

take care® Flex Benefits Plan
Enrollment Form



PLEASE PRINT. All information is required or your enrollment cannot be processed.

Employer HOPEWELL VALLEY REGIONAL BOE Social Security Number

Employee Name (First, Last)

Date of Birth (MM-DD-YYYY) Date Hired (MM-DD-YYYY)

Home (Street) Address APT.

City State Zip

Home Phone Email

By enrolling in the plan you will receive a take care® Flex Benefits Card to pay for qualified plan expenses. If you would also like to receive a Card for your spouse or dependent (age 18 years or older) you may do so by logging in to your account at www.takecareWageWorks.com.

Employer to complete or enrollment cannot be processed.

Plan year start (MM/DD/YY) 07 / 01 / 2021 and end 06 / 30 / 2022. First payroll start date 09 / 15 / 2021.

No. of Pays 20 Dept. VARIOUS

OPTION 1 Healthcare Account

YES I elect to contribute \$ (before taxes) for the PLAN YEAR, which is \$ per pay period to fund my account that pays qualified out-of-pocket healthcare expenses that are not covered by my employer's health plan or any other health plan.

NO I decline this option for this plan year and understand that I will lose all tax savings that I could receive as a participant.

OPTION 2 Dependent Care Account

This pays for day care expenses for a dependent child, adult or elder, so that you may work. Eligible services include: nursery school, nanny, before and after school care through age 12, day care for a disabled adult or child, elder day care for parent or dependent, day camp through age 12.

YES I elect to contribute \$ (before taxes) for the Plan Year, which is \$ per pay period to fund my account that pays qualified dependent daycare or elder care expenses.

NO I decline this option for this plan year and understand that I will lose all tax savings that I could receive as a participant.

OPTION 3 Agreement to Save Taxes on Insurance Premiums

YES On the appropriate benefit enrollment form, I have enrolled in certain employer-sponsored insurance benefits (i.e. health insurance). I understand that my share of the premium for these employee benefits will automatically be paid with pre-tax dollars. I also understand that if my required contributions for these insurance benefits are increased or decreased while this agreement is in effect, my taxable income will automatically be adjusted to reflect that change.

NO I decline this option for this plan year and understand that I will lose all tax savings that I could receive as a participant.

OPTION 4 Additional Benefit (please insert description provided by your HR department, if applicable)

YES I elect to contribute \$ (before taxes) for the Plan Year, which is \$ per pay period for funding reimbursement of this additional benefit outlined by my HR department.

NO I decline this option for this plan year and understand that I will lose all tax savings that I could receive as a participant.

IMPORTANT: Please read the following before signing this enrollment form. My employer and I agree that my taxable income will be reduced each pay period during the year by an equal portion of the benefit elections set forth above and that qualified expenses will be paid on a tax-free basis. I understand that I may change my election in the event of certain changes in my status and that, prior to the first day of each plan year, I will be offered the opportunity to change my benefit election for the upcoming plan year. I acknowledge that I have received, read, and understand the Summary Plan Description. I understand that the take care® Card is available to pay only qualified expenses and that qualified expenses paid with the Card cannot be reimbursed by any other plan and that I will not seek reimbursement for expenses paid with the Card from any other source. I understand that when using the take care® Card I must keep all receipts and that, on occasion, I may be asked for documentation of charges made with my Card. I also understand that if a payment is made that is not for qualified expenses, I will repay my employer. For any expenses not repaid by me, I authorize my employer to deduct the amount from my paycheck (if permitted by state law).

Employee signature Date

Return completed form to your employer.

TO: Hopewell Valley Board of Education Employees-

FROM: Mr. John L. Agourides, Payroll Accountant & Health Benefits Coord.

RE: Enrollment for New Plan Year – July 1, 2021 through June 30, 2022
IRS Section 125 Plan

DATE: May 12, 2021

The District's Section 125 Plan is administered by "takecarebyWAGEWORKS".
As a current employee you are eligible to take advantage of the tax savings that this plan can offer to you.

There are three different parts to our Section 125 plan:

- Pre-tax medical/prescription/dental monthly premiums
- Pre-tax out-of-pocket medical expense (medical FSA)
- Pre-tax child care expense (Dependent Care FSA)

Pre-tax Medical/Prescription/Dental Premiums

Participating district employees pay for medical, prescription and dental insurance. These deductions are taken before tax, which generates more take home pay for you. All employees that are enrolled in the districts Health, Rx and or Dental plans are automatically enrolled in this part of the program- no form or action is needed.

Pre-tax out-of-pocket Medical expense/Child or Elder Care

The plan enables you to pay for personal expenses such as child or elder care, as well as your family's out-of-pocket medical expenses with before-tax earnings. If you did not enroll in the plan last year, you paid for those items with after-tax income. Ongoing childcare expenses orthodontia, laser eye surgery and other like expenses are the types of costs you might want to run through this plan. **(Please, only set aside money that you are certain will be spent. This is a "Use it or lose it" plan according to Federal guidelines. Money that is deducted from your paycheck for this plan must be claimed back with approved expenses—unclaimed money will not be returned to the employee—it's the law!) The obvious benefit to you is that by redirecting these expenses to a before-tax arrangement, YOU PAY FEWER TAXES AND GENERATE MORE SPENDABLE INCOME WITH THE SECTION 125 PLAN.**

**Dependent Care Limit= \$5,000 per married couple.
Flexible Medical Limit= \$2,750 per employee.**

All deductions are 10 month and will begin September 15, 2021.

Option 1- Health Care Account – this is the area where employees can enroll in the Flexible Medical Savings Account. Please list the annual contribution in the appropriate box- and divide that annual total by 20 pays to list the PER PAY amount needed in order to complete the other per pay box. IRS limit= \$2750.

Option 2- Dependent Care Account- this is the area where employees can enroll in the Dependent Care Savings Account. Please list the annual contribution in the appropriate box- and divide that annual total by 20 pays to list the PER PAY amount needed to complete the other per pay box.

Option 3- Agreement to Save Taxes on Insurance Premiums- I have already checked the box that states YES- only in very rare cases would an employee waive or decline this benefit. If you want to waive this benefit please contact me to discuss personally as in most cases this should never be waived.

Option 4- Not Applicable

**Please complete the form and submit directly to my office now!
The DEADLINE for submission is June 11, 2021**

Please call or email me at jagourides@hvrsd.org or call me at ext#2204.

Flexible Spending Account

Open a WageWorks Flexible Spending Account (FSA) and watch your savings grow.

Save up to 40% on everyday expenses.

Open a WageWorks Flexible Spending Account (FSA) during open enrollment and good things happen. You have money ready for eligible expenses not covered by your insurance, saving you up to 40%.

How FSAs work.

You can sign up for an FSA during open enrollment. Each paycheck, you set aside some of your pay, before taxes, to use for eligible expenses. This is how you save money: \$100 put into your FSA is \$100 to spend on eligible expenses. Without an FSA, you pay taxes, leaving up to \$80 to pay for the same eligible expenses.

Use the take care® Card.

Use your take care® Card instead of cash or credit at health care providers and pharmacies for eligible services, goods and prescriptions. Typical expenses include co-pays for doctor visits and prescriptions, dental and orthodontia expenses, vision care, prescribed over-the-counter (OTC) drugs and medications and non-drug OTC items and devices.

Using your FSA is easy.

When you elect a health care FSA, your account is funded with the full amount you've chosen **at the beginning of the year**. As soon as that happens, it's ready to use for eligible **expenses**. Throughout the year, you "pay your account back" with pre-tax contributions from your paycheck. **Accessing your account is easy:**

- ▶ **take care® Card.** Use it instead of cash at health care providers and wherever accepted for health-related services and health expenses.
- ▶ **Pay Me Back.** File a claim online, by fax or mail for reimbursement.
- ▶ **On the Go.** Use our mobile website to view your account information.

You can also choose a WageWorks Dependent Care FSA to help with the cost of care for eligible children or **aging parents** while you are at work. A **dependent care FSA** works a lot like a health **care FSA**, but your account is funded **each payroll period**, so funds are available as contributions are taken from your paycheck.

Sign up during open enrollment.

Saving up to 40%
on health expenses.

Awesome.

That's exactly what I need.



Estimate your savings.

How much you save depends on how much you spend on health and dependent care, and on your tax situation. For every \$100 of eligible expenses, you could save up to \$40 in taxes. To estimate your expenses and see for yourself how your savings can add up, use the savings calculator at: FSAWorks4Me.com/takecare

Health Care FSA

| ESTIMATED ELIGIBLE EXPENSES | EXAMPLE | YOUR ESTIMATE |
|-------------------------------------|------------------|----------------------------|
| Prescription drugs | \$270 | |
| Doctor visits / co-pays | \$180 | |
| Dental fillings / crowns | \$150 | |
| Orthodontia (braces) | \$1,600 | |
| Prescription glasses | \$150 | |
| Eye exams / LASIK | \$150 | |
| Other | | |
| Suggested plan year election | = \$2,500 | = |
| Taxes (20%*) | x 0.20 | x (20 - 40% is typical) |
| Estimated savings* | = \$500 | = |

Dependent Care FSA

| ESTIMATED ELIGIBLE EXPENSES | EXAMPLE | YOUR ESTIMATE |
|-------------------------------------|------------------|----------------------------|
| Day care / nursery school | \$3,600 | |
| Before / After school care | \$700 | |
| Summer day camp / Summer day care | \$700 | |
| Suggested plan year election | = \$5,000 | = |
| Taxes (20%*) | x 0.20 | x (20 - 40% is typical) |
| Estimated savings* | = \$1,000 | = |

Notes:

* Tax savings amounts are examples provided for illustrative purposes only. They are based on federal, state, and FICA (Social Security) taxes that you do not have to pay through payroll deductions on amounts used to fund your account. Your actual savings may vary depending on your marginal income tax rate, whether you pay state income taxes, and other factors. Some states do not recognize tax exclusions for FSA contributions.

Pay for hundreds of expenses – tax-free!

You can 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. Typically, your health care FSA covers:

- ▶ **Prescriptions** for almost any medical condition
- ▶ **Prescribed over-the-counter¹** health care products like allergy medicine, antacid, antibiotics, aspirin...
- ▶ **Co-payments** and deductibles
- ▶ **Dental care**, both preventive and restorative
- ▶ **Orthodontia**, child and adult
- ▶ **Vision care**, including eyeglasses, contact lenses, and saline solution
- ▶ **Eye surgery**, including laser vision correction
- ▶ **Physical therapy**, counseling and psychology
- ▶ **Chiropractic care, acupuncture**, and some other alternative treatments

Pay for dependents, too!

Your dependent care FSA covers these types of expenses for your eligible dependents while you work:

- ▶ **Babysitting** or au pair services
- ▶ **Before- and after-school** programs
- ▶ **Day care and nursery schools**
- ▶ **Pre-school** programs
- ▶ **Elder care** services

For details and hundreds more eligible expenses, visit: FSAWorks4Me.com/takecare

Questions?

Helpful tips, guides, video tutorials and FAQs are available online at www.takecarewageworks.com. WageWorks Customer Service professionals also are standing by to help you. Just call 1-800-950-0105, Monday – Friday, 8 am – 7 pm CST.

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 is a preferred vendor for the administration of Aflac's Cafeteria Plans (Health FSA and Dependent Day Care), Commuter Spending Accounts, and Health Savings Account (HSA) products and services. WageWorks is a separate entity from Aflac, and WageWorks will guarantee and warrant any products and services they offer based upon their own service policies.

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