

Employer: MIDWEST CITY- DEL CITY SCHOOLS
Plan Year: 01/01/2023 to 12/31/2023
Employee Name: _____

SSN: _____

Employee Address: _____

Email: _____

Phone #: _____

SECTION 125 BENEFIT SUMMARY

Status	# of Ded	Effective Date	Benefit/Company	Section 125	After-Tax Payroll Deduct	Employer Paid
			Health Insurance/			
			Dental Insurance/			
			Vision Insurance/			
			Health Flexible Spending Account/AFA			
			Accident Insurance/			
			Monthly Flex Card Fee/AFA			
			Cancer Insurance/			
			Life Insurance/OMES			
			Disability Insurance/			
			Life Insurance/Mutual of Omaha			
			Health Savings Account (HSA)/			

Total:
FLEXIBLE SPENDING ACCOUNT ENROLLMENT

ACCOUNT TYPE	ANNUAL ELECTION	HEALTH FSA CARD (Check one below)	
Health Flexible Spending	\$ _____	<input type="checkbox"/>	New Participant / Replacement Card
Dependent Day Care Flexible Spending	\$ _____	<input type="checkbox"/>	Existing Participant with Card
Limited Purpose Health Flexible Spending	\$ _____	<input type="checkbox"/>	I do not want a Health FSA Card

ELIGIBLE DEPENDENTS

(Health FSA Card will be mailed to new dependents or dependents with a replacement card request listed. For existing dependents listed the Health FSA Card will be reloaded with your new election.)

Dependent Name 1: _____ Relationship: _____ New / Replacement Card Request Existing

Dependent Name 2: _____ Relationship: _____ New / Replacement Card Request Existing

Dependent Name 3: _____ Relationship: _____ New / Replacement Card Request Existing

TERMS AND CONDITIONS

I hereby authorize the above payroll reductions as my contribution to my Employer's Section 125 Plan.

I understand that:

- Execution of this benefit election/salary reduction agreement does not automatically institute insurance coverage; in most instances an application for insurance must be completed. Premiums charged for insurance coverage may be adjusted by the carrier issuing the contract and my "take-home" pay may be higher or lower depending on the selections made.
- If I have elected the HSA benefit, I certify that I have met all the HSA eligibility requirements, which have been separately disclosed to me, and that I will notify the Employer immediately in writing if I cease to meet any of the conditions for HSA eligibility during any month of the plan year.
- I have received a copy of the **Rules of Participation** and understand and agree to the terms and conditions of participation in the Section 125 Plan, Health Flexible Spending Account(s) and/or Health FSA Card.
- If I do not repay the Health FSA for an overpayment due to an ineligible expense or other reason, my employer may make a deduction from my wages to repay the overpayment.
- If I have elected a Health FSA Card, I certify (1) the Health FSA Card will only be used to pay for the eligible medical expenses of myself, my spouse, and my dependents; (2) the Health FSA Card will not be used for expenses that have already been reimbursed; (3) I will not seek reimbursement under any other health plan for expense paid for with the Health FSA Card; and (4) I will acquire and keep sufficient documentation for expenses paid with the Health FSA Card.

This authorization replaces any previous authorization I have made.

Waive Participation

Employee Signature: _____

Date: _____

American Fidelity Assurance Company

Rules of Participation

Section 125:

- Changes in the Section 125 Plan elections (except Health Savings Account) may only be made at the end of the plan year unless due to and consistent with a valid status change) and such other events as would permit a revocation or change of election under IRC 125 regulations. Participation in this plan will automatically cease upon termination of employment. In most cases NO change may be made in the Health Flexible Spending Account except for termination of participation of employment. For special rules affecting your plan, please contact your Employer. FICA taxes are not paid on Section 125 Plan salary reduction. Therefore, your social security benefits at retirement may be reduced.

Flexible Spending Accounts:

- A Flexible Spending Account ("FSA") election will not automatically renew each plan year. You must complete a new enrollment form each plan year during open enrollment.
- If the dollars allocated to be reimbursed under the provisions of an FSA are not used for such benefits within the coverage period, you must forfeit the balance of the unused amounts ("use or lose").
- A voucher must be completed and submitted with proper documentation in order for you to be reimbursed for a qualifying expense. Your Employer will establish a cut-off date ("runoff period") after the period of coverage for submission of vouchers.
- Medical expenses eligible for reimbursement include only expenses incurred during the period of coverage for the diagnosis, cure, mitigation, treatment, or prevention of disease and do not include certain cosmetic surgery expenses and medical insurance premiums. Medical expenses reimbursed under a Health Flexible Spending Account ("Health FSA") may not be reimbursed under any other health plan and may not be used to claim any federal income tax deduction or credit. Documentation must be submitted for all expenses submitted for reimbursement under the Health FSA as requested by American Fidelity Assurance Company ("American Fidelity").
- During an unpaid leave of absence, contributions to the Health FSA must continue in order to continue participation. For payment options, contact your Employer.
- If employment is terminated and you do not elect to continue Health FSA coverage through COBRA, only eligible expenses incurred before termination of coverage may be reimbursed.
- No reimbursement from the Dependent Day Care Flexible Spending Account ("Dependent Day Care FSA") may be made until the first contribution is received and posted to the account.
- Dependent day care expenses reimbursed under this plan may not be used to claim any federal income tax deduction or credit.
- Dependent Day Care FSA elections are irrevocable for the period of coverage, except upon certain events including a change in the need for day care, a provider change, or a change in cost of day care. Please contact your Employer for details.
- Dependent day care expenses eligible for reimbursement must be provided by a third party meeting both applicable state and federal law requirements.
- Claims may only be made for dependent day care that has already been provided.

Health Flexible Spending Account Card(s) (if applicable):

- The Health FSA Card may only be used at qualified locations that provide medical products and services.
- If a medical provider does not accept the Health FSA Card, you will need to pay the expense and submit a voucher for reimbursement to American Fidelity.
- If American Fidelity's request for receipts are not answered in a timely manner or if you pay for an ineligible expense, access to a Health FSA Card will be blocked and you may need to pay back the amount of the expense.
- If you do not pay back the plan for an ineligible expense in a timely manner, your Employer will be notified. Your Employer may make an after-tax deduction from your paycheck or adjust a W-2 to make a correction to reflect the ineligible expense.
- If an expense is greater than the amount available in the Health FSA, your card swipe will be denied.
- You will not receive a new card each year. Each year in which participation continues, the new election amount will be loaded to the existing card. Cards will expire 3 years from the day of issue.
- Dependents receiving a Health FSA card may only include a spouse and eligible tax dependents, including adult children who are at least age 18 as on the first day of the plan year.
- Dependents with a Health FSA card will have access to all Health FSA information available to you, including protected health information.
- If a dependent loses tax dependent status, you must notify American Fidelity immediately and the dependent's card will be terminated.