

Please complete this form to elect the Benny Card and/or Direct Deposit

TSD

TACOMA SCHOOL DISTRICT

FLEXIBLE SPENDING ARRANGEMENT ENROLLMENT FORM
FOR PLAN YEAR JANUARY 1, 2012 through DECEMBER 31, 2012
AND GRACE PERIOD through MARCH 15, 2013

Section I – Employee Information

Last Name, First Name _____		Employee SSN _____ - _____ - _____	
Address _____		City _____	St _____ Zip _____
Email- REQUIRED FOR BENNY CARD ISSUANCE **Please provide a personal email address rather than your Tacoma SD email address.		<input type="checkbox"/> HCE <input type="checkbox"/> 5% Owner <input type="checkbox"/> KE	If outside open enrollment: Effective Date _____

Instructions

1. Complete Section I — Employee Information. Fill this section out completely to ensure proper enrollment.
2. Complete Section II — Elections. Indicate the benefits you will enroll in and the per plan year and per paycheck deduction amounts.
3. Complete Section III — Signature. Return the enrollment form to the appropriate contact by the specified deadline.

Premium Conversion

The group insurance premiums you pay through your paycheck are taken pretax
Premium contributions toward domestic partner coverage will be deducted post-tax unless they qualify as a tax dependent.

Automatic

Section II – Elections

Benefit	Yes/No	Annual Election	No. of Paychecks	Paycheck Deduction
Health Care FSA Maximum of \$5,000.00 per plan year	N/A	Must Use Employee Self Service to Enroll	24	Must Use Employee Self Service to Enroll
Benny™ FSA Debit Card A debit card that pays for your expenses from the Health Care FSA	<input type="checkbox"/> Yes <input type="checkbox"/> No	There is no cost for you to receive the Benny™ Debit Card. You must provide an email address to receive the Benny™ Debit Card. By checking YES I acknowledge that I have read the reverse page and agree to allow my employer to deduct improper Benny Expenses from my wages. You must elect the card each year you want to use the card and your current card will be reloaded.		
Day Care FSA Maximum of \$5,000.00 per plan year (\$2,500 if married, filing separately)	N/A	Must Use Employee Self Service to Enroll	24	Must Use Employee Self Service to Enroll
Direct Deposit Reimbursements are electronically deposited into your bank account. If your Direct Deposit information is unchanged for FSA reimbursements, there is no need to complete this form.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Checking <input type="checkbox"/> Savings	Routing # _____ Account # _____	

This election form will remain in effect and cannot be revoked or changed during the plan year unless the revocation and new election are on account of and consistent with federal regulations. I understand that Health FSA reimbursements will be available only for qualifying medical care expenses for myself, spouse, and dependents. I also understand that Day Care reimbursements will be available only for qualifying day care expenses. I agree to notify the Employer if I have reason to believe that any expense for which I have obtained reimbursement is not a qualifying expense. I also agree to indemnify and reimburse the Employer on demand for any liability it may incur for failure to withhold federal, state or local income tax or Social Security tax from any reimbursement I receive of a nonqualifying expense, up to the amount of additional tax actually owed by me. I understand the benefits and I have read the reverse page. I hereby authorize and direct my employer to reduce my salary by the amount necessary to pay for the benefit(s) as shown above for the plan year indicated above.

Section III – Signature

- YES, the above benefits have been explained to me and I elect to participate as indicated.
- NO, the above benefits have been explained to me and I decline participation.

X _____
 Employee Signature

 Date

Completed enrollment form must be returned to:

Payroll, CAB Building

Please see the reverse for important information regarding the above benefits.

Your Flexible Spending Arrangement

Enrollment Guide

Save up to 40% on your eligible expenses!

*USE PRE-TAX DOLLARS TO PAY FOR DAY CARE
AND OUT-OF-POCKET MEDICAL EXPENSES*



Figuring out your benefits can be confusing....
We'll help you put the puzzle together!

VISIT US ON THE WEB

www.flex-plan.com

CALL US

(800) 669-FLEX(3539)
(425) 452-3500
Monday - Friday

E-MAIL US

flexplan@flex-plan.com

OVERVIEW



A Flexible Spending Arrangement (FSA) enables you to set aside money on a pre-tax basis to pay for your out-of-pocket health and day care costs. There are three components to your plan:

Premium Conversion allows your company-sponsored benefits to be deducted pre-tax from your paycheck to be paid to the insurance carrier.

Health Care FSA reimburses out-of-pocket health care expenses for you and your dependents.

Day Care FSA reimburses day care expenses for your dependent child or elder care expenses.

TAXES 101

Before we go into the details of how an FSA works, here's a quick introduction to how taxes work.

The federal government takes about 30% of each dollar that you earn in FICA and federal income tax, and you take home the remaining 70% to use for your living expenses.

With an FSA, you can set aside money from your paycheck, before the federal government takes their 30%, to pay for medical and day care expenses.

Let's look at an example of how you save:

Employees A and B both earn \$35,000 per year after exemptions and standard deductions. They both also pay \$2,400 per year for medical expenses.

<i>Employee A</i>	<i>Employee B</i>
35,000.00 Gross Pay	35,000 Gross Pay
<u>-7,092.50</u> Taxes	<u>-2,400</u> Medical Costs
27,908	32,600
<u>-2,400.00</u> Medical Costs	<u>-6,548.90</u> Taxes
25,508.00 Net Pay	26,051.10 Net Pay
\$2,125.63 Monthly Pay	\$2,170.93 Monthly Pay
<i>Without FSA</i>	<i>With FSA</i>

Curious about how much you could save? Please consult our web site at www.flex-plan.com to use our tax savings calculator. The password is purple81.

Employee B saves \$45.30 per month using an FSA — that's over \$540 per year in savings!

TAX RATES

The federal income tax rates change on a yearly basis. In addition to federal income tax, you may also have a state income tax. FSA deductions are exempt from FICA, and federal income tax. Although each state differs, deductions are typically exempt from most state and local taxes as well.

HOW DOES IT WORK?

- During your employer's open enrollment period, estimate your expenses for the plan year and enroll in an FSA for that amount.
- Your election will be deducted from your paycheck throughout the plan year pre-tax, so you don't pay FICA (7.65%), federal income tax (10-35%) and possibly state & local taxes on your elected dollars.
- You cannot change your election after the plan year starts unless you experience a **Qualifying Event**. Common qualifying events include birth, death, adoption, marriage or divorce. Your election change must be consistent with the qualifying event.
- You must claim all elected funds by the end of the run-out period. Money left in the plan after the end of the run-out period cannot be refunded to you; this is referred to as the **Use-it or Lose-it** rule.

HOW DO I GET REIMBURSED?

- Complete and sign a claim form. Include documentation for your expenses.
 - The documentation must show the **date of service(s), cost, and the type(s) of expense** you are claiming. Bills from your providers or statements from your insurance company are perfect forms of documentation. **Do not submit copies of cancelled checks, credit or debit card receipts.**
 - Expenses must be incurred during the plan year and while you are an active participant in the plan.
 - Any expense incurred prior to your effective date in the plan cannot be reimbursed.
 - An expense is incurred when the medical care is provided or the eligible item is purchased – not when you are formally billed, charged, or pay for the medical care.
- Submit the claim and documentation to Flex-Plan Services via email, fax, or mail.

Your claim will be processed within a few days and a reimbursement will be issued according to your employer's reimbursement schedule. Specific information regarding your reimbursement schedule and method will be sent with the enrollment confirmation after your election has been processed.

FLEX-PLAN.COM

Our website is full of useful tools and information:

- Research eligible expenses
- Obtain forms
- View general information about FSAs
- Use the Tax Savings Calculator

Once you are enrolled in the plan, you can register and view your personal plan info.

HEALTH CARE FSA



The Health Care FSA (HCFSA) is a **pre-funded** benefit. This means you have access to your full annual election amount at any time during the plan year—regardless of how much you have contributed. Think of the HCFSA as a tax-free, interest-free loan to help you pay for those larger medical expenses, and as a savings tool for all your regular medical expenses throughout the plan year.

TIPS

Estimating future expenses is an important step as you prepare to enroll in an FSA. The more accurate you are in estimating your expenses the better the plan will work for you. Here are some tips:

- Look in your medicine cabinet.
- Request a patient ledger from your pharmacy of your prior year's prescriptions.
- Request an annual statement from your insurance company.

After you locate these documents, take into account that the HCFSA can also be used for your spouse and dependent(s), even if not covered by your employer's insurance plan.

Health Care Expense Estimation Worksheet (see the reverse for a detailed list of eligible items)	
Chiropractic Visits	\$
Dental Care (routine checkups, fillings, etc.); Orthodontics*	\$
Eye Care: Exams, prescription glasses, contacts, solutions*	\$
Insurance Copays and Deductibles	\$
Laser Eye Surgery and procedures*	\$
Over-the-Counter Items	\$
Prescription drugs	\$
Routine Exams	\$
Additional Eligible Expenses	\$
Annual Total	\$

*Limited HCFSA typically only reimburses vision, dental and orthodontia expenses. Please see your Summary Plan Description for details.

WHAT HAPPENS IF I TERMINATE EMPLOYMENT?

If you cease employment during the plan year, you have some options. Consult your employer upon termination for more information, as each plan is different.

- **STOP** – Your final paycheck will have the normal deduction and your participation will cease. You may be reimbursed only for services incurred on or before the termination date.
- **ACCELERATE** – You can authorize your employer to take future deductions from your final paycheck. This final deduction will be pre-tax and you can participate in the plan to the extent contributions are made.
- **COBRA** – Under certain circumstances, you may be eligible to continue participation on an after-tax basis through COBRA.

ORTHODONTIA

Unlike other HCFSA expenses which are deemed incurred when the services are rendered, orthodontia expenses are deemed incurred when paid. Therefore, only payments made during your eligibility period and plan year may be reimbursed. Proof of payment to an orthodontic provider is required for reimbursement. Payments made toward orthodontia in a previous plan year or before your eligibility period are not reimbursable.

STOCKPILING

IRS regulations prohibit you from purchasing an unusually large quantity of any item in any one transaction. It would be reasonable if you purchased two or three of the same item, but anything over three items would be considered stockpiling and will not be reimbursed.

WHAT'S ELIGIBLE?

A Health Care FSA covers a wide variety of expenses. We've assembled a list of common expenses that are eligible for reimbursement. Not all eligible items are on this list. For a more exhaustive list, visit our website at www.flex-plan.com.

ELIGIBLE HEALTH CARE EXPENSES

Items marked with an asterisk (*) are considered over-the-counter (OTC) medicines or drugs and require a prescription for reimbursement.

Acne treatment*	Compression stockings	Immunizations	Prenatal vitamins
Acupuncture	Contacts & solutions	Incontinence supplies	Prescription drugs
Allergy & Sinus medication*	Contraceptives	Individual counseling	Prescription glasses
Antacids*	Copays	Insect bite treatment*	Reading glasses
Antibiotic ointment*	CPAP machine	Lab work	Respiratory Treatments*
Anti-diarrheal*	Crutches	Lactation Consultant	Saline nasal spray
Antifungal foot cream*	Deductibles	Lactose intolerance pills*	Sleep Aids & Sedatives*
Anti-gas medication*	Dental services	Laser eye surgery	Sleep deprivation treatment
Anti-itch cream/gel*	Diabetic supplies	Laxative*	Smoking cessation products*
Antiseptic*	Diaper rash ointment*	Lice treatment products*	Smoking cessation programs
Asthma treatment*	Digestive Aids*	Medical records	Speech therapy
Bandages/gauze	Drug addiction treatment	Motion sickness relief*	Sterilization procedures
Birthing classes or Lamaze	Ear wax removal kits	Nasal strips	Stool softener*
Blood pressure monitor	Eye drops	Naturopathic visits	Thermometer
Braces (knee, ankle, wrist)	Feminine Anti-Fungal/Anti-Itch*	Orthodontia	Throat lozenges*
Breast pump	Fertility monitor	Orthotics	Vision care
Burn cream*	Fertility treatment	Oxygen and equipment	Walker
Chiropractic services	Flu shots	Pain relievers*	Wart treatment*
Coinsurance	Hearing aids & supplies	Parasitic treatment*	Wheelchair & repair
Cold / hot pack	Hemorrhoid medication*	Physical exams	X-rays
Cold sore treatment*	Hormone therapy	Physical therapy	
Cold/cough medication*	Hospital fees	Pregnancy test	

ADDITIONAL DOCUMENTATION REQUIRED

Certain medical expenses are not reimbursable under a Health Care FSA unless a licensed health care practitioner states that the service or product is medically necessary. Flex-Plan will need a Letter of Medical Necessity (LMN) for these items to be reimbursed. The LMN is available on our website. Please note that certain expenses may require additional documentation to be reimbursed.

Air conditioner	Breast reduction	Learning disability fees	Nutritionist expenses
Air purifier	Cosmetic procedures	Lumbar support	Vitamins and supplements
Automobile modifications	Genetic testing	Massage therapy	Weight loss programs
Braille books	Home medical equipment	Mole removal	
Breast augmentation	Humidifiers	Motorized scooter	

INELIGIBLE HEALTH CARE EXPENSES

The following expenses are **not** eligible under a Health Care FSA. Under no circumstances will the following items be reimbursed. Please do not submit claims for these items.

Airborne	Finance charges	Imported OTC items	Mattress
Books	Funeral expenses	Imported prescriptions	Missed appointment fee
Boutique practice fees	Gender reassignment	Insurance premiums	Hair growth products
COBRA premiums	Gym membership	Late fees	Electric toothbrush/picks
College insurance	Hair transplant	Liposuction	Teeth whitening
CPR classes	Household help	Marijuana	Toiletries
Electrolysis/laser hair removal	Hygiene products	Marriage counseling	Veneers
Face lift	Illegal operations/substances	Massage chair	Warranties

THE BENNY™ DEBIT CARD

DON'T WAIT FOR REIMBURSEMENT

Rather than completing a claim form and waiting for reimbursement for your out of pocket eligible expenses, you can use the Benny™ Debit Card to pay your provider directly for qualified medical care expenses.

VALID MERCHANTS

The card is accepted at participating merchants using the Inventory Information Approval System (IIAS) and at medical care merchants using the MasterCard® system. This includes:

- Doctor Offices
- Dental / Vision Clinics
- Hospitals
- Mail Order Rx Programs
- Pharmacies and grocery stores*

* Merchants that have implemented IIAS have the ability to recognize when participants purchase FSA-eligible expenses. When you use your Benny Debit Card to purchase items at these merchants you will not be required to substantiate your expense. For an extensive list of IIAS Participating Retailers please visit www.flex-plan.com/news.aspx, and clicking on the following link:

- [IIAS Participating Retailers](#)

.Each time you swipe your Benny Debit Card, the provider is paid on your behalf and the expense is deducted from your HCFSAs balance. When you use your card for a copay or at an IIAS retailer, you will not be required to substantiate your charge. However, IRS regulations require you to substantiate certain expenses, so we have made it simple for you to comply with this requirement.

If any of your Benny Debit Card charges require substantiation, you will receive a summary of your card activity for those charges. This form will be e-mailed to you at the beginning of each month. In order to receive the Benny Debit Card initially, you must provide a valid email address.

ADDITIONAL CARDS

You will receive two cards upon initial enrollment. If you require additional cards, or if your cards are lost or stolen, there is a \$5 reissue fee, which is deducted from your HCFSAs balance.



CURRENT BENNY™ DEBIT CARD HOLDERS

You must elect the card for **each year** you wish to use the card. New cards will not be sent each year; instead the new plan year funds will be loaded to your **existing** cards once enrollment has been processed.

GRACE PERIOD and the BENNY CARD

The card will only debit from your current plan year election. If your plan includes the grace period, you must submit manual claims to access the prior year balance when making purchases during the grace period.

USING YOUR BENNY CARD FOR OTC MEDICINES AND DRUGS

To utilize your Benny Debit Card to pay for over-the-counter (OTC) medicines and drugs at a drug store or pharmacy, you must present a prescription to the pharmacist, who then must dispense the OTC medicine or drug in accordance with applicable law, assign an Rx number, and retain a record of the prescription.

If these steps are taken, the item will be considered fully substantiated at the point of sale and no further documentation will be required. However, if these steps are not taken, the Benny Debit Card will not function when purchasing OTC medicines and drugs at drug stores and pharmacies.

SAVE YOUR RECEIPTS!

While most of your Benny™ Debit Card purchases will not require substantiation, we recommend you always save your receipts and documentation.

DAY CARE FSA

Child care can be one of the single largest expenses for a family with children. A Day Care FSA (DCFSA) can be used to pay for your qualified day care expenses with pre-tax dollars. The provider can be a licensed day care facility or an individual.

WHAT ARE THE RULES?

There are some rules to consider before enrolling in a DCFSA:

- A DCFSA works like a bank account. The reimbursement cannot exceed the account balance.
- The day care expense must enable you and your spouse to work, actively look for work, or be a full-time student.
- Your dependent must live with you and must be 12 years old or younger. A dependent age 13 or older can be eligible if the dependent cannot physically or mentally care for him/herself.
- The day care provider cannot be a parent of the child, a dependent on your tax return or your child under the age of 19.

CALCULATING YOUR ELECTION

The DCFSA limit is set by the IRS and is a calendar year limit of **\$5,000 per household**. If your plan year is not on a calendar year, take extra care in calculating your annual election.

Day Care Expenses Estimation Worksheet	
Before/After School Care	\$
Elder Day Care	\$
Pre-School	\$
Day Care, including summer day camp fees	\$
Annual Total	\$

Some types of expenses are **not** eligible. These include tuition for school at the kindergarten level or above, overnight camp, nursing home expenses, meals, activity/supply fees and transportation costs. Montessori tuition for kindergarten and elementary school is not allowable; however, charges from a Montessori school for preschool or before and after school care are allowable.



FSA OR CHILD CARE TAX CREDIT?

Wondering if a DCFSA is better for you than the child care tax credit?

Visit our website at www.flex-plan.com and click the link "Tax savings calculator" to use an interactive tax calculator. (Password: purple81)

NOTE: Whether you choose to participate in the DCFSA or take the child care tax credit, you must file form 2441 with your taxes.

CHANGES

Similar to other benefits, you can only change your election if you experience a qualifying event. However, in addition to the normal list of qualifying events, there are some special events exclusive to the DCFSA:

- A change in your day care costs, such as a rate decrease or increase, or receiving free day care.
- A change in your need for day care (your spouse loses employment or has a change in work schedule).
- Your dependent ceases to satisfy the eligibility requirements.

WHAT HAPPENS IF I TERMINATE EMPLOYMENT?

If you terminate employment during the plan year, you can still access the funds in your DCFSA through the end of the plan year (even if the dates of service are after your termination date), as long as the care allows you to look for work or work full-time.

How to Enroll in Flex Plan

1. Access your Lawson ESS



2. Click on Benefits
3. Click on Benefits Enrollment
4. Follow the instructions on the Welcome Page
5. Complete the last page of the Enrollment Kit only if you want to take advantage of the Benny Card or direct deposit for reimbursements.