# FLEXIBLE SPENDING ACCOUNT

Lower taxes.
More take home pay.

P&A GROUP
EST. 1975

*Administered Around You*

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# Flexible Spending Account Word Glossary

Unsure of what a certain word means? Search our glossary for definitions of commonly used words.

**Annual election amount** - this is the total dollar amount you elect to put into your FSA at the beginning of each plan year.

**Dependent** - a person whose expenses are eligible for reimbursement through the employee's FSA. A dependent is usually an employee's spouse or child(ren) under age 27. Please visit our website www.padmin.com for more information.

**Eligible expense** - items that are reimbursable under the FSA Plan are classified as "eligible expenses" according to IRS rule. For a detailed list of what is eligible please refer to page 8.

**FICA** - taxes collected for Social Security and Medicare benefits.

**Flexible Spending Account** - also known as an FSA; a pre-tax benefit plan that enables the employee to save 30-40% on eligible expenses. By enrolling in this plan the participant saves on state, federal and FICA taxes.

**Grace period** - an employer- chosen extension of the plan during which expenses can be incurred.

**Health FSA rollover** - an employer- chosen provision allowing up to a maximum of $500 of unused Health FSA funds to roll over into the next plan year.

**Open Enrollment** - a designated time, prior to the start of your plan year, during which employees can enroll in the FSA plan and change their benefit elections.

**Plan year** - the twelve month period during which the annual election is effective.

**Run-out period** - a period of time after the plan year ends during which participants may submit receipts for expenses which were incurred during the plan year or grace period.

**Uniform Coverage Rule** - this rule allows you to access your entire annual election for the Health FSA immediately after the start of the plan year. All other accounts are "pay-as-you-go." This rule only applies for the Health Flexible Spending Account.

**Use-or-Lose Rule** - an IRS rule which states that employees must spend any remaining balance in their FSA by the end of the plan year. If you don't spend the money you forfeit it.

# What is a Flexible Spending Account? (FSA)

A Flexible Spending Account is a program that the Federal Government allows your employer to sponsor. It enables you (the employee) to save Federal, state and Social Security (FICA) taxes on the money you use to pay for eligible expenses. The tax savings will increase your take-home pay.

## A VALUABLE BENEFIT

If you choose to participate in this valuable benefit, you and your eligible dependents can pay for medical, dental vision and dependent care expenses on a tax-free basis. Use this brochure as a quick reference for questions you may have throughout the year.

## WHOSE EXPENSES ARE ELIGIBLE?

Under the plan, only the expenses of a participant, a participant's spouse or a participant's dependent(s) qualify for pre-tax treatment. If you are unsure if a person qualifies as an eligible dependent, please refer to the P&A website for a more detailed definition.

On June 26, 2013 the Supreme Court ruled that the Federal government had to recognize same-sex marriage in those states where it is legal. Going forward,qualifying expenses incurred by a same-sex spouse will be eligible for reimbursement under your Flexible Spending Account regardless of whether your spouse is considered a dependent for tax purposes. For Federal tax purposes, people in a same-sex marriage are treated the same as people in a heterosexual marriage.

# Flexible Benefits Plan

### Your Benefits Are Enhanced

FSAs are designed to cut predictable costs while increasing your take-home pay. Maximize every dollar by taking advantage of this benefit choice. Alleviate those high out-of-pocket expenses by enrolling in a plan that works for you.

### When You Enroll

When you enroll you determine the amount of expenses you anticipate for the upcoming year. The benefits you elect are paid for with pre-tax dollars deducted from your paycheck each payroll period. These dollars are subtracted from your gross earnings before taxes are taken out.

### How It Works

Under this plan you can use pre-tax money to pay for different kinds of expenses, including: your medical, dental and vision care expenses that are not covered by your insurance and the cost of caring for a dependent while you work.

### Your Spendable Income Increases

When you elect pre-tax benefits under a flexible benefits plan, you lower your taxable income on your W-2; therefore, you pay less in taxes and increase your spendable income. Depending on your tax bracket, this plan can save you 30% to 40% on qualifying expenses.

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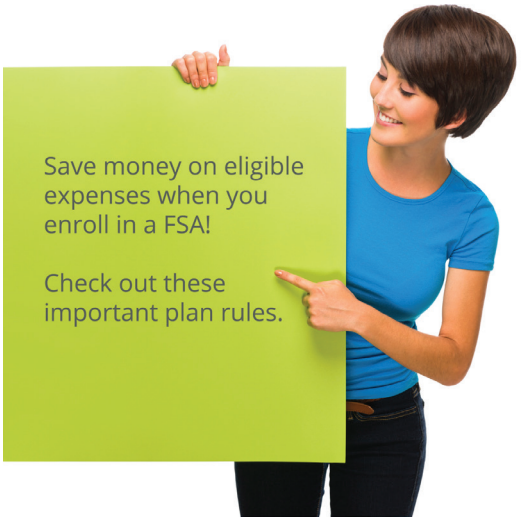
# ENROLLMENT INFORMATION




## How are benefits paid for?

Any benefits you elect are paid for with money that is withheld from your pay. These pay reductions do not count as income for income tax or Social Security tax purposes. This means that the Plan allows you to use tax-free dollars for expenses that would otherwise have to be paid for with money that you have already paid taxes on.

## When can I enroll?

Participants can enroll in an account during their open enrollment. This is the period of time determined by the employer when employees can elect their benefits and determine how much money to put into a FSA.

## May I change my benefit election?

You may only make a change in your election(s) during open enrollment. This means you may not make a change in your election(s) after the open enrollment period unless you experience a qualifying event, which includes the following:

- a change in legal status (e.g., marriage, death of your spouse, divorce, legal separation or annulment),
- a change in the number of your dependents due to events such as birth or adoption,
- a termination or commencement of employment by your spouse or dependent and,
- a change in the place where you, your spouse or dependent work or reside.

*Changes must be requested within 30 days of the qualifying event.*

**IMPORTANT NOTE:** Remember, unless you experience one of the limited circumstances allowing for election changes during the Plan Year, you will not be able to reduce or increase the amounts designated on your enrollment form, nor will you be able to change amounts from one account to another. This is why you are encouraged to plan carefully before you enroll in this Plan.

## Will my Social Security benefits be affected by my contributions to the Plan?

Your Social Security benefits may be slightly reduced because, when your pay is reduced to cover your benefits under the Plan, the amount of contributions that are made to the federal Social Security system to provide you Social Security benefits also are reduced. However, for most employees, the reduction in Social Security benefits will be insignificant compared to the value of paying lower taxes today.

## The "Use-or-Lose" Rule

Under IRS guidelines, if you contribute dollars to a reimbursement account and do not use all of the money you deposit, you will lose any remaining balance in the account at the end of the plan year. Only contribute money you are confident you will use during the plan year to pay for qualified expenses.

If your employer selects the option to add the grace period provision or Health FSA rollover provision to the plan the "use-or-lose" rule will be modified. In the case of the Health FSA rollover, the use-or-lose rule no longer applies to the Health FSA if this provision is selected. Please check your Summary Plan Description (SPD) for details specific to your plan.

# Tax Savings

Whether you are an individual, part of a dual-income household or a couple with one working spouse, a Flexible Spending Account will provide you with additional benefits and more take-home pay.

## INDIVIDUAL

In the illustration below, the single employee earns $30,000. She uses the flex plan to pay for her health insurance co-payments and deductibles and, since she has no dental insurance, her dental expenses. This way she increases her take-home pay by $528. That is additional take-home pay she can use for herself!

## WORKING COUPLE WITH DEPENDENTS

This husband and wife both work. They have two children. He makes $30,000 and she earns $42,000 per year. They use the flex plan to help pay for orthodontia for their younger child. The couple also use their flex plan to pay-for after school day care while both parents work. The chart shows that this couple increases their monthly take-home by $207 or $2,484 total this year. That gives them additional money for the emergency expenses every family has and allows them to set some money aside to fund an additional retirement plan.

## COUPLE – ONE WORKING SPOUSE

With grown children and only one spouse working, this couple has no child-care expenses. The annual salary of the working spouse is $54,000. They use the flex plan to meet their health insurance deductibles and to pay dental care expenses. The flex plan increases the spouse's take-home pay by $57 per month, or $684 for the year – a nice raise for the family budget!

| | INDIVIDUAL | | WORKING COUPLE WITH DEPENDENTS | | COUPLE- ONE WORKING SPOUSE | |
|---|---|---|---|---|---|---|
| | Without FSA | With FSA | Without FSA | With FSA | Without FSA | With FSA |
| Gross Monthly Income | $2,500 | $2,500 | $6,000 | $6,000 | $4,500 | $4,500 |
| **Less Non-Deductible Benefits** | | | | | | |
| Medical/Dental Expenses | | $150 | | $300 | | $200 |
| Child Care Expenses | | | | $400 | | |
| Total Monthly Income Subject to Tax | $2,500 | $2,350 | $6,000 | $5,300 | $4,500 | $4,300 |
| Monthly Federal & State Taxes* | $319 | $286 | $587 | $434 | $262 | $220 |
| Monthly Social Security & Medicare Taxes | $191 | $180 | $459 | $405 | $344 | $329 |
| After Tax Income | $1,990 | $1,884 | $4,954 | $4,461 | $3,894 | $3,751 |
| **After Tax Expenses** | | | | | | |
| Medical/Dental Expenses | $150 | | $300 | | $200 | |
| Child Care Expenses | | | $400 | | | |
| Monthly Spendable Income | $1,840 | $1,884 | $4,254 | $4,461 | $3,694 | $3,751 |
| Annual Increase in Take-Home Pay | | $528 | | $2,484 | | $684 |

**Federal and state taxes reflect 2013 federal tax rates and typical state taxes with standard deductions and exemptions.*

# ACCOUNTS AVAILABLE UNDER THE FSA PLAN

When you elect to pay for uninsured health expenses or dependent care expenses, an account to pay those expenses is set up in your name.

## HEALTH FLEXIBLE SPENDING ACCOUNT*

Covers medical, dental and vision expenses that are only partially covered or not covered at all by your insurance, including insurance deductibles, insurance co-payments and over-the-counter medications by prescription.

### Health FSA Annual Election Amount

If you make an election under the Health FSA, the amount that you elect will be immediately credited to the account in your name. Starting on the first day of the Plan Year, you will be entitled to be reimbursed for claims up to the entire elected amount at any time during the Plan Year, even if the total salary reduction contributions that you have made to your Health FSA are less than the total amount of claims that you have submitted.

## DEPENDENT CARE ASSISTANCE ACCOUNT

Covers amounts you pay to daycare centers, after school programs, babysitters, caregivers or elder care so that you and your spouse can work.

**The Health Flexible Spending Account is the only account where participants have access to their full annual election immediately. All other accounts accrue the election amount on a per pay deduction basis.*

# Flexible Spending Account Claim Submission Methods

## BENEFITS CARD

P&A offers a Benefits Master Card to participating employers who choose this option for their employees. The debit card is valid for three years from the date of issue. When it's time for you to receive a new card, your card will automatically be mailed to your home address in a plain white envelope. Additional cards may be ordered online for your spouse or eligible dependent (must be 18 years old). To order a card online log into your P&A Account.

The Benefits Card works likes a debit card. When you incur an eligible expense present your Benefits Card to the provider of the goods or services you are purchasing. Swipe your card at the point-of-service and the expense will automatically be deducted from your Flexible Spending Account balance. If you are unable to use your Benefits Card you can still be reimbursed for all eligible expenses. See below.

## ELECTRONIC CLAIM METHODS

Submit a claim electronically through one of our paperless options. It's secure, quick and easy- perfect for your busy lifestyle.

### QuikClaim: Mobile Claim Submission*

Submit a claim directly from your smartphone! First,capture a picture of your receipt or other supporting documentation for your eligible expense. Next, log into your P&A Account from your smartphone and go to our website-www.padmin.com. Select Upload and follow the prompts on your screen.

### Electronic Claim Upload

Upload proof of purchase for your eligible expense (i.e., cash register receipt, EOB) by first scanning the documentation into your computer. Then log into your account and select the Upload a Claim option.

## FILE A PAPER CLAIM

Claims can also be faxed or mailed to us. Complete a claim form (located on our website at www.padmin.com) and fax or mail to P&A Group, along with proof of purchase of your eligible expense (i.e. itemized receipt, EOB).

Toll-free fax: (877) 855-7105

Mail: 17 Court Street, Suite 500 Buffalo, NY 14202

Claims can be submitted for reimbursement for qualified expenses incurred during the plan year. Each plan allows for a "run-out" period at the end of the plan year where claims incurred during the plan year can be submitted. (Refer to your plan summary for the "run-out" time period allowed.)

Reimbursements are based on when the service is provided, not when the service is billed or paid.

**Not all mobile claim upload features are currently available on all mobile devices or with all operating systems. Wireless carrier fees may apply. Requires at least a 2-megapixel camera.*

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# CLAIMS & REIMBURSEMENT FAQs

## How does P&A reimburse me?

The quickest way to receive your money is by direct deposit to your personal checking or savings account. You can sign up for direct deposit by completing and submitting the direct deposit authorization agreement (see page 17). You can also receive your money via check mailed to you at home. Once enrolled in direct deposit, all deposits are made via direct deposit until we are otherwise notified.

## What is the maximum amount I can be reimbursed?

Medical, dental, vision expenses will be reimbursed based on the total amount indicated on the claim request. This amount must not exceed your total plan-year election amount.

Dependent care expenses will be reimbursed based on the amount indicated on the claims request up to the total amount in your account (payroll deducted) at the time the claim is received. Total amounts must not exceed your plan-year election amount and must be submitted with appropriate documentation to verify eligibility of expenses.

Minimum check reimbursement amount is $25.00

Minimum direct deposit reimbursement amount is .25¢

## What documentation do I need to submit in order to get reimbursed?

### FOR THE HEALTH FLEXIBLE SPENDING ACCOUNT:

- Insurance company statement or Explanation of Benefits (EOB)
- Itemized bill from the provider showing date of service, services rendered, provider of service, amount paid and, if applicable, amount covered by insurance
- Prescription claims MUST include the Rx pharmacy receipt with Rx number. Credit card receipts are not acceptable

### FOR THE DEPENDENT CARE ASSISTANCE ACCOUNT:

A claim must include the name, address and taxpayer identification number of the dependent care service provider. In the case of a babysitter, the taxpayer identification number is the babysitter's Social Security number. If you cannot remit a copy of your bill/contract, your daycare provider can sign your claim form which you can then upload as your "receipt."

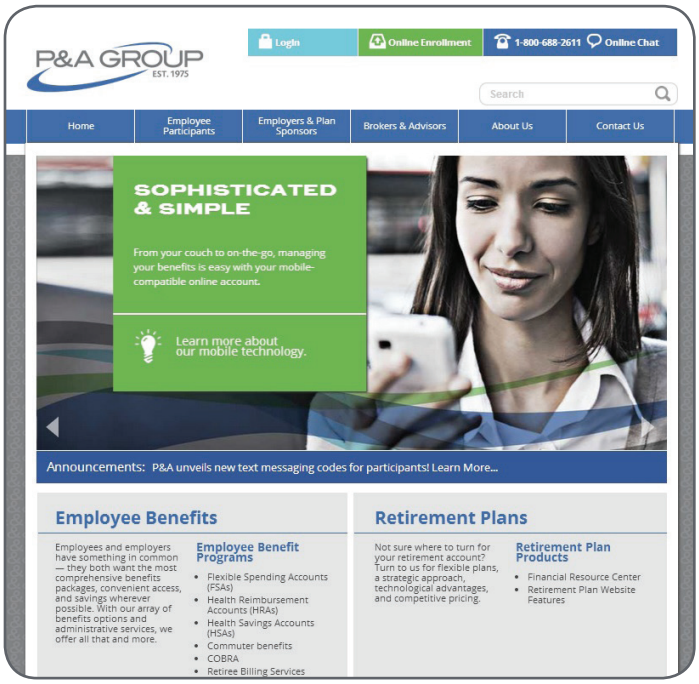
**RECEIVE FASTER REIMBURSEMENTS!**
**ENROLL IN DIRECT DEPOSIT!**

Go green with this paperless process and enjoy receiving your reimbursement quicker, without the hassle of a check.

Upload claims directly from your smartphone! Go to www.padmin.com and log into your account. It's fast, secure and built to meet your on-the-go needs!

# VISIT OUR WEBSITE!

At P&A we provide you with the convenience and dedication you deserve. Check out our website at www.padmin.com for the latest information on all your benefit needs. Discover our streamlined tools and applications built specifically for you. View your account balance or claim history, submit a claim electronically, or talk with a customer service representative through our live online chat.




# www.padmin.com

## First Time Users

Access your account online by using our secure website www.padmin.com. Select the Login icon at the very top of the homepage and choose Employees. When you first log in, you must create a username and password. Follow the prompts on the screen.

## Customer Service Options

- 24/7 account access at (800) 688-2611
- Toll-free account information available in English & Spanish
- Customer service representatives available Monday through Friday: 8:30 am to 8:00 pm ET
- Live online chat available during customer service hours

## P&A Mobile Technology

Getting quick and easy access to your account(s) on the go has never been easier!

### P&A MOBILE SITE

Access your P&A Account, submit a claim directly from your smartphone and more! Visit www.padmin.com on your mobile device.

### P&A TEXT MESSAGING FEATURES

Receive on-the-go account information via text message once you update your online P&A Account with your mobile number. Text "BAL" to the number 70626 and receive a text message with your account balance. Text "CLM" to receive the status of your most recently submitted claims.

### QUIKCLAIM

Submit your claims electronically. Log into your account and upload a claim along with any supporting documentation.

## Connect With Us

facebook.com/BenefitsAdministration

twitter.com/P_A_Group

In the search bar tool select Companies from the drop down menu and enter P&A Group

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# Online Pharmacy

## @ www.padmin.com

Do you have unspent money in your FSA?

Interested in saving money on your over-the-counter needs?

Tired of going to the pharmacy when you're sick?

Click into a world of convenience right at your fingertips!

- Over 350 items
- No receipts required to submit for FSA and HRA participants
  *(Over-the-counter medicines will only be reimbursed with a prescription)*
- Discounted pricing
- Free shipping on orders over $25
- Orders shipped within 2 days
- No wasted trips to the store!
- For all employees and family members
- Great way to use your FSA account
- After-tax purchases also allowed
- Compare our prices to all chain drugstores

## 3 Easy Steps:

1.) Go to www.padmin.com and select Employee Participants → Benefit Programs
2.) Select Tools & Resources and then click on the link "Online Pharmacy"
3.) Select your items and choose any of the three easy payment options: FSA, HRA or Credit Card

Also available by phone! Call (800) 854-8764

*Start saving money today.*

# Sample Eligible Expenses for Spending Account Reimbursements

## Eligible Health FSA Expenses

- Acupuncture
- Alcoholism treatment
- Ambulance hire
- Artificial teeth/dentures
- Bandages
- Blood pressure monitors
- Braces
- Braille-books and magazines
- Breast pumps and lactation supplies
- Cancer screening
- Chiropractors
- Co-insurance amount you pay
- Co-pay amount you pay
- Condoms
- Contact lenses and eyeglasses
- Contact lens solutions
- Cold/Hot Packs
- Cost of operations and related treatments
- Crutches
- Deductible medical coverage (amounts you pay)
- Dental fees
- Diabetic supplies
- Drug addiction treatment
- Eye exams, eye glasses, eye surgery
- Fertility treatments (in vitro fertilization, surgery)
- Guide dog/service animal (including purchase, maintenance)
- Intellectually/developmentally disabled person's school and education (i.e., payments made for a mentally impaired or physically disabled person to attend a special school including tuition, meals and lodging)
- Hearing devices and batteries
- Hospital services
- Incontinence products
- Insulin
- Laboratory fees
- Lead-base paint removal (for children with lead poisoning)
- Medical alert bracelets
- Medical information plan
- Mentally handicapped persons cost of special home care
- Nurses fees (including nurses' board and social security tax paid by you)
- Obstetrical expenses
- Operations
- Oxygen
- Prosthesis
- Pregnancy tests
- Psychiatrists' and psychologists' fees
- Radial keratotomy and Lasik eye surgery
- Rolfing therapy
- Routine physical & other non diagnostic services or treatments
- Smoking cessation programs
- Speech Therapy
- Special education for the blind
- Special plumbing for handicapped
- Sterilization (i.e., tubal ligation, vasectomy)
- Surgical fees
- Telephone, special for hearing impaired
- Television audio display equipment for hearing impaired
- Therapeutic care for drug and alcohol addiction received as medical treatment
- Thermometers
- Transportation expenses for person to receive medical care
- Vaccines
- Walkers
- Wheelchair
- X-rays

## Eligible Expenses Only with a Prescription or Letter of Medical Necessity

- Analgesics, fever reducers, pain reducers (aspirin, ibuprofen, acetaminophen)
- Antacids and heartburn relief
- Antibiotic ointments
- Anti-itch creams and hydrocortisone creams
- Allergy medication, nasal sprays
- Arthritis pain relieving creams
- Athlete's foot treatment, anti-fungal creams
- Birth control
- Chondroitin
- Cold medicines, tablets, syrups, cough drops & lozenges
- Compression Hose
- Diaper rash ointment
- Dietary supplements
- Doula
- Ear wax removal kits
- Eczema treatments
- Exercise programs or equipment
- Fiber supplements
- First-aid cream
- Glucosamine
- Hemorrhoid treatments
- Humidifier
- Hypnosis
- Infertility treatments
- Lactose intolerance tablets
- Lamaze classes
- Latex gloves
- Laxatives
- Massage therapy
- Menstrual pain relievers
- Mineral supplements
- Motion sickness pills
- Nasal spray and strips
- Nicotine gum, patches
- Occupational therapy
- Orthopedic shoe inserts
- Over-the-counter medications
- Petroleum jelly
- Prenatal vitamins
- Rogaine®
- Scooter, electric
- Sinus medication
- Stomach & Digestive relief items
- Sunburn cream (Solarcaine)
- Toothache and teething pain relievers
- Umbilical cord blood storage
- Urinary pain relief medication
- Varicose vein, treatment of
- Vitamins
- Wart removal medication
- Yeast infection medication

## Never Eligible

- Cosmetic products
- Disposable diapers
- Diet program foods
- Electrolysis
- Feminine hygiene products
- Hand sanitizer
- Toothbrushes

## Eligible Dependent Care FSA Expenses

- Babysitters
- Daycare centers
- Nursery schools
- After-school programs
- Day camp
- Eldercare
- (Overnight camps are NOT eligible)

Expense eligibility is subject to change. If you are unsure if an expense is eligible for reimbursement, please call the P&A Group at (800) 688-2611 or chat with a customer service representative through our online chat available at www.padmin.com.  For a more extensive eligible expense list, please visit www.padmin.com.  Go to Employee Participants → Benefit Programs → Tools & Resources and select PDF of FSA Eligible Expenses.

Sign this form and submit it to P&A Group
**Fax:** (877) 855-7105 **Mail:** P&A Group 17 Court Street Suite 500 Buffalo, NY 14202

# Letter of Medical Necessity

Certain Flexible Spending Account (FSA) items are eligible for reimbursement only if a letter of medical necessity is provided. The letter must include the diagnosis of a medical condition and state that the expense is necessary to treat the medical diagnosis. It must also include the length of treatment. Examples of expenses that are deemed as medically necessary in order to treat a medical condition (and therefore are eligible for reimbursement under the FSA plan) include massages, gym memberships and weight loss programs. Your physician must complete and sign the form below, thereby acknowledging that the medical expense is being used to treat a medical condition. PLEASE NOTE: THIS FORM IS NOT TO BE USED FOR REIMBURSEMENT OF OVER-THE-COUNTER MEDICATIONS. THOSE ITEMS REQUIRE A DOCTOR'S PRESCRIPTION AS PART OF THE HEALTH CARE REFORM ACT.

## Employee Information

| Company Name | |
|---|---|
| **Employee Last Name** | **Employee First Name** |
| | |
| **Patient Last Name (if different than above)** | **Patient First Name (if different than above)** |
| | |

## Physician/Service Provider Information

THIS SECTION MUST BE COMPLETED BY THE PATIENT'S PHYSICIAN OR OTHER HEALTH CARE PROVIDER

| Health Care Provider Name | Health Care Provider Phone Number | Health Care Provider Fax |
|---|---|---|
| | (  ) | (  ) |
| **Diagnosis Date** | **Treatment Start Date** | **Treatment End Date** |
| (mm-dd-yyyy)<br>/ / | (mm-dd-yyyy)<br>/ / | (mm-dd-yyyy)<br>/ / |

| Medical Diagnosis |
|---|
| |

| Required Treatment Requested |
|---|
| |

THIS FORM IS VALID FOR ONE YEAR FROM THE DATE OF SIGNATURE. A NEW LETTER OF MEDICAL NECESSITY FORM MUST BE SUBMITTED ANNUALLY.

Health Care Provider's Signature _____ Date / /

# Dependent Care Documentation Form

EMPLOYER NAME:

EMPLOYEE NAME:

NAME OF CHILD(REN)/DEPENDENTS REQUIRING CARE:

DATE OF BIRTH / /

DATE OF BIRTH / /

DATE OF BIRTH / /

NAME OF CARE PROVIDER:

PLEASE NOTE: A stipulation imposed by the IRS is that the service provider must be over 18 years of age and cannot be an individual for whom a personal tax exemption may be claimed.

ADDRESS OF PROVIDER:

TAXPAYER ID # RELATIONSHIP TO EMPLOYEE (IF ANY):

SPOUSE'S NAME SPOUSE'S EMPLOYER

DOES YOUR SPOUSE MAKE MORE THAN THE AMOUNT YOU WISH TO WITHHOLD FOR DAYCARE? ☐Yes ☐No

***YOU MAY NOT WITHHOLD MORE THAN YOUR SPOUSE'S ANNUAL EARNED INCOME***

IF SPOUSE IS NOT EMPLOYED IS HE/SHE: INCAPACITATED FULL-TIME STUDENT

- Once this information is on file with P&A Group, Inc. invoices, including date of service, will suffice for reimbursement.
- This information MUST be provided every plan year that you participate.
- Any changes during the year should be reported to P&A immediately.
- See back of form for dependent care account guidelines.

EMPLOYEE SIGNATURE: DATE OF BIRTH / /

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# DEPENDENT CARE GUIDELINES

## WHO IS A QUALIFYING DEPENDENT FOR PURPOSES OF A DEPENDENT CARE FLEXIBLE SPENDING ACCOUNT?

Dependent care expenses must be provided to qualified persons. A qualified person is defined as any of the following:

1. A dependent under age 13:
   (a) he or she has the same principal residence as you for more than half the year
   (b) he or she is your child or step-child (by foster or adoption), foster child, sibling or step-sibling, or a descent of one of them and;
   (c) he or she does not provide more than half of his or her own support for the year. *Non-custodial parents: check with your legal or tax advisor to see if special rules apply to you that would enable you to utilize this account.*
2. A spouse who is physically or mentally unable to care for himself or herself.
3. A dependent that is unable to care for him or her self and who qualifies as a dependent for income tax purposes.
4. If the qualifying person is not under age 13, dependent care expenses incurred outside the home can be reimbursed only if the qualifying person regularly spends at least 8 hours a day in the employee's household.

## WHAT EXPENDITURES ARE ELIGIBLE FOR REIMBURSEMENT UNDER DEPENDENT CARE FLEXIBLE SPENDING ACCOUNTS?

Eligible expenses are defined as those that enable the participant and the participant's spouse to work or to look for work. They include the following:

1. Childcare centers that care for six or more children and that meet the IRS's definition of a qualified day care center;
2. Caregivers for a disabled spouse or dependent who lives with the participant;
3. Babysitters;
4. Nursery schools; and
5. Household expenses provided that a portion of these expenses is incurred to ensure a qualifying dependent's well being and protection.

A stipulation imposed by the IRS is that the service provider must be over 18 years of age, and cannot be an individual for whom a personal tax exemption may be claimed.

## ARE THERE CERTAIN CIRCUMSTANCES UNDER WHICH AN EMPLOYEE'S SPOUSE IS TREATED AS IF HE OR SHE IS WORKING EVEN THOUGH THE SPOUSE IS NOT EMPLOYED?

Yes. If an employee's spouse is a full-time student or is physically or mentally not capable of self-care, he or she is treated as if working. A spouse is a full-time student if he or she is enrolled at and attends a school for the number of hours or classes that the school considers full time. The spouse must have been a student for some part of each of five calendar months during the year.

## WHAT EXPENDITURES ARE PROHIBITED FOR REIMBURSEMENT UNDER DEPENDENT CARE FLEXIBLE SPENDING ACCOUNTS?

Expenditures that are prohibited for reimbursement include the following:

1. Babysitting for social events;
2. Educational expenses;
3. Charges for overnight camp; and
4. Expenses that the participant will take as a child care tax credit on his income tax return.

## IS THERE A MAXIMUM AMOUNT OF EXPENSE THAT MAY BE REIMBURSED BY A DEPENDENT CARE FLEXIBLE SPENDING ACCOUNT?

Yes. The maximum annual contribution is $5,000 ($2,500 for married participants filing a separate income tax return), but no more than the lesser of the earned income of the employee or his spouse. If your spouse is a full-time student or incapacitated the maximum annual election is $3,000 for one child or $5,000 for two or more children. (Amounts subject to change due to IRS guidelines.)

# AUTHORIZATION FOR RELEASE OF INFORMATION

The HIPAA law was enacted to ensure your healthcare information remains private. As the employee and holder of the spending account, you may want to authorize someone other than yourself to have access to your P&A Group claim and plan information. For example, you may ask your spouse to contact P&A and inquire about a claim. By law, our customer service agents cannot speak to your spouse unless you have authorized the disclosure of protected health information in writing. In order to make the transition of information as seamless as possible, please complete this form and submit it to P&A. Please note, this form can be completed electronically by logging into your P&A Account. You also have the option of sending this form to P&A via fax or mail.

Fax: (877) 855-7105 Mail: 17 Court Street Suite 500 Buffalo, NY 14202

## I. INFORMATION ABOUT THE USE OR DISCLOSURE

I hereby authorize the use or disclosure of my individually identifiable information as described below. I understand that this authorization is voluntary and that I may revoke it at any time by submitting my revocation in writing to the entity providing the information.

Participant name: SSN Number:

Persons authorized to receive the information:

Relationship to the participant, including authority for status as representative:

☐ I authorize any and all information shared with the above named persons, with the following exception(s):

## II. IMPORTANT INFORMATION ABOUT YOUR RIGHTS

I have read and understand the following statements about my rights:

• I may revoke this authorization at any time by notifying the providing organization in writing, but the revocation will not have any affect on any actions the entity took before it received the revocation.

• I may see and copy the information described on this form if I ask for it.

• I am not required to sign this form to receive my health care benefits (enrollment, treatment or payment).

• The information that is used or disclosed pursuant to this authorization may be re-disclosed by the receiving entity. I have the right to seek assurances from the above-named persons/organizations authorized to receive the information that they will not re-disclose the information to any other party without my further authorization.

## III. SIGNATURE OF PARTICIPANT

Signature of participant Date

(FORM MUST BE COMPLETED BEFORE SIGNING)

# Direct Deposit Authorization Form

Get your claim reimbursements deposited directly into your designated bank account. Complete the following information below to setup direct deposit. Fax or mail this completed form to P&A. You can also complete this form electronically by logging into your P&A Account and navigating to Forms→ Direct Deposit.

Fax: (877) 855-7105 Mail: Attn. Flex Department 17 Court Street Suite 500 Buffalo, NY 14202

Employer Name *(please print)*:

Employee Name SSN#:

Work Phone No. Home Phone No.

E-mail Address

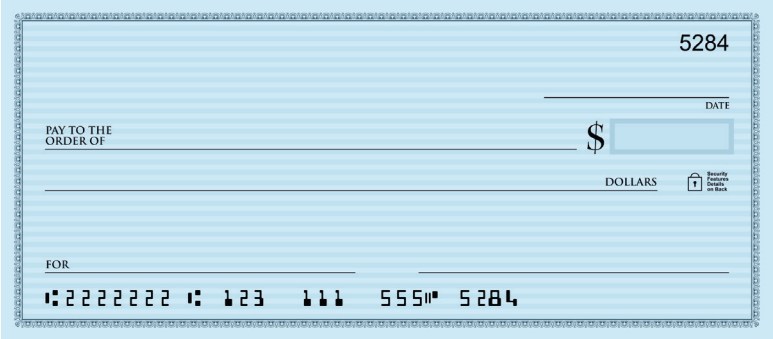
Bank Name

Routing No. Account No.

Please indicate type of account *(circle one)*: CHECKING SAVINGS

If this is a new account, it must be established and active at your bank before you request direct deposit.

**Please attach a voided check for checking account or a deposit slip for savings account**




**ROUTING NUMBER** **ACCOUNT NUMBER**

I authorize P&A Administrative Services, Inc. and the bank listed above to deposit my claim reimbursements directly into my bank account listed above.

If funds to which I am not entitled are deposited to my account due to error or any other reason, I authorize P&A Administrative Services, Inc. to direct the bank to return said funds to P&A Administrative Services, Inc.

I understand that my deposit may not be credited to my account for up to 2 business days after the transaction has been sent to the bank for processing.

I understand that this authorization will remain in effect unless I advise P&A that I have revoked it. Furthermore, I understand that it is my responsibility to notify P&A of all future changes to my bank account number and routing number. If I fail to notify P&A of changes of this nature, I will be responsible for reimbursing P&A for all applicable bank charges.

Employee Signature Date

P&A Group
17 Court Street
Buffalo, NY 14202

www.padmin.com
(800) 688-2611

P&A GROUP
EST. 1975