

# OhioDAS

## 2012 Flexible Spending Accounts Open Enrollment Materials

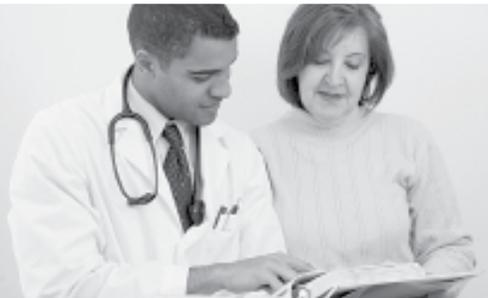
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- Flexible Spending Accounts Reference Guide
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# 2012

## Flexible Spending Accounts



Health Care and Dependent Care  
Spending Accounts  
**Reference Guide**

# 2012 State of Ohio

## What's New

- **Small Changes, Same Superior Service** – Your Flexible Spending Account administrator is part of a larger family now, with a new name: **Fringe Benefits Management Company, a Division of WageWorks**. We continue to provide you with the same tax-favored accounts (Health Care and Dependent Care Spending Accounts), the same great service and the same commitment to quality. Our standard of excellence remains, with the same great people you knew and the same exceptional service you demand.
- Remember, all eligible OTC drugs and medicinal items require a prescription from your physician to qualify for reimbursement. All other eligible OTC expenses may be purchased normally.

## Enrollment at a Glance

As you use your FSA throughout 2012, use this guide as a handy resource to find answers to any questions that you may have. Within this guide, you will find information regarding how to:

- Use your health care and/or dependent care flexible spending account funds
- Submit a reimbursement claim form
- Enroll in the direct deposit option
- Determine if an expense is eligible for reimbursement
- Use the myFBMC Card®

For more information, visit [www.myFBMC.com](http://www.myFBMC.com), or contact Customer Care at 1-800-342-8017, Monday - Friday, 7 a.m. - 10 p.m. ET. You can visit the DAS Flexible Spending Account Benefits website at: [das.ohio.gov/flexiblespendingaccount](http://das.ohio.gov/flexiblespendingaccount)

**Note:** Be sure to submit your completed 2012 enrollment form to:  
Fringe Benefits Management Company, a Division of WageWorks  
P.O. Box 1878  
Tallahassee, FL 32302-1878  
or fax to (866) 672-4780

## Contact Us

### Fringe Benefits Management Company, a Division of WageWorks

#### Customer Care Center

Mon - Fri, 7 a.m. - 10 p.m. ET  
1-800-342-8017

### Flexible Spending Accounts

#### Automated Services

24 hours a day  
1-800-865-3262  
[www.myFBMC.com](http://www.myFBMC.com)

### myFBMC Card® Visa® Card

#### Lost or Stolen Card

24 hours a day  
1-888-462-1909

### Dispute Line

Customer Care Center  
Mon - Fri, 7 a.m. - 10 p.m. ET  
1-800-342-8017

### Activation

24 hours a day  
[www.myFBMC.com](http://www.myFBMC.com)

### State of Ohio

Human Resources Division  
Benefits Administration Services

#### Customer Care Center

1-800-409-1205  
<http://das.ohio.gov/Divisions/HumanResources/BenefitsAdministration/tabid/190/Default.aspx>

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## Make your benefits work for you – it's easy!

Before you sign up for an FSA, review this reference guide to understand how FSAs can save you and your family a significant amount of tax money. For more information, refer to the Flexible Spending Accounts section beginning on the next page of this Reference Guide.

# Flexible Spending Accounts

A Flexible Spending Account (FSA) is an account you set up to pre-fund your anticipated, eligible medical services and medical supplies that are not normally covered by your insurance, or for eligible dependent care expenses. You can choose from two accounts: Health Care Spending Account (HCSA) and Dependent Care Spending Account (DCSA).

Not only are your HCSA funds available to you in one lump sum at the beginning of your plan year, but your FSA funds are deducted before federal and state taxes are calculated on your paycheck.

With either FSA, you benefit from having less taxable income in each of your paychecks, which means more spendable income to use toward your eligible medical and dependent care expenses.

Once you decide how much to contribute to your HCSA and/or DCSA, the amount is deducted in equal amounts for the first 24 pay periods of the calendar year.

## Examples of how to use your FSA:

### Example 1: Paying a co-payment and doctor/dental fees

After paying your co-payment and doctor/dental fees at a service provider's office, obtain an Explanation of Benefits (EOB) or detailed receipt of the completed services. Submit these documents, along with a claim form. Within five business days, we will process your request and mail your reimbursement check to you or direct deposit your funds into the account of your choice.

### Example 2: Paying for day care services

Once you have paid for your child's daycare service, send a completed claim form, along with documentation showing the following:

- Name, age and grade of the dependent receiving the service
- Cost of the service
- Name and address of the service provider
- Beginning and ending dates of the service.

Your request will be processed within five business days and either mailed to you or deposited into the account you have chosen.

## FSA Eligibility

Your Health Care Flexible Spending Account may be used to reimburse eligible expenses incurred by yourself, your spouse, your qualifying child or your qualifying relative. You may use your Dependent Care Flexible Spending Account to receive reimbursement for eligible dependent care expenses for qualifying individuals. **Please see the Flexible Spending Account FAQs at [www.myFBMC.com](http://www.myFBMC.com).**

**Note:** There is no age requirement for a qualifying child if they are physically and/or mentally incapable of self-care. An eligible child of divorced parents is treated as a dependent of both, so either or both parents can establish a Health Care Spending Account. Only the custodial parent of divorced or legally-separated parents can be reimbursed using the Dependent Care Spending Account.

## FSA Fund Availability

### For Health Care Spending Account:

Once you sign up for a Health Care Spending Account and decide how much to contribute, the maximum annual amount of reimbursement for eligible health care expenses will be available throughout your period of coverage.

Since you don't have to wait for the cash to accumulate in your account, you can use it to pay for your eligible health care expenses at the start of your deductions.

### For Dependent Care Spending Account:

Once you sign up for a Dependent Care Spending Account and decide how much to contribute, the funds available to you depend on the actual funds in your account. Unlike a Health Care Spending Account, the entire maximum annual amount is not available during the plan year, but rather after your payroll deductions are received.

## Annual Contribution Limits

### For Health Care Spending Account:

Minimum Annual Deposit: \$10 if paid bi-weekly/\$20 if paid monthly\*  
Maximum Annual Deposit: \$3,000 (for 2012 calendar year)

### For Dependent Care Spending Account:

Minimum Annual Deposit: \$10 if paid bi-weekly/\$20 if paid monthly\*  
The maximum contribution depends on your tax filing status.

- If you are married and filing separately, your maximum annual deposit is \$2,500.
- If you are single and head of household, your maximum annual deposit is \$5,000.
- If you are married and filing jointly, your maximum annual deposit is \$5,000.
- If either you or your spouse earn less than \$5,000 a year, your maximum annual deposit is equal to the lower of the two incomes.
- If your spouse is a full-time student or incapable of self-care, your maximum annual deposit is \$3,000 a year for one dependent and \$5,000 a year for two or more dependents.

\* For employees on a bi-weekly pay schedule, deductions will be taken from the first 24 pay periods of the calendar year. No deductions will be taken after the 24th paycheck.

## Written Certification

When enrolling in either or both FSAs, written notice of agreement with the following will be required:

- I will only use my FSA to pay for IRS-qualified expenses and only for my IRS-eligible dependents
- I will exhaust all other sources of reimbursement, including those provided under my employer's plan(s) before seeking reimbursement from my FSA
- I will not seek reimbursement through any additional source and
- I will collect and maintain sufficient documentation to validate the foregoing.

# Flexible Spending Accounts

## Health Care Spending Account

**Eligibility:** Permanent full-time and permanent part-time employees who have completed probation (if applicable). Enrollment must occur within **30** days of eligibility or during the open enrollment period.

A HCSA is used to pay for eligible medical expenses which aren't covered by your insurance or other plan. These expenses can be incurred by yourself, your spouse, a qualifying child or relative. Your full annual contribution amount is available at the beginning of the plan year, so you don't have to wait for the money to accumulate.

### Partial List of Medically Necessary Eligible Expenses\*

Acupuncture  
Ambulance service  
Birth control pills and devices  
Breast pumps  
Chiropractic care  
Contact lenses (corrective)  
Dental fees  
Diagnostic tests/health screening  
Doctor fees  
Drug addiction/alcoholism treatment  
Drugs  
Experimental medical treatment  
Eyeglasses  
Guide dogs  
Hearing aids and exams  
In vitro fertilization  
Injections and vaccinations  
Nursing services  
Optometrist fees  
Orthodontic treatment  
Over-the-Counter items (some require prescription)  
Prescription drugs to alleviate nicotine withdrawal symptoms  
Smoking cessation programs/treatments  
Surgery  
Transportation for medical care  
Weight-loss programs/meetings  
Wheelchairs  
X-rays

**Note:** Budget conservatively. No reimbursement or refund of Health Care Spending Account funds is available for services that do not occur within your plan year.

\* IRS-qualified expenses are subject to federal regulatory change at any time during a tax year. Certain other substantiation requirements and restrictions may apply, and will be supplied to you following enrollment.

## Dependent Care Spending Account

**Eligibility:** Permanent full-time and permanent part-time employees who have an qualifying dependent(s). Enrollment must occur within **30** days of eligibility or during the open enrollment period.

The DCSA is a great way to pay for eligible dependent care expenses such as after school care, baby-sitting fees, day care services, elder care expenses, nursery and preschool. Eligible dependents include your qualifying child, spouse and/or relative.

### Partial List of Eligible Dependent Care Expenses\*

After school care  
Baby-sitting fees  
Day care services  
In-home care/au pair services  
Nursery and preschool  
Summer day camps

**Note:** Budget conservatively. No reimbursement or refund of Dependent Care Spending Account funds is available for services that do not occur within your plan year.

\* IRS-qualified expenses are subject to federal regulatory change at any time during a tax year. Certain other substantiation requirements and restrictions may apply, and will be supplied to you following enrollment.

Visit [www.myFBMC.com](http://www.myFBMC.com) for a list of frequently asked questions.

You must keep your documentation for a minimum of one year to submit upon request.

### Health Care Spending Account Savings Example\*

<i>(With FSA)</i>		<i>(Without FSA)</i>
\$31,000.00	Annual Gross Income	\$31,000.00
<u>- 2,000.00</u>	FSA Deposit for Eligible Expenses	<u>- 0.00</u>
\$29,000.00	Taxable Gross Income	\$31,000.00
<u>- 6,380.00</u>	Federal Taxes	<u>- 6,820.00</u>
\$22,620.00	Annual Net Income	\$24,180.00
<u>- 0.00</u>	Cost of Eligible Expenses	<u>- 2,000.00</u>
\$22,620.00	Spendable Income	\$22,188.00

**By using an FSA to pay for anticipated recurring expenses, you convert the money you save in taxes to additional spendable income. That's a potential annual savings of**

**\$440.00!**

\* Based upon a 22 percent flat tax rate calculated on a calendar year.

# Flexible Spending Accounts

## Ineligible Expenses

### For Health Care Spending Account:

- insurance premiums
- vision warranties and service contracts
- cosmetic surgery not deemed medically necessary to alleviate, mitigate or prevent a medical condition and
- Over-the-Counter items requiring a prescription.

### For Dependent Care Spending Account:

- books and supplies
- child support payments or child care if you are a non-custodial parent
- health care or educational tuition costs and
- services provided by your dependent, your spouse's dependent or your child who is under age 19.

## Accessing Your Benefits

Our Customer Care Center offers you a variety of resources to make inquiries about your benefits and Flexible Spending Accounts (FSAs), including information from the website, Interactive Voice Response system (IVR) and our Customer Care Representatives.

### On the Web

Visit [www.myFBMC.com](http://www.myFBMC.com) to access our home page. Use the navigational tabs along the top of the webpage to get answers to many of your benefits questions.

If you previously registered an e-mail address and password, you may continue using this information. If you haven't registered, log in to the website as a first time user by following the link on the login page to register through the Fringe Benefits Management Company, a Division of WageWorks Premier Login.

### Benefits

You can check your benefit status, read benefit descriptions, use our tax calculator and much more.

### FSA Claims

Check the status of your FSA claims, download forms, get information about mailing and faxing your claim and see transactions that need documentation.

### FSA Balance(s)

View your FSA balance(s) and contributions or review monthly statements and your transaction history.

### Go Green for Instant Information!

Stop wondering about your claims - know when they're received, paid or need more documentation instantly! Stop waiting for paper statements to arrive in the mail, they are available online anytime! Go Green at [www.myFBMC.com](http://www.myFBMC.com), to stop wondering, stop waiting and start benefiting today.

### myFBMC Card® Visa® Card

Please visit [www.myFBMC.com](http://www.myFBMC.com) to activate your myFBMC Card®. You may also download a card fact sheet or claim form, read detailed instructions on proper card use and review our IAS Store List to maximize card convenience.

### Profile

Change your account profile, access your Member ID or select a new phone Personal Identification Number (PIN).

### Resources

Browse through our extensive resource library, including: benefit materials, eligible medical and dependent care expenses, required documentation, Over-the-Counter drug listings and benefit tips.

### FSA Forms

Download applicable forms for FSA reimbursement and Direct Deposit.

### Over the Phone

Our automated phone system, IVR, can be reached 24-hours a day by calling 1-800-865-3262. IVR allows you to access your benefits any time, follow the voice prompts to find out information about your benefits such as:

- Current FSA balance(s)
- Current active benefits
- FSA claim status
- Mailing address verification
- Obtain FSA claim forms
- Change your PIN

**Note:** Please be sure to keep this Reference Guide in a safe, convenient place, and refer to it for benefit information.

# Flexible Spending Accounts

## Requesting Reimbursement For a Health Care Spending Account:

Your Health Care Spending Account may reimburse eligible expenses after you have sought (and exhausted) all means of reimbursement provided by your employer and any other appropriate resource. Remember, some eligible expenses are reimbursable on the date available, not the date ordered, such as orthodontia.

To request reimbursement, simply fax or mail a correctly completed FSA claim form along with the following:

- an invoice or bill from your health care provider listing the date you received the service, the cost of the service, the specific type of service and the person for whom the service was provided or
- an Explanation of Benefits (EOB)\* from your health insurance provider that shows the specific type of service you received, the date and cost of the service and any uninsured portion of the cost and
- a written statement from your health care provider indicating the service was medically necessary if those services could be deemed cosmetic in nature, accompanied by the invoice or bill for the service.

## For a Dependent Care Spending Account:

You can request reimbursement from your Dependent Care Spending Account as often as you like. However, your approved expense will not be reimbursed until the last date of service for which you are requesting reimbursement has passed. Remember that for timely processing, your payroll contributions must be current.

**A properly completed request will help speed along the process of your reimbursement, allowing you to receive your check or Direct Deposit promptly.**

Requesting reimbursement is easy. Simply fax or mail a correctly completed FSA claim form along with documentation showing the following:

- the name, age and grade of the dependent receiving the service
- the cost of the service
- the name and address of the provider and
- the beginning and ending dates of the service.

This information is required with each request for reimbursement.

**Note:** Cancelled checks or credit card receipts (or copies) listing the cost of eligible expenses are **not** valid documentation for either Health Care or Dependent Care Spending Account reimbursement.

## Send all FSA reimbursement claims to:

### Fax Toll-Free:

1-888-800-5217

### Mail to:

Fringe Benefits Management Company,  
a Division of WageWorks  
PO Box 1800  
Tallahassee, FL 32302-1800

**Note:** If you elect to participate in the Dependent Care Spending Account, or if you file for the Dependent Care Tax Credit, you must attach IRS Form 2441, reflecting the information above, to your 1040 income tax return. Failure to do this may result in the IRS denying your pre-tax exclusion.

## Appeal Process

If your request for a mid-plan year election change, FSA reimbursement claim or other similar request is denied, in full or in part, you have the right to appeal the decision by sending a written request within 30 days of the denial for review to Fringe Benefits Management Company, a Division of WageWorks (Attn: Appeals Process, P. O. Box 1878, Tallahassee, FL, 32302-1878).

Your appeal must include:

- the name of your employer
- the date of the services for which your request was denied
- a copy of the denied request
- the denial letter you received
- why you think your request should not have been denied and
- any additional documents, information or comments you think may have a bearing on your appeal.

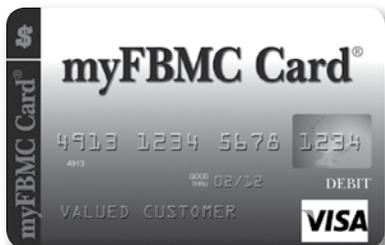
Your appeal, and supporting documentation, will be reviewed upon receipt. You will be notified of the review results within 30 business days from receipt of your appeal. In unusual cases (e.g. when appeals require additional documentation) the review may take longer than 30 business days. If your appeal is approved, additional processing time may be required to modify your benefit elections.

**Note:** Appeals are approved only if the extenuating circumstances and supporting documentation are within your employer's, insurance provider's and the IRS's regulations governing the plan.

## Important FSA Note:

You have a **90-day run-out period** (ending March 31, 2013) after your plan year ends to submit reimbursement requests for all eligible FSA expenses incurred DURING your plan year.

Be certain you obtain and submit all required information with each FSA reimbursement request.



# myFBMC Card® Visa® Card

The myFBMC Card® is a convenient reimbursement option that allows quick electronic reimbursement of eligible expenses under your employer's plan and IRS guidelines. Because it is a payment card, when you use the myFBMC Card® to pay for eligible expenses, funds are electronically deducted from your account.

## myFBMC Card® advantages

You can use the myFBMC Card® for your eligible Over-the-Counter (OTC) expenses at drugstores. Other advantages include:

- **instant reimbursements** for health care expenses
- **instant approval of all eligible OTC and prescription expenses, as well as some medical, vision and dental (others require documentation)**
- **no out-of-pocket expense** and
- **easy access** to your account funds.

**Note:** You **cannot** use the myFBMC Card® for cosmetic dental expenses or eye glass warranties.

## Using the myFBMC Card®

For eligible expenses, simply swipe the myFBMC Card® like you would with any other credit card. Whether at your health care provider or at your drugstore, the amount of your eligible expenses will be automatically deducted from your HCSA. Over-the-Counter and prescription purchases with the card are only accepted at IIAS certified merchants. For all other qualified expenses, such as medical and dental co-payments, the myFBMC Card® may be used normally. To find out if a pharmacy or drugstore near you accepts the card, please refer to the **IIAS Certified Store List** at [www.myFBMC.com](http://www.myFBMC.com).

Two cards will be sent to you in the mail; one for you and one for your spouse or eligible dependent. You should keep your cards to use each plan year until their expiration date. If you already have the myFBMC Card®, you will need to re-enroll during your open enrollment period to continue using the card. You will not be issued a new card; continue using the same card(s) you have.

**Over-the-Counter (OTC) drugs and medicines, except diabetic supplies, require a prescription to qualify for FSA reimbursement.**

Remember, visit [www.myFBMC.com](http://www.myFBMC.com) to activate your card, see your account information and check for any outstanding Card transactions.

## When do I send in documentation for a myFBMC Card® expense?

You must send in documentation for certain myFBMC Card® transactions, such as those that are **not** a known office visit or prescription co-payment (as outlined in your health plan's Schedule of Benefits).

When requested, you must send in documentation for these transactions. Documentation for a card expense is a statement or bill showing:

- name of the patient
- name of the service provider
- date of service
- type of service (including prescription name) and
- total amount of service.

**Note:** This documentation must be sent with a **Claim Form** and cannot be processed without it. Like all other FSA documentation, you must keep your myFBMC Card® expense documentation for a minimum of one year, and submit it when requested.

## If you fail to send in the requested documentation for an myFBMC Card® expense, you will be subject to:

- withholding of payment for an eligible paper claim to offset any outstanding myFBMC Card® transaction
- suspension of myFBMC Card® privileges
- payback through payroll
- the reporting of any outstanding myFBMC Card® transaction amounts as income on your W-2 at the end of the tax year.

**Note:** Card transaction disputes must be filed within 60 days of the transaction date.

## What agreement am I making when I use the myFBMC Card®?

For more information about the myFBMC Card®, see the Cardholder Agreement that accompanies it.

# FSA Worksheets

Use the worksheets below to determine how much to deposit in your FSA. Calculate the amount you expect to pay during the plan year for eligible, uninsured out-of-pocket medical and/or dependent care expenses. This calculated amount cannot exceed established IRS and plan limits. (\$3,000 for a Health Care Spending Account, or \$5,000 for a Dependent Care Spending Account.)

**Be conservative in your estimates, since any money remaining in your accounts cannot be returned to you or carried forward to the next plan year.**

## Health Care Spending Account Worksheet

Estimate your eligible, uninsured out-of-pocket medical expenses for the plan year.

### UNINSURED MEDICAL EXPENSES

Health insurance deductibles \$ \_\_\_\_\_

Coinsurance or co-payments \$ \_\_\_\_\_

Vision care \$ \_\_\_\_\_

Dental care \$ \_\_\_\_\_

Prescription drugs \$ \_\_\_\_\_

Travel costs for medical care \$ \_\_\_\_\_

Other eligible expenses \$ \_\_\_\_\_

**TOTAL** \$ \_\_\_\_\_

**DIVIDE** by the number of paychecks you will receive during the calendar year.\* ÷ \_\_\_\_\_

**This is your pay period contribution.** \$ \_\_\_\_\_

\* If you are a new employee enrolling after the plan year begins, divide by the number of pay periods remaining in the plan year. Please note, contributions will only be taken for the first 24 pay periods.

## Dependent Care Spending Account Worksheet

Estimate your eligible dependent care expenses for the plan year. Remember that your calculated amount cannot exceed the calendar year limits established by the IRS.

### CHILD CARE EXPENSES

Day care services \$ \_\_\_\_\_

In-home care/au pair services \$ \_\_\_\_\_

Nursery and preschool \$ \_\_\_\_\_

After school care \$ \_\_\_\_\_

Summer day camps \$ \_\_\_\_\_

### ELDER CARE SERVICES

Day care center \$ \_\_\_\_\_

In-home care \$ \_\_\_\_\_

**TOTAL** Remember, your total contribution cannot exceed IRS limits for the plan year and calendar year. \$ \_\_\_\_\_

**DIVIDE** by the number of paychecks you will receive during the calendar year.\* ÷ \_\_\_\_\_

**This is your pay period contribution.** \$ \_\_\_\_\_

\* If you are a new employee enrolling after the plan year begins, divide by the number of pay periods remaining in the plan year. Please note, contributions will only be taken for the first 24 pay periods.

**SIGN UP FOR DIRECT DEPOSIT** - No one likes waiting for their money, why are you? With Direct Deposit there are no fees for the service and your FSA reimbursement checks are deposited into the checking or savings account of your choice within 48 hours of claim approval.

# Changing Your Coverage

## Changing your FSA during the Plan Year

Within **30 days** of a qualifying event, you must submit a Change in Status (CIS)/Election Form and supporting documentation to Fringe Benefits Management Company, a Division of WageWorks. Upon the approval of your election change request, your existing FSA(s) elections will be stopped or modified (as appropriate). However, if your FSA election change request is denied, you will have **60 days**, from the date you receive the denial, to file an appeal. For more information, refer to the "Appeal Process" section on Page 6. Visit [www.myFBMC.com](http://www.myFBMC.com) for information on rules governing periods of coverage and IRS Special Consistency Rules.

### Changes in Status:

<b>Marital Status</b>	A change in marital status includes marriage, death of a spouse, divorce or annulment (legal separation is recognized in Ohio).
<b>Change in Number of Tax Dependents</b>	A change in number of dependents includes the following: birth, death, adoption and placement for adoption. You can add existing dependents not previously enrolled whenever a dependent gains eligibility as a result of a valid CIS event.
<b>Change in Status of Employment Affecting Coverage Eligibility</b>	Change in employment status of the employee, or a spouse or dependent of the employee, that affects the individual's eligibility under an employer's plan, including commencement or termination of employment.
<b>Gain or Loss of Dependents' Eligibility Status</b>	An event that causes an employee's dependent to satisfy or cease to satisfy coverage requirements under an employer's plan. May include change in age, student, marital, employment or tax dependent status.
<b>Change in Residence*</b>	A change in the place of residence of the employee, spouse or dependent that affects eligibility to be covered under an employer's plan, including moving out of an HMO service area.

### Some Other Permitted Changes:

<b>Coverage and Cost Changes*</b>	Your employer's plans may permit election changes due to cost or coverage changes. You may make a corresponding election change to your Dependent Care Spending Account benefit whenever you actually switch dependent care providers. However, if a relative (who is related by blood or marriage) provides custodial care for your eligible dependent, you cannot change your salary reduction amount solely on a desire to increase or decrease the amount being paid to that relative.
<b>Open Enrollment Under Other Employer's Plan*</b>	You may make an election change when your spouse or dependent makes an Open Enrollment Change in coverage under their employer's plan if they participate in their employer's plan and: <ul style="list-style-type: none"> <li>• the other employer's plan has a different period of coverage (usually a plan year) or</li> <li>• the other employer's plan permits mid-plan year election changes under this event.</li> </ul>
<b>Judgment/Decree/Order†</b>	If a judgment, decree or order from a divorce, legal separation (if recognized by state law), annulment or change in legal custody requires that you provide accident or health coverage for your dependent child (including a foster child who is your dependent), you may change your election to provide coverage for the dependent child. If the order requires that another individual (including your spouse and former spouse) covers the dependent child and provides coverage under that individual's plan, you may change your election to revoke coverage only for that dependent child and only if the other individual actually provides the coverage.
<b>Medicare/Medicaid†</b>	Gain or loss of Medicare/Medicaid coverage may trigger a permitted election change.
<b>Health Insurance Portability and Accountability Act of 1996 (HIPAA)</b>	If your employer's group health plan(s) are subject to HIPAA's special enrollment provision, the IRS regulations regarding HIPAA's special enrollment rights provide that an IRC § 125 cafeteria plan may permit you to change a salary reduction election to pay for the extra cost for group health coverage, on a pre-tax basis, effective retroactive to the date of the CIS event, if you enroll your new dependent within 30 days of one of the following CIS events: birth, adoption or placement for adoption. Note that a Health Care Spending Account is not subject to HIPAA's special enrollment provisions if it is funded solely by employee contributions.
<b>Family and Medical Leave Act (FMLA) Leave of Absence</b>	Election changes may be made under the special rules relating to changes in elections by employees taking FMLA leave. Contact your agency's payroll/personnel office for additional information.

\* Does not apply to a Health Care Spending Account plan.

† Does not apply to a Dependent Care Spending Account plan.

# COBRA

## What is continuation coverage?

Federal law requires that most group health plans, including Health Care Spending Accounts (HCSAs), give employees and their families the opportunity to continue their health care coverage when there is a “qualifying event” that would result in a loss of coverage under an employer’s plan.

## How long will continuation coverage last?

### For Health Care Spending Accounts:

If you fund your Health Care Spending Account entirely, you may continue your Health Care Spending Account (on a post-tax basis) only for the remainder of the plan year in which your qualifying event occurs, **if** you have not already received, as reimbursement, the maximum benefit available under the Health Care Spending Account for the year. For example, if you elected a Health Care Spending Account benefit of \$1,000 for the plan year and have received only \$200 in reimbursement, you may continue your Health Care Spending Account for the remainder of the plan year or until such time that you receive the maximum Health Care Spending Account benefit of \$1,000.

### Keep Your Address Updated

In order to protect your family’s rights, you should inform your employer and us of any changes in the addresses of family members. You should also keep a copy, for your records, of any notices you send to your employer and us.

## For More Information

This COBRA and Retiree Q&A section does not fully describe continuation coverage or other rights under the Plan. More information about continuation coverage and your rights under the Plan is available from your employer. You can get a copy of your summary plan description from **Fringe Benefits Management Company, a Division of WageWorks** or view it at <http://www.das.ohio.gov/flexiblespendingaccount>

For more information about your COBRA rights, the Health Insurance Portability and Accountability Act (HIPAA) and other laws affecting group health plans, contact the U.S. Department of Labor’s Employee Benefits Security Administration (EBSA) in your area or visit the EBSA website at [www.dol.gov/ebsa](http://www.dol.gov/ebsa).

# Beyond Your Benefits

## Notice of Administrator's Capacity

This notice advises Flexible Spending Account participants of the identity and relationship between your employer and its Contract Administrator, Fringe Benefits Management Company, a Division of WageWorks. Fringe Benefits Management Company, a Division of WageWorks is not an insurance company. Fringe Benefits Management Company, a Division of WageWorks, has been authorized by your employer to provide administrative services for the Flexible Spending Account plans offered herein. Fringe Benefits Management Company, a Division of WageWorks, will process claims for reimbursement promptly. In the event there are delays in claims processing, you will have no greater rights in interest or other remedies against us than would otherwise be afforded to you by law.

# State of Ohio

## FLEXIBLE SPENDING ACCOUNT ENROLLMENT FORM

*You must complete this form if you wish to start a tax-free Health Care and/or Dependent Care Spending Account.*

**For Open Enrollment Only: You may enroll online at [www.myFBMC.com](http://www.myFBMC.com)**

Name (Please Print) Last		First	MI	Employee ID #	
Home Address Street		City	State		ZIP
Daytime Phone ( )	Home Phone ( )	Date of Hire	Date of Birth		Annual Salary
E-mail Address					
ENROLLMENT STATUS: <input type="checkbox"/> OPEN ENROLLMENT <input type="checkbox"/> RE-ENROLLMENT <input type="checkbox"/> CHANGE IN STATUS <input type="checkbox"/> NEW HIRE					
CHANGE TYPE: _____ DATE: ____/____/____					

- Indicate the amount you wish to pay through tax-free salary deduction by completing the sections below.
- Health Care and Dependent Care Spending Account worksheets are available at [www.myFBMC.com](http://www.myFBMC.com) as well as at <http://das.ohio.gov/flexiblependingaccount>.
- If you have questions, consult your Flexible Spending Accounts Reference Guide, or call **Customer Care at 1-800-342-8017**.
- Your effective date will be the first of the month after receiving your enrollment form. Plan Year effective date is January 1, 2012.

**In Box #1**, indicate the dollar amount you elect to contribute for the 2012 plan year.

**In Box #2**, indicate the number of regular payroll checks from which deductions will be taken during the 2012 calendar year.

**In Box #3**, indicate the deduction amount per paycheck. (**Note:** If Box #2 times Box #3 does not equal Box #1 exactly, the amount in Box #3 may be changed slightly by Fringe Benefits Management Company, a Division of WageWorks, due to rounding.)

**By signing this form you certify that you expect to receive the number of paychecks listed in Box #2. If appropriate, decrease the number to allow for anticipated unpaid leave, or for planned retirement, or any other anticipated leave.**

HEALTH CARE SPENDING ACCOUNT	
Use your Health Care Spending Account for eligible uninsured, out-of-pocket medical expenses incurred by you, your family members or both. (Annual allowable maximum contribution per participant is \$3,000)	
<b>Box #1</b>	Total calendar year dollar amount from your worksheet _____
<b>Box #2</b>	24 for employees paid bi-weekly 12 for employees paid monthly            ÷            _____
<b>Box #3</b>	Reduction per regular paycheck            =            _____

DEPENDENT CARE SPENDING ACCOUNT	
TAX FILING STATUS— PLEASE CHECK ONE:	
<input type="checkbox"/> Married, filing separately [maximum - \$2,500]	<input type="checkbox"/> Married, filing jointly [maximum - \$5,000]
<input type="checkbox"/> Single, head of household [maximum - \$5,000]	
<b>Box #1</b>	Total calendar year dollar amount from your worksheet _____
<b>Box #2</b>	How many consecutive pay periods for payroll deduction? _____ Employees paid bi-weekly (max of 24) Employees paid monthly (max of 11)            ÷            _____
<b>Box #3</b>	Reduction per regular paycheck            =            _____

### IMPORTANT

- I hereby authorize my employer to reduce my gross salary before Medicare, local, state and federal income taxes are calculated by the total amount of annual salary deduction indicated above.
- I understand that any amount remaining in any Spending Account not used during this plan year will be forfeited since it cannot be carried forward to the next plan year.
- I understand that the funds in one Spending Account cannot be used to reimburse expenses covered by another Spending Account.
- I understand that expenses for which I am reimbursed cannot be deducted on my income tax return.
- I understand the amount of salary deduction will include the items specified above and will continue in effect unless I terminate employment before the end of the plan year or file an approved Change In Status Election Form with the contract administrator within 30 days of the event.

- I understand that the funds in any Spending Account can only be paid out to reimburse payment of eligible expenses actually incurred during my period of coverage.
- I understand and agree that my employer and Fringe Benefits Management Company, a Division of WageWorks, the contract administrator, will not incur any liability resulting from either my participation in any Spending Account or my failure to sign or accurately complete this Enrollment Form. I further understand that if I elect not to participate in salary deduction with respect to the benefits listed above, I hereby forego my right to participate during the upcoming plan year, unless otherwise provided by law.
- I certify that: 1) I will only use my Spending Account to pay for IRS-qualified expenses and only for my IRS-eligible dependents, 2) I will exhaust all other sources of reimbursement, including those provided under my employer's plan(s) before seeking reimbursement from my Spending Account, 3) I will not seek reimbursement through any additional source, and 4) I will collect and maintain sufficient documentation to validate the foregoing.

EMPLOYEE SIGNATURE	DATE SIGNED
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**SUBMIT YOUR COMPLETED FORM TO P.O. BOX 1878, TALLAHASSEE, FL 32302-1878 OR FAX TO (866) 672-4780.**

Sponsored by your employer and brought to you by

# **Fringe Benefits Management Company**

A Division of WageWorks

P.O. Box 1878 • Tallahassee, Florida 32302-1878  
Customer Care 1-800-342-8017 • 1-800-955-8771 (TDD)  
[www.myFBMC.com](http://www.myFBMC.com)

Information contained herein does not constitute an insurance certificate or policy. Certificates will be provided to participants following the start of the plan year, if applicable.



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The paper used to create this book is made  
from renewable forests using a sustainable  
management process and technologies.*



**Fringe Benefits  
Management Company**

A Division of WageWorks

3101 Sessions Road  
Tallahassee, FL 32303

**OhioDAS**

2012 Open Enrollment Materials