

# Flexible Spending Accounts — REAL SAVINGS. REAL SIMPLE.

Using a Flexible Spending Account (FSA) is great way to stretch your benefit dollars. You use before-tax dollars in your FSA to reimburse yourself for eligible out-of-pocket medical and dependent care expenses. That means you can enjoy tax savings and increased take-home pay—all with the convenience of a prepaid benefits card. And that makes **real sense**.

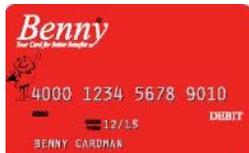
## WHAT IS AN FSA?

With an FSA, you elect to have your annual contribution (up to the \$2,500 limit set by the IRS) deducted from your paycheck each pay period, in equal installments throughout the year, until you reach the yearly maximum you have specified. The amount of your pay that goes into an FSA will not count as taxable income, so you will have immediate tax savings. FSA dollars can be used during the plan year to pay for qualified expenses and services.

- A Healthcare FSA allows reimbursement of qualifying out-of-pocket medical expenses.
- A Limited Purpose Medical FSA works with a qualified high deductible health plan (HDHP) and Health Savings Account (HSA). A limited FSA only allows reimbursement for preventive care, vision and dental expenses.
- A Dependent Care FSA allows reimbursement of dependent care expenses, such as daycare) incurred by eligible dependents.

Please check with your employer to see what plans are offered.

With all FSA account types, you'll receive access to a secure, easy-to-use web portal where you can track your account balance, view your investment accounts and submit requests for reimbursements.



In addition, you'll receive a convenient prepaid benefits card to make it easy to pay for eligible services and products not covered by your health insurance. When you use the card, payments are

automatically withdrawn from your account, so there are no out-of-pocket costs and most of time, you won't have to submit receipts to verify the purchase. Just swipe the card and go. It's that easy!



## WITH AN FSA YOU CAN:

- Enjoy significant tax savings with pre-tax deductible contributions and tax-free distributions used for qualified plan expenses
- Quickly and easily access funds using the prepaid benefits card at point of sale, or request to have funds directly deposited to your bank account via online or mobile app
- Reduce filing hassles and paperwork by using your prepaid benefits card
- Enjoy secure access to accounts using a convenient Consumer Portal available 24/7/365
- Manage your FSA "on the go" with an easy-to-use mobile app
- File claims easily online (when required) and let the system determine approval based on eligibility and availability of funds
- Stay up to date on balances and action required with automated email alert and convenient portal and mobile home page messages
- Get one-click answers to benefits questions

## IS AN FSA RIGHT FOR ME?

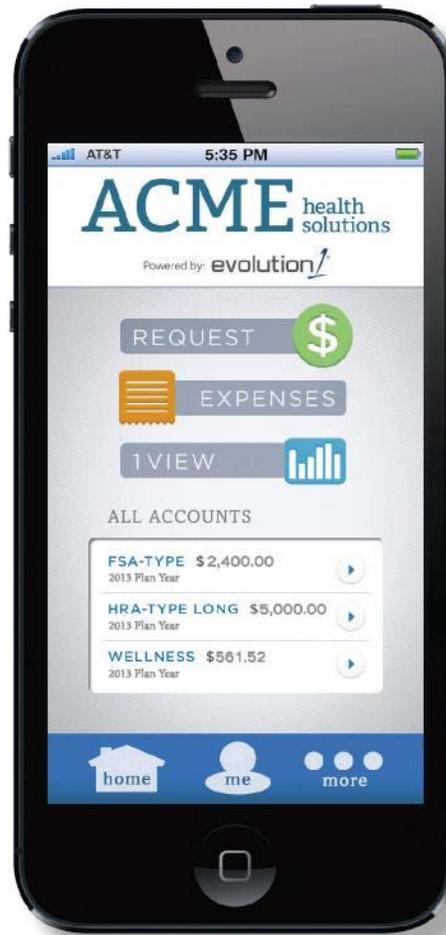
An FSA is a great way to pay for expenses with pre-tax dollars.

A **Healthcare FSA** could save you money if you or your dependents:

- Have out-of-pocket expenses like co-pays, coinsurance, or deductibles for health, prescription, dental or vision plans
- Have a health condition that requires the purchase of prescription medications on an ongoing basis
- Wear glasses or contact lenses or are planning LASIK surgery
- Need orthodontia care, such as braces, or have dental expenses not covered by your insurance

A **Dependent Care FSA** provides pre-tax reimbursement of out-of-pocket expenses related to dependent care. This benefit may make sense if you (and your spouse, if married) are working or in school, and:

- Your dependent children under age 13 attend daycare, after-school care or summer day camp
- You provide care for a person of any age whom you claim as a dependent on your federal income tax return and who is mentally or physically incapable of caring for himself or herself



*Left: With the convenience of a mobile device, you can see your available balance anywhere, anytime as well as file claims and upload receipts.*

## PLAN AHEAD

Before you enroll, you must first decide how much you want to contribute to your account(s). You will want to spend some time estimating your anticipated eligible medical and dependent care expenses for the 2014 calendar year, as Federal tax regulations require that any unused amount at the end of the calendar year be forfeited.

*Throughout the year, you'll likely find yourself with expenses for yourself and your family that insurance won't cover. By taking advantage of an FSA, you can actually reduce your taxable income and reduce your out-of-pocket expenses when you use your FSA to pay for the things you'd purchase anyway.*



\*The amount you save in taxes with a Flexible Spending Account will vary depending on the amount you set aside in the account; your annual earnings; whether or not you pay Social Security taxes; the number of exemptions and deductions you claim on your tax return; your tax bracket and your state and local tax regulations. Check with your tax advisor for information on how participation will affect your tax savings. This brochure highlights some of the benefits of a Prepaid Benefits Card. If there is a discrepancy between this material and your official plan document, the plan document will govern. Evolution1 reserves the right to amend or modify the services at any time. This document is confidential to Evolution1®, Inc., and may not be used, copied or disclosed except with express prior written consent of Evolution1, Inc. Evolution1 makes no warranties, expressed or implied in connection with its content. Copyright © 2013 Evolution1, Inc., all rights reserved. Evolution1 FSA Flyer Employee EC-080 062413



## Flexible Spending Account Tax Savings

### Earnings Illustration

For illustration purposes, we will look at Donna's situation. Donna has estimated that she will have eligible medical and dental expenses of \$480 this year. She pays \$300 per month, or \$3,600 annually, for childcare. Her current monthly earnings are \$2,000 and there are 12 pay periods remaining in the Plan Year.

For Donna to estimate her total deduction per pay period for the plan, she will add the \$480 and the \$3,600 for eligible expenses. She will then divide that number by the number of remaining pay periods (12).

#### Donna's Total Deduction Per Pay Period

Annual medical/dental expenses		\$ 480
Annual Childcare expenses	+	\$3,600
Total Annual Election Amount		\$4,080
Divided by # of Pay Periods	÷	12
Total Deducted from Donna's Check each Pay Period		\$ 340

If Donna decided NOT to participate in the Flexible Benefits Plan, her expenses would be paid with after-tax dollars. The following is an example of her spendable income after expenses.

#### Donna's Earnings Example Without a Flexible Benefits Plan:

Donna's Earnings		\$2,000
Donna's Taxes	-	\$ 553
Take Home Pay		\$1,447
Estimated Monthly Expenses	-	\$ 340
Total Spendable Income		\$1,107

Now let's look at the same situation, with one change. You will notice that the Flexible Benefits Plan allows Donna to set aside the money she needs to pay for her expenses before she pays taxes. By participating in the plan, Donna will save \$94 per month!

#### Donna's Earnings Example With a Flexible Benefits Plan:

Donna's Earnings		\$2,000
Estimated Monthly Expenses	-	\$ 340
Donna's Adjusted Earnings		\$1,660
Donna's Taxes	-	\$ 459
Total Spendable Income		\$1,201



## FLEXIBLE SPENDING ACCOUNTS ~ MOST FREQUENTLY ASKED QUESTIONS

### **How do I get reimbursed from this plan?**

- You need to send in a claim form (instructions are on page three) and receipts for eligible expenses.

### **How do I know if my expenses are eligible for reimbursement?**

- A partial list of eligible expenses is included in this packet.

### **What information needs to be included on receipts for reimbursement?**

- Attach all receipts to the claim form before sending to EBS. Receipts MUST include the following information:
  - Name of the patient (you, your spouse or dependent) unless expense is an OTC purchase;
  - The date the service was provided or the date the item was purchased;
  - The name of the service provider or the merchant;
  - Description of the service or item purchased;
  - A prescription or letter of medical necessity from your health provider if it is an OTC drug or medicine purchase;
  - The amount/cost of the item or service provided.
- All over-the-counter (OTC) expenses must be accompanied by proper documentation from your health provider. The receipt for OTC expenses must include a description of the product, the date of the purchase, the name of the service provider (drugstore, doctor, etc.) and the amount of the item. Effective January 1, 2011, all OTC drug and medicine expenses must be accompanied by a prescription or letter of medical necessity from your provider to be eligible under your FSA plan.

### **Why is a description of service required on my receipts?**

- The IRS determines eligible expenses and the documentation required to claim a reimbursement from this plan. A documented description of services or products is required to prove that your incurred expense is eligible for reimbursement under the guidelines set by the IRS for this plan.

### **Why would EBS deny my claim?**

- The most common reasons claims are denied are:
  - Missing or illegible information;
  - Submission of ineligible expenses;
  - Receipts are lacking a description of service / items purchased;
  - Expenses have been incurred outside the plan year;
  - Expenses have already been submitted (duplicate claims) or paid by your Benny card.

### **How long does it take EBS to process claims?**

- All claims are processed within three to five business days after receipt of complete information. Reimbursements could be timed differently depending on your employer. If you have questions on the timing of your claim, please call our Customer Service from 8AM to 5PM PST, Monday through Friday at 888.327.2770.

### **May I fax my claim to EBS?**

- Yes – claims should be faxed to 925.460.3929.

### **If I fax a claim, do you need originals in the mail?**

- No, please keep the original receipts for your records.

### **What is the deadline for submitting claims?**

- Please contact Customer Service from 8AM to 5PM PST, Monday through Friday at 888.327.2770 for submission deadlines for your specific plan.

### **Why would the reimbursement I received be less than the claim I sent?**

- You may have exceeded the amount available to you. Medical FSA reimbursements are limited to your annual election (the amount you elected to set aside at the beginning of the plan year). Reimbursements are paid up to the annual election amount at any time during the plan year but cannot exceed this amount. Dependent Care reimbursements are limited to the amount in your account at the time of your claim.

For example, if you have made three contributions of \$50 each, you would have an account balance of \$150. If you sent in a claim for \$200, you will receive only the \$150 until further contributions are made. As soon as we receive further contributions to the plan, the balance of the claim (in this case \$50) will be paid up to the amount in the account, not to exceed your annual election amount for that plan.

- A portion of your claim may have been denied. If so, you will receive a letter in the mail explaining why that portion of your claim was denied. If you have questions on the rejection of your claim, please call our Customer Service from 8AM to 5PM PST, Monday through Friday, at 888.327.2770.

### **What if I need to change my annual elections?**

- You may only change your annual elections during the plan year if you qualify for a "change in family status". To qualify, you must experience a life-changing event such as marriage, divorce, birth or adoption of a child, death of a spouse or dependent, change in spouse's employment, etc. These changes are defined by the IRS and outlined in your plan communication materials. If you have a question about your status, you should consult your employer.

### **Are my spouse and I both able to elect \$5,000 as our Dependent Care annual election?**

- If you are married and file a joint tax return, the maximum amount you may elect is \$5,000. The maximum amount available if you are married but filing separate returns is \$2,500. If you file separately, you cannot claim the same expense in each of your dependent care accounts.

### **What happens if I don't claim all the money in my account?**

- According to the IRS guidelines, funds that are not claimed during the plan year are forfeited to the plan. This is called the "use it or lose it" clause. Funds are not transferable from one plan year to another and they are not available for other benefits. The unused funds are retained by your plan sponsor and are often used to offset administrative costs of the plan.

### **What information does EBS report to the IRS?**

- EBS does not supply information to the IRS related to your FSA. Your plan sponsor may be required to file an IRS form 5500 which includes participation and total disbursement information (does not include individual FSA account information) and your participation in the Dependent Care Assistance program will be reported on your W2 at the end of the year by your employer.

### **Tips for a successful claim submission**

- Verify all expenses were incurred during the plan year before submitting;
- Verify the expenses were not previously submitted;
- Make sure that all of the information provided on the claim form is clearly legible – claim forms that cannot be read will not be processed;
- Make sure each receipt and each expense / purchase is itemized;
- Make sure all expenses / purchases have a description on the receipt or Explanation of Benefits.

### **How can I find out what my account balance is or when EBS sent me a claim reimbursement?**

- You are able to logon through the Member Center at [www.ebsbenefits.com](http://www.ebsbenefits.com) for online account balance information and information on claims paid.
- EBS representatives are available from 8AM to 5PM PST, Monday through Friday at 888.327.2770 or you can e-mail EBS Customer Service at [custserv@ebsbenefits.com](mailto:custserv@ebsbenefits.com). Please do not include any confidential information, such as your Social Security number, in your email for security reasons.



THE NEW  
**FSA**

USE OR  
~~LOSE~~

*Roll over \$500*

On October 31, 2013 the US Treasury Department modified its flexible spending account (FSA) "use-it-or-lose-it" provision to allow rollover of FSA funds.

This is great news for you, because:

- ❑ Effective immediately, you can roll over up to \$500 of your unused FSA funds at the end of this plan year (2013).
- ❑ You can now roll over up to \$500 of unused FSA funds at the end of the 2014 plan year. (This is a change to what was communicated previously.)
- ❑ The money you put in an FSA is not taxed, so assuming you pay a combined 40% state and federal tax rate, you're saving 40% off healthcare expenses funded through the account.

If you chose not to participate in the FSA program because of the "use it or lose it" mandate, it's time to take another look.

**FSA** USE OR ROLL OVER \$500



\*This graphic is for informational purposes only. Plans vary by employer and this scenario may not be applicable for all employees.



## FSA \$500 CARRYOVER

### **Flexible Spending Account Has Changed: “Use It or Lose It” Rule Amended, Now Features a \$500 Carryover**

We are excited to share with you some important news about your Healthcare Flexible Spending Account (FSA).

On October 31, 2013, the U.S. Department of the Treasury modified the “Use It or Lose It” rule which required any leftover balance in a Healthcare FSA to be forfeited at the end of the plan year. Under the new rule, you’ll be able to carryover up to \$500 of your unused Healthcare FSA balance remaining at the end of a plan year, so you no longer end up losing unused funds.

We are proud to immediately adopt this rule and make the carryover feature available to our employees!

#### **What does this rule change mean for you?**

This rule change limits your risk of losing any unused funds and gives you more control and flexibility in managing your out-of-pocket healthcare expenses.

No more...

- Trying to precisely predict what your healthcare expenses might be for the year
- Worrying about losing money left unspent in your FSA at the end of the plan year
- Rushing to spend the remaining balance in your FSA at the end of the plan year or grace period

#### **What should you do next?**

- ✓ For 2013: Please review your current balance and your planned expenses for the remainder of this year. Note that up to \$500 of any remaining balance from 2013 (after the grace period to submit claims for 2013 plan year) will be carried over into your 2014 account.
- ✓ It will not affect your election limit for 2014 – you can carry a total balance of the full election amount for 2014 (\$2,500), plus any carryover from 2013 (up to \$500) for a total balance of up to \$3,000.
- ✓ If you did not have an FSA before, start one for 2014 to take advantage of valuable tax savings. Even if you only select a contribution of \$500 for the year and you never use any of it, you will not lose your hard earned money at the end of the year.

For more information, please visit us at [www.ebsbenefits.com](http://www.ebsbenefits.com). Or see your HR representative.



**ELIGIBLE MEDICAL EXPENSES – post 12/31/2010**

The IRS has established a list of medical, dental and vision care expenses that are eligible for reimbursement under this plan. You may request reimbursement for eligible expenses for yourself, your spouse or your dependents. If you incur an expense that is not listed here and you would like to know whether or not it is an eligible expense under this plan, please contact EBS Customer Service from 8AM to 5PM PST, Monday through Friday, at 888.327.2770. You may also refer to IRS Publication 502 "Medical and Dental Expenses." You can order this publication by calling the IRS at 800-829-3676.

**Eligible Medical Care Expenses (partial list)**

Acupuncture	Laboratory fees
Ambulance	Orthodontia
Artificial Limbs	Orthopedic shoes
Chiropractors' fees	Physical therapy fees
Coinsurance	Prescription drugs
Contraceptive prescriptions	Psychiatrists' / Psychologists' fees
Co-payments	Psychotherapists' fees
Crutches	Routine physicals
Diabetic supplies	Seeing-eye dog
Gynecologists' fees	Skilled nurses' fees
Health insurance deductibles	Speech therapists' fees
Hearing aids / batteries	Smoking cessation treatments & prescriptions
Hypnosis for medical reasons	Sterilization fees
Immunizations / vaccinations	Treatment for substance addiction
Insulin	Wheelchairs
Mileage / travel costs related to an eligible expense	Weight loss treatments (prescribed by a physician)

**Eligible Dental Care Expenses (partial list)**

Dentists' fees (other than for cosmetic services)
Dentures
Orthodontia
Periodontist fees

**Eligible Vision Care Expenses (partial list)**

Eye exams
Laser / Lasik eye surgery
Prescription eyeglasses and / or contact lenses
Radial keratotomy / ortho keratology

**Ineligible Expenses**

This partial list includes medical, dental or vision expenses that are considered ineligible for reimbursement from your Medical Care Reimbursement Account:

- Cosmetic surgery or procedures of any kind
- Health club memberships
- Insurance premiums
- Lens replacement insurance
- Marriage counseling
- Over-the-counter drug and medicine expenses without a prescription or letter of medical necessity (includes items such as acid controllers, allergy & sinus medicines, antibiotic products, anti-gas, anti-itch & insect bites, baby rash ointments/creams, cold sore remedies, cough, cold & flu medicines, laxatives, pain relief & sleep aids)
- Physical therapy for general well-being
- Supplements prescribed by an alternative provider (i.e. acupuncturist)
- Union dues



## OVER-THE-COUNTER ITEMS AS OF JANUARY 1, 2011

### **Over the Counter Items No Longer Eligible for Pre-Tax Reimbursement Effective January 1, 2011**

April 20, 2010 – The health care reform legislation signed into law by the President last month impacts over the counter (OTC) purchases with Health Care Flexible Spending Accounts, Health Reimbursement Arrangements and Health Savings Accounts beginning in January of 2011.

OTC drugs, medicines and biologicals remain eligible with a directive from a provider. You, the participant, may still be able to receive reimbursement for the item using your Health FSA, HRA or HSA; however, you must obtain a letter of medical necessity from your physician in order to be able to submit it as eligible under the plan.

Only those items that represent drugs, medicines and biologicals require a physician's directive.

The items affected include, but are not limited to, articles in the following categories:

- Acid Controlling
- Allergy & Sinus
- Antibiotic Products
- Anti-Diarrheals
- Anti-Gas
- Anti-Itch & Insect Bite
- Anti-parasitic Treatments
- Baby Rash Ointments/Creams
- Cold Sore Remedies
- Cough, Cold & Flu
- Digestive Aids
- Feminine Anti-Fungal/Anti-Itch
- Hemorrhoid Preps
- Laxatives
- Motion Sickness
- Pain Relief
- Respiratory Treatments
- Sleep Aids & Sedatives
- Stomach Remedies

Should you have any questions regarding OTC eligibility please contact the EBS Customer Service department at (888) 327-2770 or [custserv@ebsbenefits.com](mailto:custserv@ebsbenefits.com).



## ELIGIBLE DEPENDENT CARE EXPENSES

A Dependent Care Reimbursement Account allows you to set aside part of your salary each pay period on a pre-tax basis to reimburse eligible expenses incurred for the care of your child, disabled spouse, elderly parent or other dependent who is physically or mentally incapable of self-care, so that you (and your spouse, if applicable) can work.

### **Eligible Dependents**

- Your child age 12 or younger of whom you have custody and for whom you are entitled to claim a deduction on your federal tax return. For children of divorced or separated parents, only the parent with custody (rights to claim the child for tax purposes) can consider the child an eligible dependent under this plan.
- Your child of any age who is physically or mentally unable to care for him/herself, even if he/she does not entitle you to a deduction on your federal tax return.
- Your spouse who is physically or mentally unable to care for him/herself, even if he/she does not entitle you to a deduction on your federal tax return.

### **Guidelines for Eligible Dependent Care Expenses**

- Only care provided inside or outside your home by anyone other than your spouse, a person you list as your dependent for income tax purposes, or one of your children under age 19 would be eligible.
- If your dependent is in first grade or higher (through age 12), the cost of schooling must be separated from the cost of care submitted for reimbursement.
- If your dependent is in a grade before first grade and the cost of care and the cost of schooling can be separated, then only the cost of care is reimbursable. However, if the cost of schooling cannot be separated from the cost of care, the total cost is reimbursable.
- A dependent care center or child care center would be eligible for reimbursement (if the center cares for more than six children, it must comply with all applicable state and local regulations).
- A housekeeper, au pair or nanny whose services include, in part, providing care for a qualifying dependent would be eligible for reimbursement.
- To qualify for reimbursement, you must provide your dependent care provider's tax ID number or social security number on your federal tax return (IRS form 2441). If you fail to provide this information, your reimbursements may not be eligible and may be reclassified as taxable income by the IRS.
- You are responsible for making sure that the expenses you submit for reimbursement are considered eligible expenses by the IRS. If you are not sure whether an expense is eligible, please contact EBS Customer Service from 8AM to 5PM PST, Monday through Friday at 888.327.2770. You may also refer to IRS Publication 503: Child and Dependent Care Expenses which is available by calling the IRS at 800-829-3676 or through the IRS website in the Forms and Publications section.
- If you are married and file a joint tax return, the maximum amount you may elect is \$5,000. The maximum amount available if you are married but filing separate returns is \$2,500. If you file separately, you cannot claim the same expense in each of your dependent care accounts.



## BENNY CARD FLEX DEBIT CARD – FREQUENTLY ASKED QUESTIONS

### How Does the Card Work?

- The first time your Benny card is used at a qualified location it will self-activate.
- When you use your Benny card to pay for qualified purchases, the money is instantly deducted from your flexible spending account(s). You won't have to pay for qualified expenses out-of-pocket, file a claim and then wait to get reimbursed.
- The Benny card is accepted at doctor's offices and qualified merchants (pharmacies, drug stores, daycare facilities, etc.) to pay for qualified flex plan expenses. Please note, effective 12/31/10 your Benny card will not work for over-the-counter drug and medicine purchases. Qualified purchases must be sent in to EBS for reimbursement along with the proper document from your provider. Your spouse or dependents can also have a card. You can order additional cards by logging into the Member Center at [www.ebsbenefits.com](http://www.ebsbenefits.com) (select Create / Access your Online Account under Flexible Spending Accounts) or by calling Customer Service.
- A personal identification number (PIN) is NOT required to use your Benny card. If a merchant requires a PIN, ask them to run the card through as "credit" and not as a debit.
- **Make sure to save all receipts for items purchased with your card.** Occasionally you may be asked to provide documentation of charges made with your Benny card. Please save itemized merchant receipts as well as the credit card receipts. This is an IRS requirement.

### Common Card Rejections and Reasons

- If your card is "Declined" it usually means there is an insufficient balance for that claim type (not enough funds on the card at the time of transaction).
- If you receive an error of "Com Err", it usually means there was a communication error. Try swiping the card again when communications are restored.
- If the error states "Invalid card number or type", it usually means the vendor may have hand-keyed the number incorrectly. Try swiping or have them key the numbers again. Make sure the vendor knows to enter the card as credit **not** debit.
- If the error is an "Invalid Expiration Date", make sure you are using the correct card for the current plan year. Also, if the vendor hand-keyed the expiration number, make sure they entered it as MMYYY.
- If you receive an "Invalid Merchant" error, it means that the merchant code within the vendor's location is set-up incorrectly (i.e. a doctor's office's code is coming across as a gas station). This is an internal change the provider will have to make.
- If your card rejects, make sure the vendor is running it through the correct inventory control system required by the IRS (IIAS).

### Cards not received or lost/stolen:

- If you have not received a card and it was ordered more than 10 business days ago – assume the card is lost in mail. Please call 888-327-2770 to report your card lost and a replacement card will be ordered.
- If you have received the card and it was lost / stolen, call 888-327-2770 to make a report. Your replacement card will have a different card number than your previous card.

**If you'd like to dispute a transaction – please, call 888-327-2770**



# Flexible Spending Accounts ENROLLMENT FORM

Employer Name \_\_\_\_\_

Effective Date of Participation \_\_\_\_\_

Employee Name (Last, First, MI) \_\_\_\_\_

XXX-XX-  
SSN Last four ONLY

Employee Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone Number \_\_\_\_\_ Work Phone Number \_\_\_\_\_

Payroll type (Choose one): \_\_\_\_\_ Number of payroll deductions remaining: \_\_\_\_\_  
W=weekly, B=Bi-weekly, S=Semi-monthly, M=Monthly (If enrolling mid-year, how many payroll periods remain.)

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). Such reductions, considered as Elective Contributions under the Plan, shall commence with my paycheck dated \_\_\_\_ / \_\_\_\_ / \_\_\_\_.

## BENEFIT ELECTIONS

	Pre Tax Deduction (per deduction period)	Total Plan Year Deductions (annualized amount)
Medical Care Reimbursement Account:	\$ _____	\$ _____
Dependent Care Assistance Account:	\$ _____	\$ _____
Other _____: (If applicable)	\$ _____	\$ _____
Other _____: (If applicable)	\$ _____	\$ _____
<b>TOTALS:</b>	\$ _____	\$ _____

Employee Paid Administration Fee: \$ \_\_\_\_\_  
(if applicable)

EBS Representative: \_\_\_\_\_

**Premium Accounts:** If you have elected coverage for an Employer sponsored health, dental, or vision plan, and you have authorized a payroll deduction to cover your cost for the coverage, that amount will be automatically pre-taxed. You will not be required to sign a form for your premium to be pre-taxed in this program.

**Insured Benefit Plans:** I understand that the selection of a benefit (voluntary benefits included) and the indication that a premium is to be paid does not include me in the insurance portions of this program (if applicable). An application for insurance must also be completed and in some cases approved by carrier.

This election form will remain in effect and cannot be revoked or changed during the Plan Year, unless the revocation and new election are due to and consistent with a Change in Family Status. (Examples: marriage, divorce, birth, death, adoption, or applicable employment changes of a spouse of employee)

**AUTHORIZATION:** I certify the above information to be correct and true and any dependents for which I have selected the dependent care benefit reside with me in a parent-child relationship and/or are legally dependent on me for their support. I Understand that any amounts remaining in my account(s) not used for eligible expenses incurred during this Plan Year will be forfeited in accordance with current Plan provisions and tax laws. I hereby authorize the deduction of the administrative fee, if applicable. I further certify that I have read the "Other Terms and Conditions" that are printed on the reverse side of the Employee copy of this election form and understand the information provided herein.

Authorizing Signature \_\_\_\_\_ Date \_\_\_\_\_

• *DECLINING PARTICIPATION – The benefits of the Plan have been thoroughly explained to me and I decline to participate.*

• Declining Signature \_\_\_\_\_ Date \_\_\_\_\_