



UnitedHealthcare Benefit Services
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 Web: member.uhcs.com

**Flex Benefit Plan
 Enrollment/Change Form**

Directions:

Employee - Complete Sections 1, 2 and 3

Employer - Please retain for your records. Changes must be reported online via employer.uhcs.com

Please call UnitedHealthcare Benefit Services if you have any questions

- Change Type: Date of event ____/____/____
- Address/Name change
 - New Hire
 - Termination (must complete COBRA form*)
 - Change in Status _____
 - Unpaid Leave of Absence
 - Return from Leave of Absence
- *For Out-of-Pocket Medical Expense account participants



1 Employee Information	
Social Security Number ____ - ____ - ____	E-mail Address
Employee Name (Last name, First name, Middle Initial)	Plan Year: From <u>01/01/2019</u> To <u>12/31/2019</u>
Employee Address (Street, Apt. #)	Effective Date: ____/____/____ (New Employees Only)
Employee Address (City, State, Zip Code)	How often are you paid? <u>Bi-Weekly (26/year)</u>
Employer Name Medical Education & Research Institute	Weekly (52/year) Semi-Monthly (24/year) Monthly (12/year) Other _____
	Employer Branch Location

2 Flex Benefit Election

I hereby elect to participate in the Flex Benefit Plan offered by my Employer, thereby paying my expenses with before-tax dollars. I hereby authorize my Employer to reduce my income subject to taxes in the total amount stated below for the above Plan Year. If my group insurance requires a change in my contribution during the Plan Year I authorize my Employer to make the contribution adjustment.

I. Dependent Day Care Expenses

(Calendar year limit of \$5000 per family OR \$2500 if married and file separate tax returns)

$$\text{\$ } \underline{\text{N/A}} \div \frac{\text{N/A}}{\text{No. of Paychecks}} = \text{\$ } \underline{\text{N/A}} \text{ Amount Per Paycheck}$$

III. Out-of-Pocket Medical Expenses

(Expenses for Medical, Dental, Vision, etc.)

$$\text{\$ } \underline{\hspace{2cm}} \div \frac{26}{\text{No. of Paychecks}} = \text{\$ } \underline{\hspace{2cm}} \text{ Amount Per Paycheck}$$

You can contribute up to \$2700/yr in 2019.

Do you or any of your family members participate in a Health Savings Account (HSA)? Yes No
 (If yes, medical expenses for the FSA are limited to dental, vision, and expenses incurred after my deductible is met under the high deductible health insurance plan sponsored with my HSA program.)

I hereby elect NOT to participate in the Flex Benefit Plan offered by my Employer, thereby paying my expenses with after-tax dollars. I also understand that I will have an opportunity to make a new election, if I so desire, prior to the beginning of each subsequent Plan Year, in accordance with the procedures described in the Plan Document.

3 Signature and Acknowledgment – The back of this form must be read before signing

This agreement will remain in effect for the Plan Year unless changed for reasons stated in the terms and conditions of the Plan on the back of this form. By affixing my signature below, I certify that I have examined this agreement and understand and agree to comply with the terms and conditions of the Plan. If this is a change in status, I certify that this change is consistent with the qualifying event. I agree to hold UnitedHealthcare Benefit Services and my employer harmless from any liability to my participation in this plan.



Employee Signature _____ Date ____/____/____

4 Employer's Use only

Category	First Payroll Date	Last Payroll Date	YTD Deductions
Day Care	____/____/____	____/____/____	\$ _____
Medical	____/____/____	____/____/____	\$ _____

First Payroll Date applies if making a new election. Last Payroll Date and YTD Deductions apply if changing an old election or termination.

Authorized Signature _____ Date ____/____/____

TERMS AND CONDITIONS

By signing the front of this election form, I understand that:

The dependent day care expenses and out-of-pocket medical expenses that qualify under Section 125 of the Internal Revenue Code are separate flexible benefit accounts. My contributions to and expenses incurred for each flexible benefit account are separate and non-transferable from one account to another.

I will be reimbursed for out-of-pocket medical expenses at any point during the Plan Year up to the amount of my Plan Year Election. Dependent day care expenses will not be reimbursed in excess of the amount in my flex account, unless otherwise specified by my employer.

In order to change my election after the Plan Year has begun, I must experience a qualified Change in Status Event. Election changes due to a Change in Status Event must be made within a reasonable time (usually 30 days before or after the event unless otherwise specified in my Summary Plan Description) AND must be consistent with the change that took place as defined by the IRS Consistency Rule. The effective date of the election brought forth by the Change in Status Event is the later of the: (1) date of the Change in Status Event, or (2) the date you requested the change, except for the birth or adoption of a child where HIPAA special enrollment rules apply. The following chart outlines the qualifying Change in Status Events:

Events for employer-sponsored health-related and group term life insurance plans and the out-of-pocket medical expense account
Change in Status - Qualifying Events
<p>1. Change in legal marital status - Marriage, divorce, death of spouse, legal separation, and annulment.</p> <p>2. Change in the number of tax dependents - Birth, adoption, placement for adoption, and death of a dependent.</p> <p>3. Change in employment status of the employee, employee's spouse or employee's dependent(s) - Termination or commencement of employment, strike or lockout, commencement of, or return from an unpaid leave of absence, a switch between part-time and full-time employment, or a change in worksite.</p> <p>4. Dependent satisfies (or ceases to satisfy) dependent eligibility requirements - Due to attainment of limiting age under the insurance plan, gain or loss of student status, marriage or any similar circumstance.</p> <p>5. Residence change of the employee, employee's spouse, or employee's dependent(s) - Only allowable if the change in residence affects the employee's eligibility for coverage.</p>
Consistency Rule
In order to change your election, the change must be on account of and correspond with a Change in Status Event that affects you, your spouse or your dependent's eligibility for the employer-sponsored benefit plan(s). In other words, the increase or decrease in your flexible benefit plan election amount must be consistent with the gain or loss of your eligibility to participate. If the Change In Status Event does not affect the eligibility of that insurance and/or out-of-pocket medical expense you cannot make the change. Special consistency rules also apply for the following situations: loss of dependent eligibility, gain of coverage eligibility under another employer's plan, and life or disability coverages. Should you need clarification of these events, please call UnitedHealthcare Benefit Services.
Additional Change in Status - Qualifying Events
Cost changes with automatic election increases/decreases,* significant cost increases,* significant coverage curtailment,* addition or elimination of benefit package options offered by your employer,* change in coverage of spouse or dependent under another employer's plan,* Family Medical Leave of absences as qualified under FMLA, HIPAA special enrollment rights, qualification and election under COBRA or state continuation,* Medicare or Medicaid entitlement or curtailment, or a judgment, decree or court order including a Qualified Medical Child Support Order.
* Does not apply to the out-of-pocket medical expense account.
Events for Dependent Day Care Account
Marriage, divorce, death, birth or adoption of a child of the employee, termination or commencement of employment of the employee's spouse, a switch between full-time and part-time by the employee or employee's spouse, taking an unpaid leave of absence or returning from an unpaid leave by the employee or employee's spouse, going on or returning from a Family Medical Leave of absence as qualified under FMLA.

The Plan Administrator may reduce or cancel my compensation redirection or otherwise modify this agreement in the event it believes the reduction or cancellation is advisable in order to satisfy certain provisions of the Internal Revenue Code. Prior to each Plan Year I will be given the opportunity to change my Flexible Benefit Plan Election for the upcoming Plan Year.

My election of benefits shall cease upon termination of my employment. If my Employer is subject to COBRA, I may continue my out-of-pocket medical participation with after-tax contributions, if I so elect, pursuant to my rights under COBRA. If I do not elect COBRA for my out-of-pocket medical account, my benefits are limited to the time from which the Plan Year began and my last day of employment.

My Social Security benefits may be affected because I am lowering my taxable income by electing to participate in the Flexible Benefit Plan. This means that my Social Security benefits could be decreased because of the decreased amount of compensation which is considered for Social Security purposes. In most cases, my Flexible Benefit Plan election will not affect any other benefits I receive from my Employer. However, paying for disability income policies pre-tax will cause the benefits payable there under to be taxable.

To receive these tax-free benefits, I must plan ahead. Planning is important because the IRS says that I will lose any unused money in my flex accounts at the end of the Plan Year. These tax-free dollars can only be used for eligible dependent day care and out-of-pocket medical expenses that were incurred (not paid or billed) during the same Plan Year in which I set aside the money for. All claims must be submitted by the end of the Plan Year filing period. Any claims submitted after that time cannot be considered. Any monies forfeited may not be paid back to me in any manner or used to provide future benefits, according to IRS regulations.



This little piggy is worth more

Save hundreds of dollars – and maybe more

Open a Flexible Spending Account

With a Flexible Spending Account (FSA), you save money on eligible health care expenses because you are paying with pre-tax dollars. The money is withdrawn from your paycheck (and placed in your account) before taxes are calculated. The result? You have more take-home pay and money to cover your out-of-pocket health care bills.

You can use your FSA to cover eligible health costs not reimbursed under any other health plan, such as:

- Your share of health plan expenses, like your deductible or coinsurance (the percentage of costs you may be required to pay)
- Eye doctors, glasses and contact lenses
- Dental work, orthodontia and dentures
- Alternative medicine
- Stop-smoking programs
- Qualifying prescription and over-the-counter medications

Start saving! It's easy to set up an FSA

When deciding how much to contribute to your FSA during the year, it's a good idea to be conservative and sign up for less than you think you might spend. IRS rules require that any unused funds at the end of the plan year must be forfeited, which means you will lose any money still in your FSA at the end of the year.

Get started today and stretch your money further!

- ✓ Estimate how much you'll spend during the year.
- ✓ Sign up when you enroll in your company's benefit plan.
- ✓ Decide how much you want to put in your account for the year.
- ✓ Deductions will come out of each paycheck, before taxes are calculated, starting at the beginning of your plan year.

Managing your FSA account is a snap with an integrated, easier experience

Direct deposit

Once an expense is verified as eligible, we'll transfer the funds right into your checking or savings account, whichever you have chosen.

uhcservices.com

Log on to your personal and confidential Web site to see your account balances, view the expenses that have been paid, and see any other account information.



Insurance coverage provided by or through United HealthCare Insurance Company, United HealthCare Services, Inc. or their affiliates. Administrative services provided by UnitedHealthCare Insurance Company, United HealthCare Services, Inc. or their affiliates.

 Printed on paper containing recycled material.

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Flexible Spending Accounts

Questions and Answers

What is a FSA?

A Flexible Spending Account, or FSA, is an important part of your employer's overall benefit package. You can set aside a portion of your earnings, tax-free, for expenses you, your spouse or eligible dependents may have with:

- ▶ Dependent day care expenses
- ▶ Out-of-pocket health care expenses including medical, dental, vision, over-the counter medications and prescription drug expenses.

How does a FSA work?

When you enroll in the FSA plan, the amounts you elect are automatically deducted from your paycheck on a pre-tax basis. The money is held until you have a qualified expense. As you incur qualifying expenses during the year, you simply file a claim with UnitedHealthcare.

What are the benefits of a FSA plan?

The money you set aside is not subject to federal income tax, Social Security, Medicare, and in most cases, state and local taxes. This lowers your taxable income and increases your take home pay.

What expenses qualify?

The IRS allows two separate categories for expenses to be included in the plan.

Out-of-pocket health care expenses

This category covers eligible medical, dental, vision, over-the-counter medications, and prescription drug expenses. It is the most popular FSA category as most every household has these types of expenses.

Dependent care expenses

By enrolling in this category, you save money on dependent care expenses incurred so that you and your spouse, if married, can work, look for work, or attend school on a full-time basis.

Visit www.uhcservices.com for a complete description of each account. While online, you can also view your account balances, claims, and reimbursement information.

How much can I save?

The chart below shows an example in which the employee has both out-of-pocket health care and dependent day care expenses.

Savings example

	with FSA Plan	without FSA Plan
Annual Pay	\$30,000	\$30,000
Pre-tax contribution to FSA Plan		
Health care expenses	\$ 600	\$ 0
Dependent day care expenses	\$4,800	\$ 0
Federal, State, and Social Security taxes*	\$6,802	\$8,295
After-tax dollars spent on eligible expenses		
Health care expenses	\$ 0	\$ 600
Dependent day care expenses	\$ 0	\$4,800
Net available income	\$17,798	\$16,305
Tax savings with the FSA Plan	\$ 1,493	

* Assumes 15% federal tax, 5% state tax, and 7.65% Social Security tax.