan Year.
- You cannot change your insurance mid-year and make a corresponding change to the amount being deducted from your paycheck. There are two exceptions to this rule:
 - if you plan these changes prior to completing your election form and your election form reflects these changes, or
 - if you have a qualified change in status (discussed later).
- Your contributions will cease upon termination of employment or when you become ineligible for the chosen coverage.

2. Dependent Daycare – log into your online account to see a short video about this benefit

- Covers dependent daycare expenses which are incurred in order for you and your spouse (if married) to work. The care can be either inside or outside your home.
- These expenses must be for a dependent child under the age of 13 or for the care of any tax-qualified dependent who lives with you and is physically or mentally incapable of caring for himself.
- Elections are locked in for the Plan Year unless you have a qualifying change of status (described later in this Handbook).

- Your dependent must also live with you at least 50% of the calendar year and you may not claim daycare expenses for days when your dependent is not living with you.
- In order for you to participate in the daycare account, your daycare provider must be over the age of eighteen, not your dependent, and must declare the income on their tax return.
- Your daycare deferrals will not appear as taxable wages on your W-2; however, the amount deducted from your pay is reported in Box 10. You will need to file Form 2441 with your federal tax return to report the provider's name, address, and tax ID number. Additionally, the amount from Box 10 of your W-2 must be entered on line 17 of Form 2441.
- Federal regulations state that the maximum contribution you may make to your Dependent Daycare Plan is equal to the lesser of:
 - Your earned income for the Plan Year up to \$5,000;
 - The actual or deemed earned income of your Spouse for the Plan Year; or
 - \$2,500 if you are married and filing a separate federal income tax return.

This is a family limit, so although both spouses may be eligible for these types of plans, you must be careful not to exceed the federal maximum contribution amount.

- Elections are divided evenly by the number of pay periods in order to contribute the full elected amount by end of the Plan Year.
- If you elect the Dependent Daycare FSA, you are not entitled to the dependent daycare credit on your tax return for expenses paid through your FSA, but you may receive a tax credit for expenses in excess of the amounts paid through your FSA. You may also want to consult your tax professional as each person's situation is different and it is important to understand which program is better for you and provides the most savings.
- Dependent Daycare cannot be reimbursed until the expense has been fully incurred. For example, services for the month of January cannot be reimbursed until January 31st.
- You can only be reimbursed your current account balance. If you send in a claim for \$500.00 for services for January and you have \$208.33 deducted twice a month we will reimburse \$416.66 once the January contributions are posted and the full month has passed. The remaining \$83.34 will be reimbursed once additional contributions are posted to your account.
- Handwritten statements must be on provider's letterhead or have a provider stamp containing their information.
- If your employment terminates mid-year, either voluntarily or involuntarily, your coverage in this plan will terminate as of that date.
- Expenses must be submitted within 90 days of the end of the Plan Year. Funds not claimed by that date will be forfeited back to your Employer.
- Contribution amount limitations may apply to Highly Compensated/Key Employees due to Non-discrimination rules. You will be notified of these limitations if you are affected.
- The following are eligible dependent daycare related expenses as defined by the Internal Revenue Service:
 - After-school care or extended day programs (supervised activities for children after the regular school program that are not educational in nature)
 - Before-school care or extended day programs (supervised activities for children before the regular school program that are not educational in nature)
 - Day camp
 - Preschool
- The following expenses are NOT ELIGIBLE. This is not meant to be a comprehensive list but rather a list of ineligible items commonly submitted for reimbursement.
 - Classes or lessons (music, dance, swimming, etc.). Such classes or lessons are primarily educational in nature.
 - Kindergarten
 - Overnight camps

3. Health Expense Reimbursement (Health Flexible Spending Account/Health FSA) – log into your online account to see a short video about this benefit

- Covers out-of-pocket medical, dental and vision expenses that are not reimbursed by your insurance or any other source. For further information, see the section titled *Eligible Expenses for Your Health Reimbursement Account* in this Handbook. Insurance must fully process their portion before we can issue a reimbursement.
- If you and/or your spouse contribute or have an Employer contribution into a Health Savings Account (HSA), you are not eligible to participate in the Health Expense Reimbursement Plan. You may be eligible to enroll in a Limited FSA if one is offered by your Employer. If available, information regarding this benefit is included later in this Handbook under the section titled Limited FSA.
- Includes expenses incurred by you, your spouse (as defined by federal, not state, regulations), and your dependents up to the age of 26. The portion claimed must not be reimbursed by any other benefit plan or itemized on any tax return.
- Expenses for a Domestic Partner are not eligible unless they are also your tax dependent.
- The maximum you can contribute is \$2,600.
- Elections are divided evenly by the number of pay periods in order to contribute the full elected amount by end of the Plan Year.
- Elections are locked in for the Plan Year unless you have a qualifying change of status (described later in this Handbook).
- The expense must be incurred during the current Plan Year. This means the service was actually provided during the Plan Year, not that you paid for or were billed for the service during the Plan Year.
- The expense must have been incurred during your coverage period, i.e. after you joined the plan, and before you terminate from the plan.
- The expense must have been incurred for the diagnosis, cure, or treatment, of a disease, injury, illness, or diagnosed medical condition. General health items are not eligible.
- In certain circumstances, a Letter of Medical Necessity from your medical provider may be necessary. [Click here](#) for the most recent version of this form on our website located under the Flexible Benefit Plan Forms section.
- If your employment terminates mid-year, either voluntarily or involuntarily, your coverage in this plan will terminate as of that date. In some cases, you may be able to elect COBRA to continue this plan. Your Employer will notify you of any COBRA rights you may have.
- You may be reimbursed up to your full annual election amount at any point during the Plan Year regardless of the amount you have contributed to date.
- Handwritten statements must be on provider's letterhead or have a provider stamp containing their information.
- You will have 90 days from the end of the Plan Year to submit a request for reimbursement of expenses incurred during the Plan Year. Claims submitted after this time period has ended will be denied as ineligible. Some plans may elect a Carry Over provision, if your Employer elected this provision more details are listed later in this Handbook under the section titled, Add On Options Offered By Your Employer.
- Contribution amount limitations may apply to Highly Compensated/Key Employees due to Non-discrimination rules. You will be notified of these limitations if you are affected.

Eligible Expenses for Your Health Expense Reimbursement Account

The following list identifies eligible medical, dental, and vision related expenses as defined by the Internal Revenue Service. These expenses are eligible for reimbursement through your Health Expense Reimbursement Account provided they are incurred by you and/or your dependents during the Plan Year, are not covered by your insurance, and have not been reimbursed through any other benefit plan. You can also see a more comprehensive list on our website at www.pensiondynamics.com. Click on Participants in the upper right hand corner and under Forms select Benefit Plan Forms. The Medical Eligible Expense List is on the right-hand side of the next screen. You will be required to enter the access code which is: **list**.

- Alcoholism and drug addiction treatment
- Ambulance transportation
- Artificial limbs and teeth
- Birth control/ contraceptives
- Braces (wrist, knee, etc.)
- Contact lenses and solution (See Stockpiling)
- Deductibles (Insurance)
- Dental Implants & dental treatments (excluding cosmetic procedures)
- Eye examinations
- Eyeglasses (corrective lenses)
- Fees to doctors and hospitals including:

Anesthesiologist	Optometrist
Chiropractor	Osteopath, licensed
Clinic	Practical Nurse
Dermatologist (Note 1)	Psychiatrist
Gynecologist	Psychologist
Midwife	Neurologist
- Hearing aids and batteries (including upkeep and maintenance)
- Infertility treatment
- Insulin and related supplies
- Laboratory fees
- Laser/Lasik eye surgery
- Mentally challenged (special tutoring/care of)
- Nursing care
- Office visit co-payments (for medical appointments)
- Orthodontia (Note 2)
- Oxygen equipment
- Physical therapy
- Pregnancy tests
- Prescription drugs and medicines
- Radial Keratotomy / Orthokeratology
- Sterilization
- Support or corrective devices (i.e. orthopedic shoes)
- Surgery (excluding cosmetic procedures)
- Transportation expenses for medical care (mileage, parking, tolls, bus, taxi)
- Wheelchair / crutches
- X-rays

The Following Expenses are considered DUAL PURPOSE: These items are only covered with a

diagnosis code from a medical professional. This is not meant to be a comprehensive list but rather a list of items commonly submitted for reimbursement.

- Capital expenses primarily for medical purposes (to the extent the value of your home is not increased)
- Massage
- Over-the-counter drugs and medications including vitamins and supplements (Note 3)
- Psychotherapy
- Smoking cessation programs and related drugs
- Weight loss programs

The Following Expenses Are NOT ELIGIBLE: This is not meant to be a comprehensive list but rather a list of ineligible items commonly submitted for reimbursement.

- COBRA payments
- Cosmetics / toiletries
- Cosmetic surgery / procedures
- Dental Supplies (including toothbrushes)
- Electrolysis / hair loss treatments / Rogaine
- Insurance premiums
- Multi-vitamins
- Teeth bleaching (cosmetic)
- Tinted clips for prescription eyewear

Note 1: Services cannot be cosmetic and a diagnosis is required.

Note 2: Please contact Pension Dynamics for information on how to submit Orthodontia claims.

Note 3: Due to Health Care Reform a prescription is required for all over-the-counter (OTC) drugs and medications. They must be purchased for the treatment of a medical condition, illness or injury. A diagnosis is required. Stockpiling is NOT permitted. No more than two formulations of the same OTC will be reimbursed in any given month.

How do I submit a request for reimbursement?

- Claims can be submitted electronically through our website at www.pensiondynamics.com. Instructions for online claims submission are here: [Online Claim Submission](#)
- Additionally, you are able to submit claims via our mobile app. The mobile app can be found by searching for "Pension Dynamics Wealth Care" in the Apple App Store or Google Play.
- Requests for reimbursement should be sent to Pension Dynamics. [Click here](#) for the Flexible Benefit Reimbursement Form on our website located under the Flexible Benefit Plan Forms section.
- All Health Care substantiation must include:
 - Name of patient (you, your spouse or tax dependent) incurring the expense
 - The date services were provided or the date the item was purchased
 - Service Provider or Merchant Name
 - Description of Service/Purchase
 - Amount of Service/Purchase
 - If insurance is paying any portion it must be finalized with insurance first and the statement must clearly show the insurance company payment/write off amount. In this case, an Explanation of Benefits (EOB) is recommended and in some cases the EOB is required.
- All Dependent Daycare substantiation must include the following:
 - Dates of Service (*dates care provided, not when billed/paid for*)
 - Description of Service
 - Dependent's Name
 - Care Provider's Name
 - Provider's Tax ID or SSN
 - Amount of Claim
 - For Dependent Daycare claims, if your provider does not give receipts Pension Dynamics can accept the provider's signature on the completed claim form as proof of your expense.
- Canceled checks, credit card receipts, and statements including "Previous Balance", "Balance Forward, or "Paid on Account" are NOT acceptable as they do not contain all of the required information.
- Handwritten statements must be on provider's letterhead or have a provider stamp containing their information.
- Reimbursement will be made by direct deposit into your bank account when you submit a completed Direct Deposit Form. [Click here](#) for the Direct Deposit Form on our website located under the Flexible Benefit Plan Forms section. You can also sign up for direct deposit online at the participant portal.
 - Direct deposit allows Pension Dynamics to send your reimbursements to you electronically which will reduce the amount of time that it takes for you to receive your reimbursement. Payments are issued daily and sent to the bank the same day in most cases. The bank processes these deposits into your bank account within 1-2 business days.

Can I make a mid-year change to my elections?

You may change your elections during the plan year only if you have a qualifying change in family status. You may stop participation in the plan only if you have a qualifying change in family status or if you take a leave of absence. Upon the occurrence of one of these qualifying events, you will need to complete the Flexible Benefits Enrollment/Revision Form and submit it to the Human Resources Department within 30 days of that event. All requests for election changes are subject to approval by the Plan Administrator. The Flexible Benefits Enrollment/Revision Form is included in this Handbook.

- 1. Qualifying Change in Family Status** - If you undergo a qualified family status change, you may make changes to your elections accordingly. For example, if you gain a dependent your Health Care Expenses might increase. In this example you could increase, but not decrease your election. The following is a list of qualifying changes in family status:

- Legal Marital Status
- Gain or loss of a dependent (birth, adoption, death, exceed age limit, etc.)
- Significant change in participant's employment status or work schedule
- Termination or significant change in participant's spouse's employment status
- Significant change in participant's spouse's company sponsored benefits/eligibility
- Significant change in cost for daycare expenses (for changing daycare elections only)

2. Unpaid Leave Of Absence or FMLA Leave - If you go on an unpaid leave of absence you will not have spending account deductions taken on the missed pay dates. You have the following options regarding your leave:

- In order to continue your eligibility through your leave you will need to make up these missed deduction amounts. You may "front load" your account (contribute in advance all missed deductions) in anticipation of your leave. If you "front load" your account you will have continuous, uninterrupted coverage during your leave, or
- If you expect to return to work well in advance of the close of the Plan Year, you can make up your missed contributions after you return to work. However, reimbursements will be suspended during your leave until all missed contributions have been made up. Once all required contributions have been made, your eligibility will be reinstated retroactively and claims incurred during your leave are eligible for reimbursement, or
- If you are not returning by the end of the year and you do not front load your account, you can pay the missed deductions on an after-tax basis by sending monthly payments to your Employer, or
- You can terminate your participation in the plan on the effective date of your leave of absence.

ADD ON OPTIONS OFFERED BY YOUR EMPLOYER

Debit Card

- You may request a debit card to help pay for expenses in the above mentioned plans.
- To request a card please email benefits@pensiondynamics.com. If you would like a card for a dependent as well as yourself please provide the dependents name, date of birth and relationship to you in your request.
- Once you receive the card, you may use it to pay for your qualified expenses; however, unless the expenses are for co-payments under the Company Sponsored Group Insurance Plan, you will still need to submit substantiation of your expenses.
- An email will be sent to you following each debit card transaction stating if substantiation is required.
- It is important to keep all receipts in case they are needed.
- If substantiation is not received within 30 days of the transaction, your debit card will be suspended and no further transactions will be processed until substantiation is received.
- If incomplete documentation is submitted, your card will be suspended and no further transactions will be processed until substantiation is received.
- If you are not able to substantiate your claim, you can either (1) submit a claim for eligible expenses not purchased with the debit card in order to offset the unsubstantiated transaction, or (2) you may repay the plan. Please contact Pension Dynamics for information on these situations.

Also it is important to review the Cardholder's Guide and Policy for Disputed Point-of-sale Transactions which is located here: [Cardholder Guide to Claim Policy](#)

Carry Over

The IRS permits carryover of up to \$500 of a Health Care Reimbursement Account balance into future Plan Years. They require any unused funds over \$500 remaining in your account at the end of the Plan Year be turned over to the Employer, not the employee who forfeited them. The IRS has very strict guidelines on how these funds can be used by the Employer. This Carry Over provision is available for all active participants in the Health FSA, including active employees and COBRA participants enrolled in the Health FSA accounts. The Carry Over provision does not apply to the Dependent Daycare Reimbursement portion of this plan.

Online Enrollment Instructions

Online enrollment is available for your plans during Open Enrollment. Your HR department will send you details on when this Open Enrollment Period is available. In order to enroll online you will need to complete the following steps:

- Log into your account on our online participant portal at benefits.pensiondynamics.com. If you have not already registered for this site, please see the website registration instructions on the next page.
- Click on the Enrollment Tab/ Open Enrollment
- Find the plan that you would like to enroll in and click Enroll Now.
 - Verify and edit your demographic information. Be sure all fields marked with an asterisk (*) are completed.
 - If applicable, add any dependents by clicking the Add Dependent button and providing the required demographic information.
 - When all participant and dependent demographic information has been entered, click Next.
 - Provide your coverage/election choices. Depending upon the plan you are electing, you may be asked to choose an annual election or a per-pay-period election. Once your selections have been made, read and check the certification acknowledgement checkbox and click Next.
- A summary page lists all of your entered demographic information and coverage selections. Verify that all information is correct and use the edit buttons to change anything as needed.
- When completed, click submit application.
- A confirmation message will appear indicating the enrollment process is complete. Clicking done takes you back to the main open enrollment page.
- The enrollment summary section of the open enrollment page now displays the plan with a completed status. Elections and dependent information that you entered during the enrollment process appear as well. You can return to this page to make changes or waive coverage up until the end of open enrollment.
- You are also able to Waive coverage by clicking on Waive Now.
 - Check the box acknowledging that you are waiving the offered coverage and click submit.
 - The enrollment Summary now reflects that you have waived this plan by showing a status of waived. You can cancel your waived status and enroll in the plan at any time up until the end of the plan's open enrollment period.

If you have any questions do not hesitate to call us at (925)956-0514 or send an email to benefits@pensiondynamics.com.

Web Site Registration Instructions and Online Claim Entry Submission

Please follow the instructions listed below to access the Pension Dynamics Wealth Care Portal:

- Navigate to the following URL: pensiondynamics.com/login
- Click the **BENEFITS LOGIN** button on the bottom right of the screen
- Click the **REGISTER** button atop the right corner of the home screen
- Complete the registration form:
 - Choose a username (8-100 characters) and password (8-16 characters).
 - Enter the required demographic information.
 - Your employee ID is your Social Security Number (SSN) with no spaces and no dashes.
 - Your employer ID is PDCFB231.
 - Before clicking register, be sure to view and accept the terms of use.
 - After successfully completing the registration form, click register (may take several seconds).
- Next you will set up your secure authentication, which helps ensure your account is secure and private.
 - To start, click the **BEGIN SETUP NOW** button.
 - Select four security questions and provide your secret answers.
 - Verify your email address. Once complete, click **CONTINUE SETUP**.
 - Submit setup information. You will be asked to verify all of the information you have entered. After you've reviewed and confirmed the information, please click **SUBMIT SETUP INFORMATION**.
- A confirmation page will display showing the registration process has been completed. At this point, you can either 1) sign off, or 2) proceed to your account.

After registering, for all subsequent logins you can click the **LOGIN** link in the upper right corner of the home page. You will be prompted to enter your username, two of your four security questions, and finally your password.

Online Claim Entry:

- At the navigation bar at the top of the page, select "Submit Claims" and click the **ADD NEW** button.
- Complete the claim form. Items with an asterisk are required. Add a receipt file if you have one. Select **OK** when finished.
 - Newly-entered claims appear in the **New Claims box**. Click the **EDIT** button to edit anything you have entered on a claim. Additional claims can be added by clicking the **ADD NEW** button again.
 - **NOTE:** Once you submit your claim, you are no longer able to edit it.
- When complete, acknowledge the certification text by checking the checkbox and click the **SUBMIT** button.
- If it is preferable to fax your receipts, click **VIEW RECEIPT SUBMITTAL FORM** for a printable cover page you can submit while faxing.
 - Faxing in your receipt without this cover page may cause your reimbursement to be delayed, as the cover page contains specific information that speeds up the process of linking your receipt with your claim in our system. Our new fax number is (844) 859-7309.

If you have any questions, please call (925) 956-0514 or e-mail us at benefits@pensiondynamics.com.

FLEXIBLE BENEFITS ENROLLMENT/REVISION

Plan Year: January 1, 2017 through December 31, 2017

INSTRUCTIONS: Complete this Enrollment Form if you wish to participate in any portion of the flexible benefit plan. You may elect to participate in one or any combination of the three benefits outlined below. Return the completed forms to your in-house Benefits Administrator. Pension Dynamics will set up your account within two (2) business days after receiving the completed forms from your employer. After your account is set up, please go to www.pensiondynamics.com and log in to your account per the instructions included in your plan handbook. If you do not have a copy of the handbook for this benefit please contact your in-house Benefits Administrator or Pension Dynamics.

Company/Plan Name _____

SECTION 1. EMPLOYEE INFORMATION (all fields in this section are required)

Name _____ Social Security Number _____ Date of Birth _____ Date of Hire _____

Address _____ E-mail Address _____

City _____ State _____ Zip Code _____ Phone Number _____

SECTION 2. DEPENDENT INFORMATION (if more space is needed, please attach a separate sheet)

Full Name	Relationship	Date of Birth
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SECTION 3. ENROLLMENT TYPE

Open Enrollment (skip Section 6) New Hire (skip Section 6)

_____ Date of Hire _____ Date of First Contribution

Qualifying Event (must complete Section 6)

_____ Date of Qualifying Event

SECTION 4. PLAN PARTICIPATION I authorize my employer to reduce my salary by the amounts indicated below.

Company Sponsored Insurance Premiums

I authorize my employer to reduce my salary on a pre-tax basis to pay for my share of the premium for those Health Insurance benefits in which I have enrolled via separate benefit enrollment form(s).

Health Reimbursement Account (annual maximum of \$2,600 each plan year)

This includes all eligible health-related expenses not covered by my health insurance or any other benefit plan for me and my dependents. This account does NOT cover any type of Insurance Premiums.

I elect \$ _____ as my ANNUAL Health Reimbursement election for 2017. Waive Carry Over (if applicable)

If available, I would like to limit my FSA to be compatible with the HSA my family currently participates in (for more information consult your benefit plan handbook).

Dependent Daycare Account

If you are single, or married and file a joint return, you may not have more than \$5,000 in this type of account per calendar year. This limit is reduced to \$2,500 if you are married and file a separate return. Only dependent children under age 13 (unless physically or mentally handicapped) and/or a dependent adult requiring daycare qualify. Care must be for the hours when you and your spouse (if any) are at work.

I elect \$ _____ as my ANNUAL Dependent Daycare election for 2017.

SECTION 5. PENSION DYNAMICS BENEFITS CARD (if applicable, please refer to your plan's handbook)

I elect to receive a Pension Dynamics Benefits Card

_____ Name on 2nd Card (optional, 21 letters max)

SECTION 6. QUALIFYING EVENT (skip if not applicable)

Note: Changes in elections due to a qualifying event must be made within 30 days of the event date.

Family Status Change

- Marriage Divorce Legal Separation Death of Spouse
- Addition of dependent(s) to coverage Loss of dependent(s) from coverage

Name	Relationship	Date of Birth

Employment Status Change

- Significant change in employment status (please explain)
- Significant change in spouse's employment status (please explain)
- Significant change in my spouse's company sponsored benefits
- Significant change to cost of dependent daycare expenses

Explanation

Your change in status may qualify you to change your coverage election. Changes cannot be retroactive, must be in accordance with your family status change, and are subject to approval. Please indicate the change in your Coverage Elections below. Election amounts cannot be reduced below the amount already contributed.

Election Change		Miscellaneous Health	New Election Amount	\$		Annual
	Payroll Effective Date					
		Dependent Daycare	New Election Amount	\$		Annual

Note: Any change to your election will mean a new period of coverage. This means if you change your election amount to zero (\$0.00) per pay period, your coverage will be terminated and qualifying expenses if incurred after the date of your last contribution are **not eligible** for reimbursement.

Leave of Absence (select below)

_____ Date Leave Commences

- Have additional deductions taken **prior** to the commencement of my leave of absence sufficient to make up for the anticipated missed deductions.
- Have additional deductions taken **upon returning** from my leave of absence sufficient to make up for the missed deductions.
- Continue contributing to the spending accounts on an after-tax basis.
- Terminate my participation** in the spending account portion of the plan as of the date my leave of absence commences, with the understanding that my expenses incurred during my leave will not be reimbursable and that no further payroll deductions will be taken for the remainder of the year.

Return from Leave of Absence

Having previously elected to terminate my participation in the spending account portion of the plan upon commencement of my leave of absence, I would now like to be reinstated in the plan and understand that this election is from this point forward and that services provided to me during my leave of absence will not be eligible for reimbursement. I further understand that my available annual election will be prorated for the period during my leave for which no deductions were taken and reduced by any reimbursements that have been previously paid.

SECTION 7. PARTICIPANT AUTHORIZATION

I understand that:

- ❖ I cannot change this election during the plan year unless I undergo a change in family status as discussed in the SPD and benefit handbook. Upon the occurrence of a qualifying event, I will need to complete a new form and submit it to my Human Resources Department within 30 days of that event.
- ❖ I have 90 days from the end of the plan year to submit any claims incurred in the plan year. Any unused funds left in my account at the end of the plan year are forfeited unless my employer offers Carry Over as discussed in the SPD and benefit handbook.
- ❖ If I terminate my employment, whether voluntarily or involuntarily, and do not elect to COBRA my Health Reimbursement Account, I can only submit expenses incurred prior to my termination date.
- ❖ My Social Security Benefits/Disability may be affected by this election.
- ❖ I cannot claim a tax credit for any expenses paid for by this Plan.
- ❖ If I elect to participate in the Dependent Daycare Account I must file IRS Form 2441 with my tax return.
- ❖ This election replaces any prior elections and will terminate at the end of the plan year, or if this plan is terminated.
- ❖ If I or my spouse has contributions being made into an HSA I understand I am not able to participate in a full Health Reimbursement Account.

Employee Signature

Date