



PENSION DYNAMICS
COMPANY LLC

Working together to build your tomorrow



Peralta Community College District
Section 125 / Flexible Benefit Plan (Plan)

Employee Handbook

Plan Year: January 1, 2019 - December 31, 2019



Do You Know?

Flexible Spending Account	A Flexible Spending Account (FSA) is a way to put money aside pre-tax to help pay for certain expenses. There are two options to the plan, Health FSA and Dependent Daycare Account (DCA) as discussed in this handbook.
Non-Taxable	Money contributed under the FSA is excluded from your gross income and is non-taxable. We call these funds contributions throughout this handbook.
Health FSA	This option is to help to pay for certain out-of-pocket health care costs such as copayments, deductibles, some medication and other healthcare costs, including dental.
Dependent Daycare (DCA)	This option is for reimbursing out of pocket dependent daycare expenses for you and your spouse (if applicable) to work.
24/7 access	You have 24/7 access to your accounts through our secure online portal. We also have a mobile application – just search for Pension Dynamics WealthCare at your app store.
100% Control	You determine how much money you would like to contribute each year and how to use the expenses from the list of eligible expenses. Certain IRS rules apply.



Information Directory

www.pensiondynamics.com

DOCUMENT DESCRIPTION	DOCUMENT NAME	WHERE TO LOCATE
Account Login Information	Website Registration Instructions	Refer to the last page of this document
Plan Details and Documents	This Employee Handbook and Summary Plan Description	Once you log into your benefits account: Resource>My Employer's>Forms and Documents
Eligibility Requirements	This Employee Handbook and Summary Plan Description	Once you log into your benefits account: Resource>My Employer's>Forms and Documents
Enrollment Instructions	This Employee Handbook	Once you log into your benefits account: Resource>My Employer's>Forms and Documents
Pension Dynamics WealthCare Portal	Website Registration Instructions and Online Claim Submission	Refer to the last page of this document for instructions or access the URL: benefits.pensiondynamics.com A User Guide can be found at the above link under Resources/FSA Resources/FSA Forms and Online Resources
Forms	Various Participant Forms	Once at pensiondynamics.com , select the Participants link in the top right of the page and then select "Benefit Plan Forms" under "Forms" or access the URL: pensiondynamics.com/resources/benefits/forms

\$ Flexible Spending Plan

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 Spending Plan and How Will the Plan Benefit Me?

The Flexible Spending Plan ("Plan") lets you use pre-tax dollars to pay for certain eligible expenses. If you elect to participate by putting aside money from your paycheck, you will save Federal, State, Social Security and Medicare taxes on every dollar contributed to the Plan. For most people this means a savings of 30-40% on every dollar contributed into this Plan. Enrollment in the Plan 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.

Your own tax situation will dictate exactly what the Flexible Spending Accounts can do for you. For more specific information about how these Flexible Spending Accounts may benefit you, we encourage you to talk to a tax advisor.

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 FSA.
- 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, you must log into your account 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. You must re-elect the Health FSA and Dependent Daycare DCA plans each year.

Why Should I Participate?

You would participate in this 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.

Description	Without FSA	With FSA
Monthly Base Salary	\$3,000.00	\$3,000.00
FSA Contribution	(0.00)	(500.00)
Adjusted Taxable Withholding	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 (FSA)
Health FSA/month	(150.00)	Paid (FSA)
Daycare DCA/month	(300.00)	Paid (FSA)
Spendable Income	\$1,801.50	\$1,952.75

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.

We do have an online calculator as well to help determine your savings. It is located here: [Tax Savings Calculator](#)

Annual Expenses Worksheet

You can estimate your annual medical and dependent care cost by utilizing this [Annual Expenses Worksheet](#). 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.

What benefits are available?

1. Company Sponsored Group Insurance Premiums

- If an employee is responsible for paying a portion (or all) of the premiums for your Company Sponsored Group Insurance, including Medical, Dental and Vision insurance, this Plan allows those premiums 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.
- 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
- Your contributions will cease upon termination of employment or when you become ineligible for the chosen coverage.

2. Dependent Daycare (DCA) – [Click here to see a short tutorial about this benefit:](#)

- Covers dependent daycare expenses which are incurred in order for you and your spouse (if married) to work. These expenses must be for a dependent child under the age of 13 or for the care of any tax-qualified dependent that 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 qualified change in status.
- 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 12 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
- 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 up to 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 Flexible Spending Account (Health FSA)** – [Click here to see a short tutorial 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 in this Handbook. Your insurance must fully process any services you incur 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 FSA. 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 \$2,700.
- Elections are locked in for the Plan Year unless you have a qualifying change of status.
- 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.
- 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.

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

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.

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. Email us for the most recent version of this form on our website located under the 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 IS REQUIRED TO SUBMIT A REQUEST FOR REIMBURSEMENT?

Substantiation

All substantiation **MUST** include an itemized statement of services from the provider showing the following items:

Please note, handwritten statements must be on letterhead or have a provider stamp containing their contact information.

- Name of the claimant or dependent incurring the expense
- Date of service(s) or date item was purchased
- Service Provider or Merchant Name
- Description of Service or Purchase
- Amount of Service or Purchase total

Flexible Spending Account specific: If insurance is paying any portion, the insurance claim must be finalized first. The statement must clearly show the insurance company payment/write off amount. An Explanation of Benefits (EOB) is recommended and in some cases required.

Dependent Daycare specific: We are required to receive the Provider’s Tax ID or SSN. 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.

Your Reimbursement

Get your reimbursement quicker by signing up for direct deposit! Direct deposit allows Pension Dynamics to send your reimbursements directly to your bank account. Your payment will post within 2 business days from the date issued. If you do not update your reimbursement preference to direct deposit, a check will be mailed to your home address on file.

Submission Process – Please [click here](#) for details on how to submit your claims.

ELIGIBLE EXPENSES FOR YOUR HEALTH FSA

The following list is an example of common medical, dental, and vision related expenses that would be eligible for reimbursement through your FSA provided they are incurred by you and/or your dependents during the Plan Year, are not covered by your insurance, have not been reimbursed and are medically necessary.

You can see a more comprehensive list on our website at [Medical Eligible Expense List](#). *Click on Medical Eligible Expense List on the right-hand side of the next screen. You will be required to enter the access code which is: "list".*

Expenses that are ELIGIBLE:

- Alcoholism and drug addiction treatment
- Ambulance transportation
- Artificial limbs and teeth
- Birth control/contraceptives
- Contact lenses and solution (Note 4)
- Deductibles (Insurance)
- Dental Implants & dental treatments (Note 1)
- 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
- 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
- Smoking cessation programs
- Sterilization
- Support Braces (wrist, knee, etc.)
- 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

Expenses considered DUAL PURPOSE: Below are some examples of common items submitted for reimbursement which are covered with a diagnosis code or prescription from a medical professional.

- Massage
- Over-the-counter drugs and medications including vitamins and supplements (Note 3)
- Psychotherapy
- Weight loss programs

Expenses that 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.*

***Note 4:** Stockpiling is NOT permitted. No more than two formulations of the same OTC will be reimbursed in any given month.*

ADD ON OPTIONS OFFERED BY YOUR EMPLOYER

Debit Card

- If you enroll in the FSA benefit you will automatically receive a debit card as a convenience.
- Once you receive the card, you may use it to pay for your eligible expenses, however the card will only work at qualified merchants. If the debit card does not work, we suggest that you pay for services via another means and submit a claim for reimbursement.
- The debit card should be used to pay for services incurred during the current plan year. The card will assume the date of service is the date of the card transaction. FSA regulations do not allow you to use this year's funds to pay for last year's expenses.
- Unless the transaction is for a co-payment 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 the transaction is approved and a separate email if substantiation is required. 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.
- It is important to keep all receipts in case they are needed even if you do not receive an email from us. These are considered tax documents and should be kept with all other tax items in case of an IRS audit.
- If incomplete documentation is submitted, your card will be suspended and no further transactions will be processed until substantiation is received.
- To submit substantiation for a debit card transaction you can log into your account online. Once logged into your account, the Personal Dashboard will have a section called "Items that require your attention" find the transaction here and click "Add Receipt".
- Also it is important to review the Cardholder's Guide and Policy for Disputed Point-of-sale Transactions which is located here: [http://pensiondynamics.com/sites/default/files/2016/07/Cardholder Guide to Claim Policy.pdf](http://pensiondynamics.com/sites/default/files/2016/07/Cardholder%20Guide%20to%20Claim%20Policy.pdf). This document is critical if you have any unauthorized charges on the card.
- If a card is lost or stolen it is important to report it right away. You would need to log in to your account and select the Cards icon to open the card menu. You'll then select the card and mark it as Lost/Stolen.
- If you would like to request a debit card for your spouse and/or dependents over 18, please contact your HR manager.

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 DCA portion of this plan. Since Carry Over funds must be available for both plan years during the claim run out period the Carry Over funds will move into a separate account for this 90 day period. Our system names this separate account ROL. Once the claim run out period has ended any funds remaining in the ROL account will automatically roll into the new plan year.



Web Site Registration Instructions and Online Claim Submission via the WealthCare Portal

Claims can be submitted online at pensiondynamics.com or via our mobile application. The mobile application can be found by searching for “Pension Dynamics WealthCare” in the [Apple App Store](#) or [Google Play](#). Please note you must register and create a username and password in order to login to the Pension Dynamics WealthCare App.

Web Site Registration Instructions

Click here to register or go to:
<https://benefits.pensiondynamics.com/Page/Registration?employerId=PDCFB231>

- 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.**
 - Before clicking register, be sure to view and accept the terms of use.
 - After successfully completing the registration form, click Next (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 “**Log-In**” 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 Submission

Click here to login to your account or go to:
<https://benefits.pensiondynamics.com>

- 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 pressing “**Add New**” again.
 - **NOTE:** Once you submit your claim, you are no longer able to edit it. You would need to resubmit it instead of 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.

If you need assistance with the WealthCare Portal, [click here](#) to download the Employee User’s Guide

FLEXIBLE BENEFITS ENROLLMENT/REVISION

Plan Year: January 1, 2019 through December 31, 2019

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 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.

Plan Name: _____

Example "ABC Company Flexible Benefits Plan" If you are unsure about your Plan Name please contact your human resources or benefits department.

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

Name		Social Security Number	Date of Birth	Male or Female Gender (circle)
Address		Personal E-mail Address		
City	State	Zip Code	Phone Number	

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

Full Name	Relationship	Gender	Date of Birth

SECTION 3. ENROLLMENT TYPE

Open Enrollment Qualifying Event: _____
Date of Qualifying Event

New Hire: _____
Date of Hire Date of First Contribution

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 \$2,700 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 2019. 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 2019.

SECTION 5. 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

Full Name

Relationship

Gender

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 6. PARTICIPANT AUTHORIZATION

I understand that:

- ❖ The plan handbook has more detailed information and I can request said handbook from either my in-house Benefits Administrator.
- ❖ 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.
- ❖ If I meet the definition of a highly compensated and/or Key Employee, I may be unable to participate or my contribution may be returned as taxable compensation due to IRS Non-Discrimination rules.

Employee Signature

Date