Flexible Spending Account (FSA) Enrollment Form

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NATIONAL BEN	EFIT SARVICES, LLC

(Please complete this form and return it to your Human Resource Department) Company Name Personal Employee Phone Number Information Employee Name (First Name, Last Name) Social Security Number (Required) Street Address, City, State Zip Date of Birth (Required) Email Address (Required for ACH claim payment notification) Date of Hire (Required) Benefit Initial Request New Year Request Waive Participation Election If you are part of a company health insurance plan your insurance premiums will automatically be paid pre-tax by payroll deduction. You may also choose any of the following benefits to add to your pre-tax deduction: Number of pay periods per year: Health Care Expenses: \_\_\_\_\_\_ Annual Election and \$\_\_\_\_\_\_ Per Pay Period Election Must not exceed \$2,000/year as per Fair Lawn District Dependent Care Expenses: Maximum annual allowable election is \$5,000 per year OR \_\_\_\_\_. Per Pay Period Election \$2,500 per year if married and filing taxes separately **Debit Card** I do not have a card - please issue I have a debit card - please renew (Health Care Expenses only) I had a card - please re-issue a new one Waive card option You will receive 2 debit cards in the participant's name, one for you and one for your spouse or dependent. Your Employer will pay the Debit Card Fee **Employee** I hereby authorize the appropriate payroll reductions as my contribution(s) to the Cafeteria Plan until changed by me in writing. I Signature recognize that such payroll reductions shall be adjusted automatically in the event of a change in the insurance premiums of the benefits I have selected. I will only use the Flexible Spending Account (including the use of a Debit Card) for eligible expenses under the plan, and understand I will be responsible to pay for any transactions not allowed by the plan. In addition, I authorize the release of medical and account information to my spouse (if applicable). Employee Signature Your Financial Institution Direct Deposit Financial Institution Address Request Account Number Routing Number Checking Account Savings Account IMPORTANT! Please attach a voided check with this form (not a deposit slip). Only for a savings account is a deposit slip acceptable. If you have Direct Deposit information on file it carries forward unless corrected or rescinded in writing by you. I (We) authorize National Benefit Services, LLC to initiate credit entries and, if necessary, debit and adjustment entries for any credit entries and adjustments made in error to my (our) account indicated above and the financial institution named above. Employee Signature Weltare-308 5 (10/26/1)

# FLEXIBLE BENEFITS PLAN

Fair Lawn Board of Education
Employer ID NBS932093

# PLAN HIGHLIGHTS

Login at: www.participant.NBSbenefits.com



Congratulations! Fair Lawn Board of Education has established a "Flexible Benefits Plan" to help you pay for your out-of-pocket medical expenses. One of the most important features of the Plan is that the benefits being offered are paid for with a portion of your pay before Federal income or Social Security taxes are withheld. This means that you will pay less tax and have more money to spend and save. However, if you receive a reimbursement for an expense under the Plan, you cannot claim a Federal income tax credit or deduction on your return.

#### **DETERMINING CONTRIBUTIONS**

Before each Plan Year begins, you will select the benefits you want and how much of the contributions should go toward each benefit. It is very important that you make these choices carefully based on what you expect to spend on each covered benefit or expense during the Plan Year.

Generally, you cannot change the elections you have made after the beginning of the Plan Year. However, there are certain limited situations when you can change your elections if you have a "change in status". Please refer to your Summary Plan Description for a change in status listing.

### GENERAL PLAN INFORMATION

Plan Year End:	December 31st
Run-out Period:	90 Days
Maximum Medical Limit:	\$2,000
Maximum Dependent Care Limit:	\$5,000

Health FSA Carryover......Up to \$500 following the Plan run-out

#### WHEN AM I ELIGIBLE TO PARTICIPATE

If you work 30 hours or more each week for the company, you will be eligible to join the Plan following your date of employment.

You will enter the Plan on the first day of the month following the day in which you meet the above eligibility requirements.

# WHAT TYPE OF BENEFITS ARE AVAILABLE

Under our Plan, you can choose the following benefits. Each benefit allows you to save taxes at the same time because the amount you elect is set aside on a pre-tax basis.

## Health Flexible Spending Account:

The Health Flexible Spending Account (FSA) enables you to pay for expenses allowed under Section 105 and 213(d) of the Internal Revenue Code which are not covered by our insured medical plan. The most that you can contribute to your Health FSA each Plan Year is \$2,000.

## Dependent Care Flexible Spending Account:

The Dependent Care Flexible Spending Account (DCAP) enables you to pay for out-of-pocket, work-related dependent day-care cost. Please see the Summary Plan Description for the definition of eligible dependent. The law places limits on the amount of money that can be paid to you in a calendar year. Generally, your reimbursement may not exceed the lesser of: (a) \$5,000 (if you are married filing a joint return or you are head of a household) or \$2,500 (if you are married filing separate returns; (b) your taxable compensation; (c) your spouse's actual or deemed earned income. Also, in order to have the reimbursements made to you and be excluded from your income, you must provide a statement from the service provider including the name, address, and in most cases, the taxpayer identification number of the service provider, as well as the amount of such expense and proof that the expense has been incurred.

# Premium Expense Plan:

A Premium Expense portion of the Plan allows you to use pretax dollars to pay for specific premiums under various insurance programs that we offer you.

Please note: Policies other than company sponsored policies (i.e. spouse's or dependents' individual policies etc.) may not be paid through the Flexible Benefits Plan. Furthermore, qualified long-term care insurance plans may not be paid through the Flexible Benefits Plan.

# NBS Welfare Benefit Service Center

8523 S. Redwood Road West Jordan, UT 84088 801-532-4000 or 1-800-274-0503

Fax: 1-800-478-1528



Fair Lawn Board of Education Flexible Benefits Plan Fair Lawn Board of Education

Plan Contact Person: Joanna Mickle 37-01 Fair Lawn Avenue Fair Lawn, NJ 07410 (201) 794-5500 ext. 7011

# Flexible Benefits Plan Highlights Continued

#### HOW DO I RECEIVE REIMBURSEMENTS

During the course of the Plan Year, you may submit requests for reimbursement of expenses you have incurred. Expenses are considered "incurred" when the service is performed, not necessarily when it is paid for. You can get a claim form at <a href="https://www.NBSbenefits.com">www.NBSbenefits.com</a>.

Claim forms must be submitted no later than 90 days after the end of the Plan Year for the Health Flexible Spending Account and the Dependent Care Flexible Spending Account. However, if you have unused contributions in your Health Flexible Spending Account following the Plan run-out period, you may roll up to \$500 to the new plan year. Any amount above \$500 in your Health FSA at the end of the Plan run-out period will be forfeited.

#### NBS Flexcard - FSA Pre-paid MasterCard

Your employer may sponsor the use of the NBS Flexcard, making access to your flex dollars easier than ever. You may use the card to pay merchants or service providers that accept credit cards, so there is no need to pay cash up front then wait for reimbursement.

Orthodontic expenses that are paid fully up-front at the time of banding are reimbursable in full after the initial service has been performed and payment has been made. Ongoing orthodontia payments are reimbursable only as they are paid.

Terminated Employees have 90 Days after their date of termination to submit receipts for services prior to their termination date.

#### WHO ARE HIGHLY COMPENSATED & KEY EMPLOYEES

Under the Internal Revenue Code, "highly compensated employees" and "key employees" generally are Participants who are officers, shareholders or highly paid.

If you are within these categories, the amount of contributions and benefits for you may be limited so that the Plan as a whole does not unfairly favor those who are highly paid, their spouses or their dependents. Please refer to your Summary Plan Description for more information. You will be notified of these limitations if you are affected.

Updated: 7/22/2015

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