

2015 State of Ohio

Flexible Spending Accounts
Open Enrollment Materials

ENROLL ONLINE NOW

Flexible Spending
Accounts Reference Guide

Reference Guide

2015 Your Flexible Spending Accounts

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Register and Enroll online now!

If you haven't registered online yet, please do so today – to register, just visit www.wageworks.com and click "Log in / Register" and select "Employee Registration". You'll need to verify your employee status, confirm your contact information and create a username and password.

To enroll:

1. Select the Dashboard tab on the top menu bar
2. Click on the "Open Enrollment" button.
3. Select your annual amounts for each account.
4. Enter your demographic information

Questions? Ask us.

If you have any questions or concerns, you can talk to a trained expert to learn more about the program. Just call 1.855.428.0446 Monday through Friday, from 8 a.m. to 8 p.m. Eastern Time.

Download the EZ Receipts® mobile application.

Use your smartphone to file claims and take care of your account paperwork from anywhere. Go to www.wageworks.com to learn more

Welcome to WageWorks

WageWorks is the State of Ohio's Flexible Spending Account (FSA) administrator.

The Benefits of a WageWorks Flexible Spending Account (FSA)

Using your FSA will continue to be quick and convenient with WageWorks.

- ▶ **Enroll online** – Go to www.wageworks.com, click on the link "Log in/Register" and select "Employee Registration" follow the simple steps. After you have registered, you are ready to enroll. At the top of the page select the Dashboard tab and click on the "Open Enrollment" button.
- ▶ **Website** – Once enrolled in your FSA plan you will receive a QuickStart Guide, be encouraged to set up direct deposit reimbursements and access on-demand account activity statements. If you provide an email when registering, you will be able to receive up-to-date account and claims status information emails as well. The site has the ability to upload claims and has a "Pay My Provider" feature, which works like an online bill pay service, allowing you to send a payment directly from your FSA to a provider for eligible services rendered. If you have a smartphone you can also use the mobile application to file a claim and submit receipts.
- ▶ **Customer Service** – The WageWorks customer service team will be available from 8 a.m. to 8 p.m. Eastern Time to answer your questions. Just call the toll-free number 1.855.428.0446. Helpful tips, guides, video tutorials and FAQs are available online at: www.wageworks.com.

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.

Important Information for Plan Year 2015

Participants may contribute no more than **\$2,500** to their Health Care Spending Account. Keep this in mind when you are estimating your health care expenses for the 2015 plan year. Remember that the limit is per employee, so if you have a spouse with a Health Care Spending Account, they can contribute up to \$2,500 in their account as well, even if you both work for the State of Ohio.

A new rule now allows for \$500 of your remaining year-end Health Care Spending Account balance to be carried over to the next plan year.

Your Open Enrollment is:

**October 20 to
October 31, 2014.**

Your Period of Coverage is:

**January 1 to
December 31, 2015.**



Flexible Spending Accounts

There are two types of accounts: Health Care Spending Account (HCSA) and Dependent Care Spending Account (DCSA). A Flexible Spending Account (FSA) is an account set up to reserve money for your anticipated, eligible medical services and medical supplies that are not normally covered by your insurance, or for eligible dependent care expenses.

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.

FSA Savings Example*

	<i>(With FSA)</i>	<i>(Without FSA)</i>
Annual Gross Income	\$31,000.00	\$31,000.00
FSA Deposit for Eligible Expenses	<u>- 2,500.00</u>	<u>- 0.00</u>
Taxable Gross Income	\$28,500.00	\$31,000.00
Federal Taxes	<u>- 5,885.25</u>	<u>- 6,401.50</u>
Annual Net Income	\$22,614.75	\$24,598.50
Cost of Eligible Expenses	- 0.00	- 2,500.00
Spendable Income	\$22,614.75	\$22,098.50

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 **\$516.25!**

Budget conservatively. While you can now carry over up to \$500 of your Health Care Spending Account, no reimbursement or refund of Health Care Spending Account or Dependent Care Spending Account funds is available for services that do not occur within your plan year.

*** Based upon a 20.65% tax rate (15% federal) calculated on a calendar year.**

Managing Your Account

You can manage and check up on your account through WageWorks online or over the phone. The "Statement of Activity" page online details all of your account activity and will alert you if any WageWorks® Health Care Card transactions are in need of verification.

For the latest information, visit: www.wageworks.com and log into your account 24/7. In addition to reviewing your most recent FSA activity, you can:

- ▶ Update your account preferences and personal information.
- ▶ View your transaction and account history for the current plan year.
- ▶ Schedule payments to health care and dependent care providers.
- ▶ Check the complete list of eligible expenses for your FSA program.
- ▶ Pay many of your eligible health care and dependent care expenses online from your medical or dependent care FSA.
- ▶ Order additional WageWorks® Health Care Cards for your family.
- ▶ Manage your account while on the go via the WageWorks mobile website.
- ▶ Download the EZ Receipts® app so that you are able to file claims and take care of WageWorks® Health Care Card paperwork if you have a smartphone.
- ▶ Budget conservatively. No reimbursement or refund of Flexible Spending Account funds is available for services that do not occur within your plan year.

Flexible Spending Accounts

HCSA Eligibility

Your HCSA may be used to reimburse eligible expenses incurred by you, your spouse, your qualifying child or a qualifying relative. **For more information, please go to: www.wageworks.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 an HCSA. Only the custodial parent of divorced or legally-separated parents can be reimbursed using the DCSA.

Health Care Spending Account

Eligibility: Permanent full-time and permanent part-time **employees who have successfully completed their initial probationary period (if applicable).** Enrollment must occur within **31** 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 you, 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.

Annual Health Care Spending Account Limits:

Minimum Annual Deposit: \$240

Maximum Annual Deposit: \$2,500

Maximum Carryover: \$500

Carryover

You may carryover \$500 from one plan year to the next. This means that if you have up to \$500 left in your Health Care Spending Account on December 31, 2015, you can transfer that amount to the 2016 plan year. Please visit www.wageworks.com for more information regarding carryover.

Health Care Spending Account Fund Availability:

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.

NOTE: 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

Typical HCSA-Ineligible Expenses:

- ▶ insurance premiums
- ▶ vision warranties and service contracts
- ▶ cosmetic surgery not deemed medically necessary to alleviate, mitigate or prevent a medical condition

Typical HCSA Eligible Expenses

Use your FSA to save on hundreds of products and services for you and your family. Eligible expenses are defined by the IRS and your employer.

Eligible medical expenses

Typically, your HCSA covers:

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

Visit: www.wageworks.com for a list of frequently asked questions, or for more information, visit the Ohio Department of Administrative Services website at: das.ohio.gov/flexiblespendingaccount.

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

Flexible Spending Accounts

DCSA Eligibility

You may use your DCSA to receive reimbursement for eligible dependent care expenses for qualifying individuals. **For more information, please go to: www.wageworks.com.**

Note: There is no age requirement for a qualifying child if he/she 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 an HCSA. Only the custodial parent of divorced or legally-separated parents can be reimbursed using the DCSA.

Dependent Care Spending Account

Eligibility: Permanent full-time and permanent part-time employees who have a qualifying dependent(s). Enrollment must occur within **31** 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.

Dependent Care Spending Account Fund Availability:

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 Dependent Care Spending Account Limits:

Minimum Annual Deposit: \$240

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 \$2,500 per year for one dependent and \$5,000 per year for two or more dependents.

Carryover does not apply to DCSA.

NOTE: 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.

Typical DCSA-Ineligible Expenses:

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

Typical DCSA Eligible Expenses

Use your FSA to save on hundreds of products and services for you and your family. Eligible expenses are defined by the IRS and your employer.

Eligible dependent care expenses

Your DCSA typically covers expenses that allow you to work such as:

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

Flexible Spending Accounts

Using Your FSA Dollars

When you pay for an eligible health care or dependent care expense, you want to put your FSA to work right away. WageWorks gives you several options to use your money the way you choose.

Using your WageWorks® Health Care Card

Use your WageWorks Health Care Card (Card) instead of cash or credit at health care providers and pharmacies for eligible services, goods and prescriptions. You can also use the Card at general merchants and drug stores that have an industry standard (IIAS) checkout system that can automatically verify if the item is eligible for purchase with your account.

- ▶ Go to: www.sigis.com to review a list of qualified merchants, like drug stores, supermarkets and warehouse stores, that accept the Card.
- ▶ When you swipe your Card at the checkout, choose “credit” (even though it isn’t a credit card).
- ▶ Pay for services or purchases on the same day you receive them, such as copays, by presenting your health plan member ID card first, so the merchant can identify your co-pay or coinsurance amount and ensure the service is claimed to your health care, dental, or vision insurance plan.
- ▶ Save your receipts or digital copies. You will need them for tax purposes. Plus, even when your Card is approved, a detailed receipt may still be requested.
- ▶ If you’ve lost or can’t produce a receipt for an expense, your options may range from submitting a substitute receipt to repaying your FSA account for the amount of the transaction.
- ▶ If you use your Card at an eye doctor’s or dentist’s office, we will most likely ask you to submit an Explanation of Benefits (EOB) or other documentation for verification. Failure to do so will result in your Card being suspended.
- ▶ If you lose your Card, please call WageWorks immediately and order a new one. You will be responsible for any charges until you report the lost Card. For more information see “About Your Card.”
- ▶ Only use your card for payment of purchases or services received in the current plan year.

Using a Smartphone

With the EZ Receipts mobile app from WageWorks, you can file and manage your reimbursement claims and Card usage paperwork on the spot, with a click of a smartphone camera, from anywhere.

To use EZ Receipts:

- ▶ Download the app from www.wageworks.com.
- ▶ Log into your account.
- ▶ Choose the type of receipt from the simple menu.
- ▶ Enter some basic information about the claim or Card transaction.
- ▶ Use a smartphone camera or device to capture the documentation.
- ▶ Submit the image and details to WageWorks.

Paying online

You can pay many of your eligible health care and dependent care expenses directly from your FSA with no need to fill out paper forms*. It’s quick, easy, secure and available online at any time.

To pay a provider:

- ▶ Log into your account at: www.wageworks.com.
- ▶ Select the Dashboard tab at the top.
- ▶ Click the “Submit Receipt or Claim” button
- ▶ Select “Pay My Provider” from the menu and follow the instructions.
- ▶ Make sure to provide an invoice or appropriate documentation. When you’re done, WageWorks will schedule the checks to be sent in accordance with the payment guidelines. If you pay for eligible recurring expenses, follow the online instructions to set up automatic payments.

* You must, however, provide documentation. For more information about the documentation requirements and payment guidelines, see the FAQ posted at: www.wageworks.com/pmpfaq.

Filing a claim

You also can file a claim online to request reimbursement for your eligible expenses.

- ▶ Go to: www.wageworks.com, log into your account and select the Dashboard tab at the top.
- ▶ Click the “Submit Receipt or Claim” button
- ▶ Select the “Pay Me Back” button.
- ▶ Fill in all the information requested on the form and submit.
- ▶ Scan or take a photo of your receipts, EOBs and other supporting documentation.
- ▶ Attach supporting documentation to your claim by using the upload utility.

Required Documentation

- ▶ Make sure your documentation includes the five following pieces of information required by the IRS:
 - ✓ Date of service or purchase
 - ✓ Detailed description
 - ✓ Provider or merchant name
 - ✓ Patient name
 - ✓ Patient portion or amount owed

Most claims are processed within one to two business days after they are received, and payments are sent shortly thereafter. For assistance, visit: www.wageworks.com/techtips.

If you prefer to submit a paper claim by fax or mail, log into your account at: www.wageworks.com to download a Pay Me Back claim form and follow the instructions for submission.

WageWorks Health Care Card

About Your Card

While your WageWorks Health Care Card and account offer a great deal of convenience, both are regulated by IRS rules that all participants are required to follow. In most instances, you will be able to use your Card with little or no inconvenience. **There are, however, situations where the Card will be declined or you will be required to submit receipts and/or other documentation to verify that the item or service purchased was eligible.**

How To...

Use your Card

You can use your Card for:

- 1) For eligible goods and services at health care providers and select pharmacies within the current plan year.
- 2) Eligible over-the-counter (OTC) non-drug items at general merchandise stores (including most drugstores) that have an industry standard (IIAS) inventory and checkout system
- 3) Prescribed OTC drugs at the pharmacy counter, as long as the drug is dispensed as a valid prescription.

Go to: www.wageworks.com/healthcarereform to learn more about the OTC drug prescription requirement. In most instances, your Card transaction will be verified at checkout, which means you will not have to submit a receipt to WageWorks after the transaction. **You are, however, required to keep each receipt for tax purposes, and in the event it is needed for verification.**

Before shopping for prescriptions and over-the-counter items, always visit: www.sigis.com for a list of merchants that have an IIAS system in place.

Use your Card at the doctor or other health care provider

If you use the Card at a health care provider or at a pharmacy that does not have an IIAS system, WageWorks will likely require that you submit a receipt or your health insurance explanation of benefits (EOB) to verify that the transaction was for an eligible health care expense or service.

Verify a Card transaction after the purchase

If WageWorks is unable to determine that your Card was used to pay for eligible health care products and services, you will need to take the following action to verify the transaction:

- ▶ Log into your account at: www.wageworks.com
- ▶ Select Claims & Activity tab at the top
- ▶ Click on the "Submit Receipt or Claim" button on the left-hand side of the page
- ▶ Select the unverified transaction
- ▶ Scan and upload the corresponding receipt and/or documentation

If you have lost or misplaced the receipt, you can submit a substitute receipt of equivalent value or repay your account.

Make sure your receipts meet the requirements for verification

In order for the receipt (or any documentation) to be valid, it must include all specific pieces of information required by the IRS:

- ▶ Patient name
- ▶ Provider name
- ▶ Date of service
- ▶ Type of service
- ▶ Amount charged or your cost (e.g. your deductible or co-pay amount or the portion not covered by your insurance)
- ▶ Prescription number (OTC prescription drugs). If not included, a copy of the prescription must accompany the receipt. Receipts must be dated within the plan year.

Quick Tips

Log into your account at: www.wageworks.com regularly to see if you have any Card transactions in need of verification.

If you have a Card transaction that requires verification, you will be notified immediately on the Welcome page upon login and via email. Remember to also monitor the Statement of Activity page for pending transactions, as it can take up to three weeks to verify a purchase. If a pending transaction cannot be verified, the Status will update to "Receipt Needed."

Avoid problems: Act quickly to resolve all unverified transactions.

You have 90 days from the date of the transaction to take care of any outstanding unverified purchases. If you do not take action within 90 days:

1. The amount of any outstanding unverified Card transactions may be deducted from your next Pay Me Back claim submission.
2. Your Card will be suspended.

If your Card is suspended, it will be reactivated within 24 – 48 hours after receipts or repayment have been processed for all unverified Card transactions.

Know when a Card transaction needs to be verified

WageWorks will notify you of any Card transactions that require attention by email and when you log into your account.

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 (\$2,500 for a Health Care Spending Account, or \$5,000 for a Dependent Care Spending Account).

Be conservative in your estimates. Only \$500.00 of the remaining year-end balance of your Health Care Spending Account may be carried forward to the next plan year. Please remember the \$500.00 carryover does not apply to the Dependent Care Spending Accounts.

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 ANNUAL ELECTION AMOUNT \$ _____

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 ANNUAL ELECTION AMOUNT: \$ _____

Please remember, your total deduction cannot exceed IRS limits for the plan year and calendar year.

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.

Visit www.wageworks.com or call Customer Service to enroll.

Changing Your Coverage

Within **31 days** of a qualifying event, you must submit a Enrollment/Change in Status (CIS) Form and supporting documentation to 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.

Changes in Status:

Marital Status

A change in marital status includes marriage, death of a spouse, divorce or annulment (legal separation is recognized under the State of Ohio's plan per Ohio law).

Change in Number of Tax Dependents

A change in number of dependents status 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.

Change in Status of Employment Affecting Coverage Eligibility

Change in employment status of the employee, or a spouse or dependent of the employee, that affects the individual's eligibility under the State of Ohio's plan, including commencement or termination of employment.

Gain or Loss of Dependents' Eligibility Status

An event that causes an employee's dependent to satisfy or cease to satisfy coverage requirements under the State of Ohio's plan. May include change in age, student, marital, employment or tax dependent status.

Change in Residence¹

A change in the place of residence of the employee, spouse or dependent that affects eligibility to be covered under the State of Ohio's plan, including moving out of an PPO service area.

Some Other Permitted Changes:

Coverage and Cost Changes¹

The State of Ohio 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.

Open Enrollment Under Other Employer's Plan¹

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:

- ▶ the other employer's plan has a different period of coverage (usually a plan year) or
- ▶ the other employer's plan permits mid-plan year election changes under this event.

Judgment/Decree/Order²

If a judgment, decree or order from a divorce, legal separation (as recognized under the State of Ohio's plan), 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.

Medicare/Medicaid²

Gain or loss of Medicare/Medicaid coverage may trigger a permitted election change.

Health Insurance Portability and Accountability Act of 1996 (HIPAA)

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 31 days of one of the following CIS events: birth, adoption or placement for adoption. Note: A Health Care Spending Account is not subject to HIPAA's special enrollment provisions if it is funded solely by employee contributions.

Family and Medical Leave Act (FMLA) Leave of Absence

Election changes may be made under the special rules relating to changes in elections by employees taking FMLA leave.

Notes:

1 Does not apply to a Health Care Spending Account plan.

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

COBRA for Health Care Spending Accounts

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 the State of Ohio’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, COBRA coverage allows you to 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.

For More Information

This COBRA section does not fully describe continuation coverage or other rights under the Plan. 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.

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.

Terminate Employment

If you terminate your employment, retire or go on unpaid leave, you can continue certain HCSA benefits by calling WageWorks Customer Service at 1-877-502-6272 , Monday - Friday, 8 a.m. - 8 p.m. or visit www.wageworks.com. According to federal and state law, you can continue your own and your dependents’ coverage if you terminate employment or have certain other Qualifying Events under COBRA. You will be notified of your rights and any containable benefit you may have after WageWorks has been notified of your qualifying event or termination.

If you choose not to enroll in COBRA, your benefits will terminate at the end of the month in which the event occurred. You have 90 days to file any additional claims to your account. Any unclaimed funds will be forfeited according to IRS regulations.

Beyond Your Benefits

The Fine Print

Notice of Administrator's Capacity

This notice advises Flexible Spending Account participants of the identity and relationship between your employer and WageWorks. We are not an insurance company. We have been authorized by your employer to provide administrative services for the Flexible Spending Account plans offered herein. We 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.

SPENDING ACCOUNT ENROLLMENT FORM

You must complete this form if you wish to start a tax-free Health Care Spending Account.

For Open Enrollment Only: You may enroll online at www.wageworks.com



HEALTH CARE

Name (Please Print) Last		First	MI	State of Ohio User 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"/> NEW HIRE <input type="checkbox"/> CHANGE IN STATUS PROBATIONARY END DATE: _____					
CHANGE TYPE: _____ DATE: ____/____/____					

- Indicate the amount you wish to pay through tax-free salary deduction completing the section below.
- For assistance, complete the Health Care Spending Account worksheets available at: <http://das.ohio.gov/flexiblespendingaccount>.
- If you have questions, consult your Flexible Spending Accounts Reference Guide, or call **Customer Service at 1.855.428.0446**.
- Your effective date will be the first of the month after receiving your enrollment form or January 1, 2015 if completed during open enrollment.

In **Box #1**, indicate the dollar amount you elect to contribute for the 2015 calendar year.

By signing this form you certify that you expect to receive payroll deductions to support your annual election amount. If necessary, decrease the election amount to allow for anticipated unpaid leave, planned retirement, mid-year enrollment, 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 minimum contribution per participant is \$240. The maximum contribution per participant is \$2,500)

Box #1 Total calendar year dollar deduction amount \$ _____

To be eligible, you must be a permanent full-time or permanent part-time employee who has successfully completed your initial probationary period (if applicable). Enrollment must occur within 31 days of eligibility or during the open enrollment period. Deductions will be taken the first 24 pay periods of the calendar year unless you are paid monthly.

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 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 calendar year or file an approved Change In Status Election Form with the contract administrator within 31 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 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 calendar 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 1850, TALLAHASSEE, FL 32302-1850 OR FAX TO 1-866-672-4780.

SPENDING ACCOUNT ENROLLMENT FORM

You must complete this form if you wish to start a tax-free Dependent Care Spending Account.

For Open Enrollment Only: You may enroll online at www.wageworks.com



DEPENDENT CARE

Name (Please Print) Last		First	MI	State of Ohio User 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"/> NEW HIRE <input type="checkbox"/> CHANGE IN STATUS					
CHANGE TYPE: _____ DATE: ____/____/____					

- Indicate the amount you wish to pay through tax-free salary deduction completing the section below.
- For assistance, complete the Dependent Care Spending Account worksheets available at: <http://das.ohio.gov/flexiblespendingaccount>.
- If you have questions, consult your Flexible Spending Accounts Reference Guide, or call **Customer Service at 1.855.428.0446**.
- Your effective date will be the first of the month after receiving your enrollment form or January 1, 2015 if completed during open enrollment.

In Box #1, indicate the dollar amount you elect to contribute for the 2015 calendar year.

By signing this form you certify that you expect to receive payroll deductions to support your annual election amount. If necessary, decrease the election amount to allow for anticipated unpaid leave, planned retirement, mid-year enrollment, or any other anticipated leave.

DEPENDENT CARE SPENDING ACCOUNT

TAX FILING STATUS -PLEASE CHECK ONE:

Annual allowable minimum contribution per participant is \$240.

- Married, filing separately [maximum - \$2,500] Married, filing jointly [maximum - \$5,000] Single, head of household [maximum - \$5,000]

Box #1 Total calendar year dollar deduction amount \$ _____

To be eligible, you must be a permanent full-time or permanent part-time employee who has a qualified dependent. Enrollment must occur within 31 days of eligibility or during the open enrollment period. Deductions will be taken the first 24 pay periods of the calendar year unless you are paid monthly.

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 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 calendar year or file an approved Change In Status Election Form with the contract administrator within 31 days of the event.
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- 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 1850, TALLAHASSEE, FL 32302-1850 OR FAX TO 1-866-672-4780.

Questions?

Helpful tips, guides, video tutorials and FAQs are available online at: www.wageworks.com. WageWorks Customer Service professionals also are standing by to help you. Just call 1.855.428.0446, Monday – Friday, 8 a.m. – 8 p.m. ET.

Your Employer and WageWorks

This program is sponsored by your employer and brought to you by WageWorks — the nation's leading provider of consumer-directed savings and spending accounts. WageWorks sets the standard for convenience and flexibility with easy access to your account, no-hassle payment options, comprehensive online tools, and expert support. Millions of employees nationwide enjoy the WageWorks advantage to save money and make smart choices about their health care, dependent care, and commuter expenses.

WageWorks
Flexible Spending Account

OhioDAS

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Wage**Works** 

3101 Sessions Road
Tallahassee, FL 32303

Ohio**DAS**

2015 Open Enrollment Materials
