Flexible Spending Account (FSA) and Dependent Care Account (DCA) Enrollment or change form

Benefits Card

29139899 (12/18)

BenefitHelp SOLUTIONS

____/____/ 2024

* **Effective date**

PLEASE PRINT CLEARLY

* **This information is mandatory.** Enrollment may be delayed if fields with an asterisk are not filled out.

Section 1 Application reason

Please refer to your plan's summary plan documents for a complete list of qualifying status changes. Election changes cannot be retroactive and must be consistent with the event.

☐ New enrollee -OR- ☐ Update election due to a qualifying life event. Please describe qualifying life event below:

_____

_____

Section 2 Account holder information

* First name	M.I.	* Last name	* Date of birth ____/____/____	* Social Security number
* Mailing address		* City	* State	* ZIP
* Physical address		* City	* State	* ZIP
* Email address			* Contact phone number	
* Employer City of Salem	Division		* Hire date ____/____/____	* Group identification number (if known)

Section 3 Payroll (check one)

☐ Weekly (52 pay periods/yr) ☑ Bi-weekly (24 pay periods/yr) ☐ Bi-weekly (26 pay periods/yr) ☐ Semi-monthly ☐ Monthly

☐ Other _____

Section 4 Benefit election (check all that apply)

☐ Waive participation — You will not be eligible to participate in the healthcare or dependent care account until the next open enrollment period unless an applicable change of status occurs. Please notify your employer of any change in status within 30 days of the applicable change.	
☐ Enroll me in the healthcare flexible spending account (FSA)	* Annual election (up to $3,050)
☐ Enroll me in the dependent care assistance program (DCAP) If married and filing seperately, DCAP election should not exceed $2,500	* Annual election (up to $5,000)

Section 5 Reimbursement (for additional information, please review page 2)

Benefits card	☐ I would like a Benefits Card[1]	☐ I already have a Benefits Card	
Direct deposit[2]	☐ Enroll me in direct deposit[3]	☐ Checking ☐ Savings	Bank name
	Routing number		Account number

[1] BHS will issue two benefit cards in your name.

[2] If you do not opt in for Direct Deposit manual claim submissions will be reimbursed by check. If you do request direct deposit, your bank account will be credited and debited (called a micro-deposit) in a random amount ranging between $0.01 and $0.99. You will receive an email notification with further instructions for activating direct deposit.

[3] Please include a voided check with your enrollment form.

Section 6 Authorization

I have read and agree to the terms and conditions on pages 1 and 2 and authorize my employer to reduce my salary on a per-pay-period basis.

* Employee signature	* Signature date

Please return to your human resources or benefits department upon completion.

Employee # _____ Employee first contribution date: _____ # of pay periods: _____ FSA Tracking List: ☐ BHS system ☐ Oracle Entry Date: _____

Health Care B005: Per Paycheck $_____ Per Month $_____ Dependent Care B004: Per Paycheck$ _____ Per Month $ _____

HR Representative: Date:

Benefits Card

The Benefits Card provides direct access to your flexible spending account (FSA), allowing you to pay for eligible health care expenses at qualified locations where VisaTM is accepted. When you use your Benefits Card, you no longer have to pay for eligible expenses out of your pocket and wait for reimbursement. The money is deducted directly from your FSA account at the time of purchase. You may need to submit supporting documentation for certain purchases.

When using your Benefits Card at pharmacies, simply swipe your card first and choose “Credit” if asked. The card is a smart card that will only pay for IRS-eligible FSA purchases. The store clerk will ask you for another form of payment to pay for your other purchases. You then pay for the non-FSA-eligible items with another card, cash or check. Your IRS-eligible purchases are automatically approved and paid directly from your FSA account. That’s it — no claim forms to submit!

When paying for services provided by a medical, dental or vision provider, the Benefits Card can automatically approve services that match a set copay or a multiple of that copay (not a percentage coinsurance) from your group health plan(s). Supporting documentation for these services is not needed. If the provider’s charge is not a copay, you can still use the Benefits Card and benefit from having the expense directly deducted from your account. For expenses that do not match the copay, you will need to submit supporting documentation. In some situations, your card will automatically be approved even if it is an ineligible expense. This most often happens when paying for services incurred in a prior plan year or for services where you coincidentally owe a multiple of the copayment. It is your responsibility to use your Benefits Card only for eligible expenses.

Direct deposit

By having your flexible spending account reimbursement directly deposited into your bank account, you eliminate the hassle of having to go to the bank each time you receive a check. Instead of receiving a reimbursement check in the mail, you will receive a direct deposit remittance advice. The remittance advice will indicate the date your claim was paid and the amount that will be deposited to your bank account. All direct deposits will be initiated on the same day as the normal check reimbursement date. Deposits may take up to 2-3 business days to appear in the designated account. Should you make any changes to your bank account, such as account closure or change in account number, please notify BenefitHelp Solutions immediately. If there is an interruption in the direct deposit service, you will receive checks for reimbursement claims paid during that time. You may cancel participation in the direct deposit program at any time.

Terms and Conditions

By signing this application:

1. **Acceptable plan terms.** You agree to abide by the terms, conditions and provisions of the plan contained in your employer’s plan documents. These documents are available to you through your human resources or benefits department.
2. **Responsibility.** You acknowledge that the Internal Revenue Code (IRC) permits claim reimbursement only for eligible expenses incurred after the effective date and prior to the termination date of your healthcare flexible spending account, dependent care assistance program and/or commuter expense reimbursement program. You assume full responsibility for all taxes, penalties, interest or other consequences that may be assessed to you by any state, federal or other governmental taxing authority as a result of receiving reimbursement for a disallowed expense. You will only use your account to pay for eligible expenses incurred by yourself and/or your tax dependents. You understand that BenefitHelp Solutions, its agents or employees, will not be held liable if you submit ineligible expenses for reimbursement. Expenses cannot be reimbursed by any other plan. If requested, you agree to provide appropriate supporting documentation within the requested time frame. You understand that you cannot change or revoke an election until open enrollment or during an applicable change in status.
3. **Dependent care.** You understand that the IRC prohibits you from claiming the Federal Child Care Tax Credit for dependent care assistance program expenses that have been reimbursement through your dependent care assistance program account.
4. **Plan modification.** You have been informed that the plan offered by your employer may be modified from time to time, and you agree that your employer may cancel or amend your plan according to the employer’s independent judgment and discretion without your consent or prior notice.
5. **Social security.** You choose to participate in the plan knowing that your salary reduction elections may reduce your FICA withholdings (Society Security) and that this may reduce your Social Security benefits upon retirement.
6. **Forfeiture.** You understand that you must claim reimbursement for eligible expenses incurred during the plan year for which you were an active participant within the run-out period of the plan year (and grace period if applicable), as stated in your Summary Plan Document. If any unused amounts remain in your account(s) after any carryover (if applicable), these amounts will be forfeited.
7. **Benefits Card.** If it is determined that the Benefits Card paid for an ineligible expense, you will either refund your account the amount of the ineligible expense or offset the ineligible expense with an eligible expense. If you fail to do so, the ineligible amounts may be included as taxable income at the end of the year. You understand that if you do not provide supporting documentation as required, your Benefits Card may be deactivated until your account is settled.
8. **HSA contributions.** You understand that if you, your spouse or your children participate in an HSA plan, HSA contributions may be disallowed if any HSA participants also participate in the healthcare flexible spending account.
9. **Status change.** Unless otherwise noted in your Plan Documents, Qualified Status Changes (QSCs) must be submitted within 30 days of the event. Please discuss with your human resources department to determine if your event is a QSC. If there's an election change, you understand that additional funds due to an increase in your election can only be used for claims incurred on or after the date of change.