



FLEXIBLE SPENDING ACCOUNT PLAN

MACOMB SCHOOL DISTRICT #185

Enrollment Kit: Plan Year January 1, 2021 – December 31, 2021

KIT CONTENTS:

- Welcome Memo
- Overall Plan Guidelines
- Health Flexible Spending Account Details
- Dependent Care Flexible Spending Account Details
- FAQ (Frequently Asked Questions)
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ENROLLMENT ASSISTANCE:

The IPMG Employee Benefits Services Flexible Spending Account Department will gladly answer any questions you may have prior to enrolling. Please contact a representative via the website or by phone.

www.in-sightonline.com

Inside Illinois: 630-789-2082

Outside Illinois: 800-423-1841

Customer Services Hours:

Monday through Friday 8:00 AM-5:00 PM

IMPORTANT DATES TO REMEMBER:

Plan Year:

January 1 through December 31, 2021

Enrollment Deadline:

December 2, 2020

Claim Submittal Deadline:

March 31, 2022

EVERY JANUARY 1 YOU ARE GIVEN THE OPPORTUNITY TO TAKE ADVANTAGE OF IRS REGULATIONS BY SAVING TAXES ON:

- Expenses incurred for health care services and supplies that are not reimbursed by your group insurance plan or other plans
- Expenses for dependent care (daycare services)

THE TAX SAVINGS

Savings are achieved because payment for these expenses is made with pre-tax dollars—before Federal and State income taxes (and if applicable FICA taxes) are deducted from your paycheck. Depending on your personal tax situation, tax savings should range from 10% to 37% of the money you already spend for these expenses.

FLEXIBLE SPENDING ACCOUNTS

- The pre-tax money deducted from your paycheck is deposited into an account and reimbursed as expenses are incurred. A **Health Flexible Spending Account** may be used for expenses not reimbursed by your group insurance plan, other plans and other IRS approved expenses.
- **A limited purpose flex account can be elected for those that have a high deductible plan with an HSA account.**
- A **Dependent Care Flexible Spending Account** may be used for daycare expenses incurred while you and your spouse work. You may elect one or both of these accounts.

HIGHLY COMPENSATED EMPLOYEES

A highly compensated employee is one whose salary was more than \$130,000 for 2020. The IRS requires compliance testing if any highly compensated employee elects either a Health Flexible Spending Account, a Limited Purpose Spending account and/or a Dependent Care Flexible Spending Account. Compliance testing ensures that a company's Medical or Dependent Care FSA treats all employees equally and does not favor highly compensated employees. If you are in the category of a highly compensated employee, the maximum flexible spending contribution may be adjusted due to the calculations done after all the enrollment forms have been received.

OPEN ENROLLMENT

To enroll, complete the attached Flexible Spending Account Enrollment Form and submit to Macomb School District #185.

The deadline for enrollment form submittal is December 2, 2020.

QUESTIONS

If you have questions regarding open enrollment or require specific information prior to enrolling, please contact the IPMG Employee Benefits Services Flexible Spending Account Department via email or phone number found on the front page of this Enrollment Kit.

PRE-TAX PREMIUM

The Pre-Tax Premium allows contributions of the Macomb School District #185 flexible spending plans to be deducted from your paycheck before taxes are applied. **Employees who have deductions from their Macomb School District #185 paycheck for the group insurance plan are automatically enrolled in this option.**

This portion of the plan is a “Salary Reduction” plan. You pay your share of the cost of your benefits by having your compensation reduced on a pre-tax basis. The amount of your elected salary reduction is deducted from your gross income before federal and state taxes, which lowers your taxable income and increases your take-home pay.

Contact your tax advisor for more details on the advantages of Pre-Tax Deductions.

NOTE: If you want the premium deducted on an after-tax basis, you must notify Macomb School District #185 during the open enrollment period.

HEALTH FLEXIBLE SPENDING ACCOUNT

A Health Flexible Spending Account is designed to save taxes on money spent for medical, dental, vision care, and other IRS approved expenses *not* reimbursed by insurance. Prior to enrolling, estimate the amount of unreimbursed medical and dental expenses (and other IRS approved expenses) that you and your family will incur during your eligibility period within the January 1 to December 31, 2021 plan year. The amount you select per year (maximum of \$2,750 per employee, minimum \$120.00) is deducted from your pay before taxes, deposited into your Health FSA and paid to you upon a claim submittal.

SPECIAL NOTE FOR HSA ACCOUNT HOLDERS

If you or your spouse have a high deductible plan with an HSA account, you may elect a limited purpose Health Flexible Spending Account for dental and vision expenses only. Any expenses other than dental and vision will not be eligible from the Flex Account. This includes expenses for any dependents that are under age 26 and are not covered under your HDHP plan. Only dental and vision expenses are eligible.

NOTE: For a Health FSA, the IRS considers a dependent as any family member claimed as a tax dependent on your federal income tax return. This includes your spouse, dependent children up to age 26 and dependent adults (over age 26 and disabled).

DEPENDENT CARE FLEXIBLE SPENDING ACCOUNT

A Dependent Care Flexible Spending Account is a pre-tax benefit account used to pay for eligible dependent care services, such as pre-school, summer day camp, before or after school programs, and child or adult daycare services during the hours you and your spouse work. Prior to enrolling, estimate the amount of money spent on dependent care services for the care of a child (age 12 and under), a disabled spouse, or other dependent (age 13 and older) incurred during your eligibility period within the January 1 through December 31, 2021 plan year. The maximum for this account per year is \$5,000.00 per family or \$2,500 if you are married and filing separately. The amount selected is deducted from your pay before taxes, deposited into your Dependent Care FSA and paid to you upon a claim submittal.

NOTE: For a Dependent Care FSA, the IRS considers a dependent as any family member claimed as a tax dependent on your federal income tax return. This includes your spouse, dependent children up to age 26 and dependent adults (over age 26 and disabled).

DEPENDENT CARE FSA VS. CHILD & DEPENDENT TAX

You may opt for the Child and Dependent Care Tax Credit or the Dependent Care FSA to save taxes for dependent care services for a child under age 13, or a disabled dependent so that you and your spouse can work.

In order to determine the best approach for your situation, you need to consider the following variables:

- Number of dependents requiring dependent care
- The amount you pay for dependent care
- Your adjusted gross income

Generally, the method to determine which approach is most effective for your situation is to compare each method by:

1. Applying the Tax Credit percentage from IRS form 2441 to your expected dependent care expense for this plan year (NOTE: the maximum annual allowable fees are \$3,000 for one dependent and \$6,000 for two or more); and,
2. Estimating your taxes for this plan year by applying the appropriate Federal and State tax percentages to your expected dependent care cost for this plan year (up to a maximum of \$5,000 or \$2,500 if married and file separate Federal income tax returns) and, if applicable, including 7.65% for your FICA contribution. The Federal income tax rate is 10% - 37%, depending on your adjusted gross income and filing status. The state income tax rate is 4.95%.

In some cases, a Dependent Care FSA will save more taxes than the Child and Dependent Tax credit. If you have questions regarding the approach that best suits your specific circumstances, please contact your tax advisor.

FLEXIBLE SPENDING ACCOUNTS: THE DETAILS

HEALTH FSA

You may advance on your maximum at any time during the plan year. Upon claim submittal, reimbursement is made for the total amount of eligible expenses submitted or your elected account maximum—whichever is less.

It is not necessary to be enrolled in the Macomb School District #185 group insurance plan to enroll in an FSA account.

DEPENDENT CARE FSA

You may only be reimbursed the amount currently contributed to your account. If a claim is made for more than the account balance, the available balance is reimbursed and the remaining claim amount will pend future deposits. As deposits are received, IPMG Employee Benefits Services will automatically make payments to you for the unpaid portion of the original claim. Claims are processed **after** the dates of service have been incurred. You must include the social security or tax ID number of the provider of service on each claim submittal.

The IPMG Benefits Master Card does not apply to a Dependent Care FSA.

FLEXIBLE SPENDING ACCOUNT IRS RESTRICTIONS:

The IRS has placed restrictions on Flexible Spending Accounts. Planning and careful estimating is key for achieving maximum savings. A Flexible Spending Account worksheet (attached) will assist you in estimating your election for this plan year. The following list includes some IRS restrictions:

- Funds may not be transferred between accounts.
- Funds remaining in your account after the plan year ends are forfeited.
- Funds remaining in your account may not be refunded to you.
- Funds may not roll over to the next plan year.
- Funds in your account may not accrue interest.

ELECTION IRREVOCABILITY:

Once enrolled, you may not change your annual election until the beginning of the next plan year (January 2022) unless you have an IRS qualifying event. Your election change must be on account of and consistent with the event.

For example, the birth of a child may increase your out-of-pocket expense, therefore it would be consistent to increase your annual election to cover the baby's expense.

You must submit your election change in writing to Macomb School District #185 within 30 days of the qualifying event.

You may elect one or both accounts. Each year, you must make a new election by submitting an enrollment form designating your participation in one or both accounts.

THE IPMG BENEFITS MASTERCARD

The IPMG Benefits MasterCard is a debit card used in conjunction with your Health FSA. This debit card is loaded with your annual maximum election at the beginning of the plan year, allowing you to pay for eligible expenses at approved merchants at the point of sale. Merchants include doctor offices, vision care providers, pharmacies, etc. Swipes made at these providers are either auto-adjudicated or require retro-adjudication.

RETRO-ADJUDICATION

This type of approval requires substantiation of your swipe by sending in follow-up documentation. When a swipe requires retro-adjudication, the following steps will occur:

- You will receive an e-mail or postal letter requesting documentation to support the swipe.
- Submit a copy of the e-mail or postal letter with the documentation attached to IPMG Employee Benefits Services.
- IPMG Employee Benefits Services will review the documentation and approve the swipe or request additional documentation if necessary.
- If documentation is not submitted within a 20 and/or 40-day period, successive letters are sent. If documentation is not sent within 60 days, your card will be deactivated until the documentation is submitted.

AUTO-ADJUDICATION

This type of approval is automatic at the time of purchase and does not require follow-up documentation to substantiate the swipe. The following includes those items that are auto-adjudicated:

- Purchases made at CVS/Caremark, Jewel/Osco, Meijer, Sam's Club, Target, Walgreens, and Wal-Mart for FSA eligible items.
- Prescriptions made at a pharmacy in the exact co-pay amounts specified in your health plan.
- Co-payments made at medical offices in the exact co-pay amounts specified in your health plan.

In order to elect this option, you must keep your mailing address current and supply an e-mail address where requests for documentation may be sent. Cards are available for spouses free of charge.

ELECTION CHANGES: WHEN & HOW

Once enrolled in the Pre-Tax Premium, Health FSA and/or a Dependent Care FSA, you cannot change your election until the beginning of the next plan year (January 1) unless you have an IRS qualifying event. The election change (i.e. increase or decrease in your Health FSA or Dependent Care FSA maximum) must be consistent with the IRS qualifying event. These events are defined in the list below. Although most events apply to both options, some only apply to a specific option as notated.

1. Change in an employee's legal marital status including marriage, divorce, death of spouse, legal separation, and annulment.
2. Change in employee's number of dependents due to birth, adoption, placement for adoption, or death.
3. Change in employment status of the employee, employee's spouse, or employee's dependent due to a termination or commencement of employment; strike or lockout; a commencement of or return from an unpaid leave of absence; a change in the worksite.
4. Employee's dependent satisfies or ceases to satisfy dependent eligibility requirements (only applies to Pre-Tax Premium).
5. Change in the place of residence of the employee, employee's spouse or dependent (only applies to the Pre-Tax Premium).
6. The commencement or termination of adoption proceedings.
7. Any legal judgments, decrees, or orders.
8. HIPAA special enrollment events (only applies to the Health FSA).
9. Any COBRA events (does not apply to Dependent Care FSA).
10. Entitlement to Medicare or Medicaid (does not apply to Dependent Care FSA).
11. Changes in the cost of a plan with automatic salary reduction adjustments; significant changes in cost and curtailment of coverage; significant changes in the coverage of the plan of the employer of the spouse or dependent (only applies to the Pre-Tax Premium).
12. Any dependent care service provider changes or cost of care changes (only applies to Dependent Care FSA).
13. **The IRS has considered COVID-19 a qualifying event to make changes to or stop contributions to Flexible Spending Accounts. This rule is subject to change.**

YOUR ELECTION CHANGE MUST BE SUBMITTED TO MACOMB SCHOOL DISTRICT #185 WITHIN 30 DAYS OF THE QUALIFYING EVENT.

ELIGIBLE EXPENSES

Expenses covered by Macomb School District #185 group insurance plans or other plans (i.e. your spouse's plan) but not reimbursed because of deductibles, co-payments, or co-insurance.

Expenses that may not be covered by your group insurance plan, including (but not limited to):

- Charges in excess of reasonable and customary expenses, or charges denied over a maximum.
- Prescription vision expenses including optometrist services, eyeglasses, contact lenses, LASIK eye surgery, and contact lens solution.
- General physical exams (except those related to summer camp, sports, employment, or a hobby).
- Immunizations and Well-Baby Care.
- Acupuncture performed by a licensed practitioner.
- Smoking cessation program prescribed by a physician and related drugs purchased with an FDA approved prescription.
- Weight loss program and/or prescription drugs prescribed by a physician to treat an illness or condition (the cost of food items is not eligible). **Note: These expenses require a letter of medical necessity from the prescribing physician.**
- Medical supplies purchased to treat an illness, injury, or condition.
- Vitamins, supplements, minerals, and herbs prescribed by a physician to treat an injury, illness, or condition. **Note: These expenses require a letter of medical necessity from the prescribing physician.**
- Individual psychiatric or psychological counseling; hypnosis for treatment of an illness.
- Orthodontic procedures and services.
- Services for chromosome or fertility studies.

Transportation to receive medical care including fares for public transportation, tolls and parking. Mileage for medical care is reimbursed at the IRS standard rate. A MapQuest or similar printout must be submitted along with the Explanation of Benefits Sheet for the date of service requested.

Hearing aids, special instructions or training for the deaf, the cost of acquiring and training a dog for the deaf, and special telephone and audio display equipment for the deaf.

Birth control pills and over-the-counter birth control supplies.

Tutoring by a licensed therapist for a child with severe learning disabilities and special schooling for handicapped. Lifetime care advance payment to a private institution for lifetime care, treatment, or training of mentally or physically handicapped patient. Special car controls for the handicapped.

NON-ELIGIBLE EXPENSES

Insurance premiums to carry individual or group insurance coverage.

Marriage or family counseling.

Cosmetic procedures, supplies, and prescriptions that are performed or provided solely for cosmetic purposes.

Household and domestic help (even if recommended by a physician due to an employee's or dependent's inability to perform physical housework).

Custodial care in an institution.

Tuition and related fees sending a problem child to a special school to benefit the child via various courses of study and disciplinary methods.

Health club, spa or YMCA dues, steam bath, or massage.

Social activities, such as dance lessons or self-improvement classes (even if recommended by a physician for general health improvement).

Nursing bras or equipment, diaper service, infant hygiene products (i.e. diapers, wipes, etc).

Teeth bleaching for cosmetic purpose.

Vitamins, supplements, minerals, and herbs taken for general health, well-being or nutrition even if prescribed by a practitioner. Over-the-counter products used for personal hygiene, general care or well-being (i.e. deodorant, manual & electric toothbrushes, cotton balls, tissue). Over-the-counter products considered "dual purpose" by the IRS (i.e. cotton swabs, chap stick, fiber laxatives).

DUE TO CARES ACT, THERE ARE NEWLY COVERED EXPENSES:

MENSTRUAL PRODUCTS:

- TAMPONS
- SANITARY NAPKINS/PADS
- MENSTRUAL CUPS

OVER THE COUNTER (OTC) MEDICATIONS – NO PRESCRIPTIONS

- COUGH/COLD MEDICINE
- PAIN RELIEVERS
- ALLERGY MEDICINE
- ACID REFLUX MEDICINE
- ORAL PAIN RELIEF GEL
- ANTACIDS
- STOOL SOFTENER
- ASPIRIN
- ANTI-DIARRHEAL MEDICINE
- ANTIBIOTIC OINTMENT

FAQ: YOUR MOST COMMON QUESTIONS ANSWERED

Q: How much can I save?

A: The amount of your expenses and your adjusted gross income determine how much you will save. By electing one (or both) FSA accounts, you will not have to pay Federal and State income taxes, and if applicable, FICA taxes on the income you use to pay for eligible health and dependent care expenses.

Q: Are there any potential disadvantages in electing a Health FSA or Dependent Care FSA?

A: The IRS has placed the following restrictions on FSAs:

- If you do not use all of the money you deposit during the plan year it is forfeited.
- Remaining funds cannot be rolled over into a new account, cannot be returned, and cannot be transferred between accounts.
- You cannot change the amount of your election during the plan year unless you have an IRS qualifying event.
- If you are eligible for Social Security, the reduction in your FICA wages may slightly reduce your survivor and disability benefits.

Q: What qualifications must I meet to be eligible to participate?

A: You must be a full time employee at Macomb School District #185 working at least 35 hours per week.

Q: If I elect the "IPMG Benefits Master Card" and swipe at a merchant, what type of documentation is required?

A: If the swipe is in the amount of an approved co-pay for a medical visit or a prescription, you will not need to submit follow-up documentation. If the swipe for eligible FSA items is made at a provider listed on page 6, you will not need to submit follow-up documentation. For other swipes when documentation is requested, a copy of the insurance explanation of benefits, itemized bill from the provider, pharmacy, or prescription receipt may be requested. A swipe transaction requiring follow-up documentation initiates a letter sent to you via email or postal mail. Please submit documentation to Lindsey Santora in our Flex Department. We recommend saving ALL receipts from purchases when you swipe your card.

Q: How do I claim expenses for orthodontia?

A: A copy of the orthodontic contract and any explanation of benefits sheets must be submitted. Once on file, any swipes can be auto-approved. Manual claims must have a paid receipt.

Q: Can I change the amount of my deduction during the plan year?

A: You can only change or stop your deduction if you have an IRS qualifying event. Your election change must be on account of and consistent with the event and submitted in writing to Macomb School District #185 within 30 days of the event change.

Q: Is the Dependent Care FSA going to generate more savings than the Child and Dependent Care Tax Credit on my Federal tax return?

A: This answer depends on several variables; the number of dependents receiving care, the cost for the care, and your adjusted gross income.

Q: What type of expenses are eligible from a Dependent Day Care Account?

A: Services associated with the care of dependents (age 12 and under, or age 13 and over and disabled) during the hours that you and your spouse work. Most types of daycare services are covered, including care in your home, in a provider's home, or in a dependent care facility. Tuition of kindergarten and above grade levels is not eligible for reimbursement. You must provide the Social Security or Tax Identification number of the provider of service when you request reimbursement.

Q: How can I avoid the possibility of losing money?

A: Careful estimating should avoid forfeiture of contributions. **For a Health FSA**, review your family's medical expense history and know your group insurance benefits. Many expenses are predictable, as in the case of routine medical exams, orthodontia, prescriptions, and eyeglasses. **For a Dependent Day FSA**, know what your daycare provider is currently charging and if there are potential increases or decreases in the cost of childcare. Calculations should account for only those hours you and your spouse are working. School tuition (kindergarten and above grade levels) is not eligible for reimbursement as a dependent care expense.

Q: If I elect the "IPMG Benefits MasterCard" can I still submit manual claims?

A: YES. Circumstances may require the submittal of a manual claim at times. You have the ability to use both methods of reimbursement upon election of a Health FSA with an IPMG Benefits MasterCard. All manual claims should be sent to the IPMG Flexible Spending Account Department. Complete the reimbursement form and submit it with copies of your receipts for reimbursement.

FAQS (CONTINUED)

Q: What happens if I take a leave of absence or if I'm on a disability leave?

A: If you are on an unpaid leave of absence, you are able to terminate from the program because an unpaid leave of absence is an IRS qualifying event. If you do not want to terminate or if you are on disability leave, deductions must still be taken from your earnings. The schedule of deductions taken during this time is handled on a case-by-case basis. You must notify Macomb School District #185 to make arrangements.

Q: What happens to the money if I leave my employer before the plan year ends?

A: You may continue to submit expenses (incurred prior to your leaving) to the claims administrator (IPMG Employee Benefits Services) until the account balance for the plan year is expended. If you terminate before all contributions are made and you have a positive balance in your Health FSA, you may be able to continue your eligibility through a COBRA extension (COBRA does not apply to the Dependent Care FSA.)

Q: What happens to the money remaining in my account should I forfeit?

A: Per the IRS, it remains with Macomb School District #185.

Q: Why can't I get my money back if there's any left in my Account?

A: IRS regulations do not allow an employer to return the money.

Q: Can I enroll in the future if I don't enroll this year?

A: Yes, you have the opportunity to enroll at the beginning of each new plan year (January) or if you have an IRS qualifying event.

Q: How do I enroll?

A: Complete the attached enrollment form and submit to Macomb School District #185 by December 2, 2020. If you would like further information prior to enrolling, contact the IPMG Flexible Spending Account Department for assistance.

ESTIMATING YOUR EXPENSE

To properly estimate your account maximum, include only those expenses you and your dependents will incur during this plan year. Identify services and supplies that are FSA eligible and calculate your total out-of-pocket liability after any and all insurance plans make benefit payments.

- Estimate for services incurred **only** during this **January 1 through December 31, 2021** plan year.
- **KNOW YOUR INSURANCE BENEFITS.** In order to estimate your out-of-pocket expenses accurately, you will need to estimate potential insurance benefits during this plan year.
- Review the list of eligible and non-eligible expenses.
- Focus on **predictable** expenses—those expenses you **KNOW** you will incur, and not expenses you think you might incur.
- **Dependent care expenses are eligible only for services provided during the hours that you and your spouse work.** You must provide the social security or tax identification number of the provider of service, and you cannot be reimbursed for payment made in advance of services rendered.

YOUR ACCOUNT MAXIMUM SHOULD EQUAL THE AMOUNT OF YOUR ULTIMATE LIABILITY FOR THE PLAN YEAR. WE ENCOURAGE YOU TO COMPLETE THE ATTACHED WORKSHEET TO HELP ESTIMATE YOUR MAXIMUM.

FLEXIBLE SPENDING ACCOUNT WORKSHEET

HEALTH FSA		\$2,750 Maximum per Employee	
Medical Care Expenses	Deductible(s)	\$	
	Co-insurance/Co-payment(s)	\$	
Dental/Orthodontia Expenses	Deductible(s)	\$	
	Co-insurance/Co-payment(s)	\$	
Eye Exams/Glasses/Contact Lenses		\$	
Routine Office Visits/Wellness		\$	
Immunizations/Inoculations		\$	
Other:		\$	
Other:		\$	
Other:		\$	
Healthcare FSA Election Total		\$	
Divide by 12 pay periods		\$	
Deduction from each pay period		\$	

DEPENDENT CARE FSA		\$5,000 Maximum per Family	
Provider:		\$	
Provider:		\$	
Provider:		\$	
Dependent Care FSA Election Total		\$	
Divide by 12 pay periods		\$	
Deduction from each pay period		\$	

Insert the "Election Total" and the "Amount per pay period" in the appropriate boxes on the enrollment form.



**FLEXIBLE SPENDING ACCOUNT PLAN
MACOMB SCHOOL DISTRICT #185
ENROLLMENT FORM: PLAN YEAR JANUARY 1 – DECEMBER 31, 2021**

YOUR INFORMATION

Alternate ID/Social Security #		Date of Birth	/ /	
Last Name		First Name		
Gender		Marital Status		
Street Address				
City		State		Zip Code

HSA ACCOUNT HOLDER – Please check “Yes” if you or your spouse have a High Deductible Health Insurance Plan with an H.S.A. Account. You will only be eligible for the Limited FSA Plan which only covers Vision and Dental since your out of pocket medical expenses can be paid with H.S.A. Account funds. (enrollment will not be accepted without this information)

YES NO

HEALTH FSA (\$2,750 Maximum)

Annual Maximum	\$
Pay Period Amount (divide by 12 pay periods)	\$

DEPENDENT CARE FSA (\$5,000 Maximum)

Annual Maximum	\$
Pay Period Amount (divide by 12 pay periods)	\$

IPMG BENEFITS MASTERCARD OPTION

I request an IPMG Benefits MasterCard for use in conjunction with my Health FSA election. I understand I may only use this card for eligible medical expenses at the point of sale incurred during the plan year, and that I must submit documentation to substantiate swipes made with this card.

Email Address				
If you would like a spouse/dependent card please provide:				
Spouse/Dependent Name		Date of Birth	/ /	SSN

I understand that these elections are irrevocable until January 1, 2022 except in the event of an IRS qualifying event, and any money remaining in the Health FSA or Dependent Care FSA after the March 31, 2022 deadline will be forfeited.

Employee Signature		Date	/ /
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DECLINATION OF PARTICIPATION

I decline participation in both Flexible Spending Accounts for the January 1 through December 31, 2021 plan year.

Employee Signature		Date	/ /
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THE DEADLINE TO SUBMIT ENROLLMENT IS DECEMBER 2, 2020.

YOUR INFORMATION				
Employer Name		Phone		
Social Security #		Email Address		
Employee Name				
Street Address				
City		State		Zip Code

BANK INFORMATION	
I REQUEST MY SECTION 125 REIMBURSEMENT DIRECT DEPOSIT TO BE PLACED IN THE FOLLOWING ACCOUNT:	
Bank Name	
Bank ABA Number	
Account Number	
Type of Account	<input type="checkbox"/> SAVINGS <input type="checkbox"/> CHECKING
<i>Please provide a voided check for the checking account listed above. We will not process without a voided check. (DO NOT use a deposit slip as the number could be invalid.)</i>	

I authorize my Section 125 Health FSA and/or Dependent Care FSA reimbursements to be sent to the financial institution named above and to be deposited in the designated account above.

In the event funds are deposited erroneously into my account, I authorize my Section 125 administrator to debit my account not to exceed the original amount of the credit.

I also understand that all direct deposits are made through the automated clearing house (ACH), and that funds availability is subject to the terms and limitations of the ACH as well as my financial institution. I also understand that it is my responsibility to check my bank account for reimbursements and that Insurance Program Managers Group (IPMG) shall not be liable for any bank overdraft charges due to my over drafting the account.

Employee Signature		Date	/ /
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