



2018 FLEXIBLE SPENDING ACCOUNT

Your fast track to savings.



EFFECTIVE JANUARY 1, 2018

TOLL FREE (800) 688-2611 : www.padmin.com

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 rules. For a detailed list of what is eligible please refer to page 9.

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 up to 30% 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 year during which expenses can be incurred. MTA employees have until March 15, 2019 to incur expenses for the 2018 plan year. (Per IRS regulations employers can offer either the grace period or the rollover provision, they cannot offer both.)

Mid Year Election and Status Changes - new employees please complete the application on page 11 and fax directly to the BSC. You may enroll on the 91st day of your employment at the MTA. For Mid Year Status Changes please contact the BSC at (646) 376-0123.

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. The MTA Open Enrollment is November 1, 2017 - December 15, 2017.

Plan year - the twelve month period during which the annual election is effective. The MTA plan year is January 1, 2018 - December 31, 2018.

Run-out period - a period of time after the plan year ends when participants may submit receipts for expenses that were incurred during the plan year or grace period. MTA participants have until June 30, 2019, to submit claims for expenses incurred from January 1, 2018 - March 15, 2019.

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 grace period. If you don't spend the money, you forfeit it.

WHAT IS AN 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. If you are a New Jersey taxpayer, the New Jersey state income tax will apply to any salary reductions that you elect and, if you are a Pennsylvania taxpayer, the Pennsylvania state income tax will apply to any salary reductions that you elect to pay for benefits under the Dependent Care Assistance Account option. The tax savings will reduce your taxable income. This program is completely independent from your health insurance. You do not have to enroll in health insurance in order to participate in a FSA!

A VALUABLE BENEFIT

FSAs are designed to cover predictable costs while reducing your taxable income. 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, 2015 the Supreme Court ruled that same-sex marriage is legal throughout the United States. 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.

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 up to 30% on qualifying expenses.*

When You Enroll

Determine the amount of eligible expenses you anticipate for the upcoming year. This determines your total annual election amount. To calculate how much will be deducted from your paycheck pre-tax, take your annual election amount and divide it by the number of paychecks you have. This is the amount that will be deducted from your paycheck each pay period.

EXAMPLE

Estimated amount of eligible expenses: \$720
Bi-weekly payroll: 24 paychecks*
 $\$720/24 \text{ paychecks} = \text{a deduction of } \30 per paycheck

No payroll deductions are taken from the first and last pay period in the calendar year.

Please note: members of certain unions may not be eligible to participate in the FSA program. Also, some members of certain unions will only save Federal and FICA taxes. Check with your union representative or collective bargaining agreement to see if you fall into this category. The term "Social Security tax savings" may also apply to Railroad Retirement taxes.

*Actual tax savings may vary depending on your individual tax bracket.

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. PLEASE NOTE: members of certain unions will only save Federal and FICA taxes. Check with your union representative or collective bargaining agreement to see if you fall into this category. The term "Social Security tax savings" may also apply to Railroad Retirement taxes.

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 an FSA. New hires can enroll up to the 90th day of employment and become eligible on the 91st day.

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.

Mid year election changes will be permitted to the extent permitted by IRS regulations. 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.

What happens if I retire or become ineligible to participate in the plan?

If you retire or become ineligible to participate in the plan (i.e., terminate employment), your contributions to your FSA will cease. If you have money credited to your Health FSA when you lose eligibility, the remaining account balance may be used to reimburse you for eligible expenses incurred prior to your retirement or termination date. If you have money credited to your Dependent Daycare FSA when you lose eligibility, the remaining account balance as of the date you lose eligibility may be used to reimburse you for eligible expenses incurred prior to your retirement or termination date or during the remainder of the plan year. All claims for your Health FSA or Dependent Daycare FSA must be submitted by June 30th of the following plan year.

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 \$516. 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 care while both parents work. The chart shows that this couple increases their monthly take-home by \$204 a month or \$2,448 total this year. That gives them additional money for the emergency expenses every family has and/or 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 pay the premium for non-employer vision insurance coverage, 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!

MONTHLY EXPENSES	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*	\$298	\$266	\$531	\$381	\$212	\$170
Monthly Social Security & Medicare Taxes	\$191	\$180	\$459	\$405	\$344	\$329
After Tax Income	\$2,011	\$1,904	\$5,010	\$4,514	\$3,944	\$3,801
After Tax Expenses						
Medical/Dental Expenses	\$150		\$300		\$200	
Child Care Expenses			\$400			
Monthly Spendable Income	\$1,861	\$1,904	\$4,310	\$4,514	\$3,744	\$3,801
Annual Increase in Take-Home Pay		\$516		\$2,448		\$684

*Federal and state taxes reflect 2016 federal tax rates and typical state taxes with standard deductions and exemptions.

PLEASE NOTE: members of certain unions will only save Federal and FICA taxes. Check with your union representative or collective bargaining agreement to see if you fall into this category. The term "Social Security tax savings" may also apply to Railroad Retirement taxes.

ACCOUNTS AVAILABLE

There are different kinds of Flexible Spending Accounts available where you can use pre-tax dollars for specific expenses. Below is an outline of each account available to you.

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.

Minimum Contribution Amount: \$100

Maximum Contribution Amount: \$2,600

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. The Health FSA is the only account where participants have access to their full annual election immediately. If you enroll in the Dependent Care Assistance Account, your annual election is not available immediately. You can only be reimbursed up to the amount that has been payroll deducted to date.

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.

Minimum Contribution Amount: \$100

Maximum Contribution Amount: \$5,000

REMINDER: your annual election amount is divided by 24 paychecks if you are on a bi-weekly payroll or by 48 paychecks if you are on a weekly payroll. No payroll deductions are taken from the first and last pay period in the calendar year. This amount is then deducted from every paycheck pre-tax.

Enroll in a Flexible Spending Account and save money on medical, dental, vision and daycare expenses for you and your eligible dependents!



HOW TO ENROLL IN YOUR FSA

Enrolling in a Health and Dependent Care FSA is fast and easy. You can enroll from November 1 – December 15, 24 hours a day, 7 days a week, through one of the below options.

OPTION 1: ONLINE ENROLLMENT

- 1 Go to www.padmin.com. Click **Online Enrollment** at the top of the page and select **FSA**.
- 2 Under **Existing User Sign-In** enter your username and password. Click **Go to Online Enrollment** and **Enroll Now**. (If logging in for the first time, use the New Sign-Up login box.)
- 3 Read the instructions and click **I Accept**. You're now in the online enrollment wizard! Keep your current election, change election, cancel your election or opt not to enroll.
- 4 **Pre-Confirmation Page** - View a summary of your elections. To make changes, click the blue pencil icon next to the account. Click **Next** to continue.
- 5 **Enrollment Complete Page** - Choose to e-mail or print your confirmation page. You can also access forms, update your direct deposit info and more.

ATTENTION FIRST-TIME USERS

Under the New User Sign-Up login box, enter your user ID (Employee ID Number or your Social Security Number). Your Employee ID Number is the last four digits of your Social Security Number, your birth month and your birth date: (ssssmmdd). You'll be prompted to create your unique username and password for your account.

OPTION 2: PHONE/IVR

- Call (877) 765-7137. To listen in English press 1; for Spanish, press 2
- When prompted, enter your Employee Identification Number (ssssmmdd) then press #
- Enter your date of birth (mmddyyyy)
- Follow the audio prompts to enroll in your medical or dependent care FSA

PLEASE NOTE: members of certain unions may not be eligible to participate in the FSA program. Also, some members of certain unions will only save Federal and FICA taxes. Check with your union representative or collective bargaining agreement category. The term "Social Security tax savings" may also apply to Railroad Retirement taxes.

CHANGING YOUR ELECTION AMOUNT

You may log back in or use the IVR to change your election amount through December 15, 2017.

MID YEAR ELECTIONS/NEW HIRES

Please complete the Enrollment Form on page 11 and fax the form to the BSC at (212) 852-8700.

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.

P&A BENEFITS CARD

The MTA offers a Benefits MasterCard for employees who participate in the plan. The Benefits Card works like 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.



Use your Benefits Card to purchase eligible FSA products right at the point-of-service!

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 Benefits Card online log into your P&A Account.

HOW TO SUBMIT A CLAIM

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, go to our website, www.padmin.com, from your smartphone and log into your P&A Account. Select **Upload** and follow the prompts on your screen.

Upload a Claim Electronically

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 **Upload Claim/Documentation**.

File a Paper Claim

Claims can also be faxed or mailed. Complete a claim form (log into your account at www.padmin.com to access and print the form) 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 and grace period. Each plan allows for a "run-out" period at the end of the plan year where claims incurred during the plan year and grace period can be submitted. Please see the glossary on the back of the front cover for important plan dates.

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

P&A GROUP MOBILE TECHNOLOGY

Getting quick and easy access to your account(s) on the go has never been easier! P&A Group offers you a variety of mobile tools to make managing your account easy, convenient and effective - the way it should be.

MOBILE SITE

Our mobile site allows you to manage your account directly from your smartphone or mobile device. You can check your account balance, submit a claim, contact us with a question or check out account tools to help oversee your plan. Visit www.padmin.com on your mobile device.

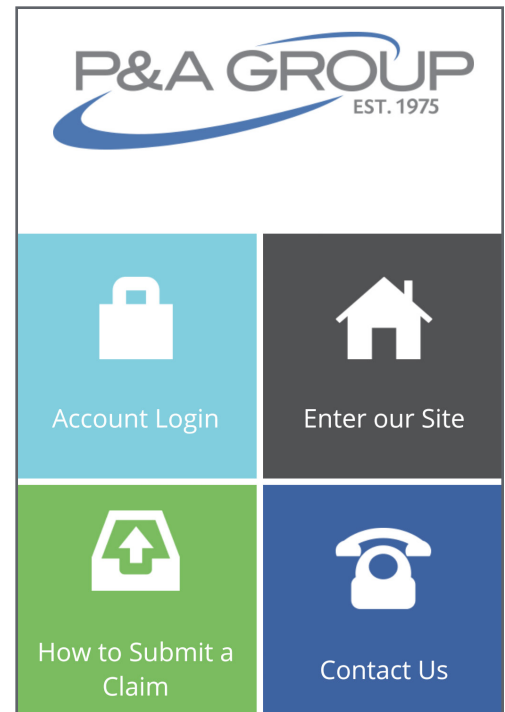
QUICKCLAIM

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

TEXT MESSAGING OPTIONS

Receive on-the-go account information via text message once you update your online profile with your mobile number. To update your profile, log into your P&A account at www.padmin.com (select **Login**, then **Employees**.) After your account is updated with your mobile number, you can text codes to the number 70626 and instantly receive updated account details!

FEATURE	TEXT CODE	INSTRUCTIONS
Account Balance	BAL	Text BAL to receive a text message with your account balance
Claim Status	CLM	Check the status of your most recent claim
History of Last Five Reimbursements	HIS	Instantly get an update on your last five reimbursements
Deposit Update	DEP	View your last five deposits into your account(s)



P&A GROUP MOBILE SITE

Visit www.padmin.com on your smartphone

QUESTIONS ABOUT YOUR PLAN? WE'RE HERE TO HELP

Customer Service Options

- 24/7 account access via IVR at (800) 688-2611
- Toll-free account information available in English & Spanish
- Customer service representatives available Monday through Friday: 8:30 am to 10:00 pm ET
- Live online chat available during customer service hours

Phone: (800) 688-2611 **Web:** www.padmin.com **Mailing Address:** 17 Court Street, Suite 500 Buffalo, NY 14202

CLAIMS & REIMBURSEMENT FAQs

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. (You have until March 15, 2019 to use any remaining funds in your 2018 FSA. Claims for the 2018 Plan Year must be submitted by June 30, 2019.) Reimbursements are based on when the service is provided, not when the service is billed or paid.

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 FSA:

- 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!

SAMPLE ELIGIBLE EXPENSES FOR FSA 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
- 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 (reimbursement is permitted for the cost difference between orthopedic shoes and regular shoes)
- 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

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

Never Eligible

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

SAMPLE ELIGIBLE EXPENSES FOR FSA REIMBURSEMENTS



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.

MTA FLEXIBLE SPENDING/CAFETERIA PLAN ENROLLMENT FORM

FOR NEW HIRES AND MID-YEAR ENROLLMENTS: please fax your completed form to the BSC at (212) 852-8700.

EMPLOYER NAME: MTA	PLAN YEAR: 2018	<input type="checkbox"/> MALE	<input type="checkbox"/> FEMALE	SOCIAL SECURITY NUMBER (MUST BE PROVIDED)
EMPLOYEE LAST NAME:	FIRST NAME	M.I.		
STREET ADDRESS	CITY	STATE	ZIP CODE	
HOME PHONE NUMBER	DATE OF BIRTH	AGENCY DIVISION	<input type="checkbox"/> SINGLE	<input type="checkbox"/> FAMILY
E-MAIL ADDRESS				
PAYROLL CYCLE	<input type="checkbox"/> WEEKLY	<input type="checkbox"/> BI-WEEKLY	<input type="checkbox"/> SEMI-MONTHLY	<input type="checkbox"/> MONTHLY <input type="checkbox"/> OTHER
DATE OF FIRST PAYROLL WITHHOLD:	MONTH	DAY	YEAR	
SPOUSE NAME: (FIRST, M.I.)	DATE OF BIRTH	DEPENDENT NAME: (FIRST, M.I.)	DATE OF BIRTH	
DEPENDENT NAME: (FIRST, M.I.)	DATE OF BIRTH	DEPENDENT NAME: (FIRST, M.I.)	DATE OF BIRTH	
DEPENDENT NAME: (FIRST, M.I.)	DATE OF BIRTH	DEPENDENT NAME: (FIRST, M.I.)	DATE OF BIRTH	

ACCOUNT TYPE	ELECTION AMOUNT	SHORT PLAN YEARS/MID-YEAR ENROLLEES (Please note below)
MEDICAL EXPENSE REIMBURSEMENT Examples: Doctor co-payments, eye glasses	_____Annual	Your election amount will be the full amount you are electing even if you will not be enrolled in the plan(s) for a full 12 month. This amount will not be prorated for your short plan year. New hires can enroll up to the 90th day of employment and become eligible on the 91st day.
DEPENDENT CARE ASSISTANCE Examples: Daycare centers, after-school programs, eldercare (Refer to page 14 for dependent daycare assistance account guidelines. Please also complete and submit the Dependent Care Documentation Form on page 13.)	_____Annual	

MINIMUM REIMBURSEMENT AMOUNT FOR PAPER CHECK IS \$25

PLEASE NOTE: For any enrollment/change forms effective outside of the initial plan year, the effective date will correspond with the next payroll period after the signature date. Claims reimbursement will be made only for expenses incurred on or after the signature date.

AUTHORIZATION

I hereby elect the benefits indicated above. I have read and understand the enrollment materials (flex brochure, enrollment form, daycare form, direct deposit form and claim form) and I authorize my employer to adjust my pay as required by my election. I understand that this election is binding and cannot be revoked or modified until the next plan year. I further understand that any amounts remaining in my account(s) not used for eligible expenses incurred during the period of coverage will be forfeited in accordance with the current plan provisions and tax laws.

SIGNATURE OF PARTICIPANT:

DATE: / /

This page has been left intentionally blank.

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: / /

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.)

LETTER OF MEDICAL NECESSITY FORM

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

Certain Flexible Spending Account (FSA) items are eligible for reimbursement only if a Letter of Medical Necessity Form 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 READ: This form is valid for one year from the date of signature. A new Letter of Medical Necessity Form must be submitted annually. 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 DOB
Employee Last Name	Employee First Name	Last 4 Digits of SSN or Member ID #
Patient Last Name (if different than above)		Patient First Name (if different than above)

PHYSICIAN'S DIAGNOSIS

This section must be completed by the attending physician to confirm if treatment is necessary for a specific medical condition.

Healthcare Provider Name		Provider License No.	Healthcare Provider Phone No.
Diagnosis Date (mm/dd/yyyy)	Treatment Start Date (mm/dd/yyyy)	Treatment End Date (mm/dd/yyyy)	
/ /	/ /	/ /	
Please diagnose the medical condition being treated			
Describe the required treatment			

I assert that this treatment is medically necessary to treat the specific medical condition noted above. This treatment is not in any way intended for general health maintenance or cosmetic purposes.

Healthcare Provider Signature:

Date: / /

X

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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: P&A Group 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

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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: P&A Group Attn: Flex Department 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):

Unless otherwise revoked, this authorization will expire on the following date: ____/____/____

If I fail to specify a date, this authorization will expire when I cease to be a participant under this plan.

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

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FLEXIBLE BENEFITS WORKSHEET

If you are unsure if an expense is eligible for reimbursement, please call P&A's customer service team at (800) 688-2611.

Health Flexible Spending Account

(Medical, dental, vision expenses)

Expense Category	Estimation of Annual Expense	Cumulative Total
Example-eye glasses	\$400.00	\$400.00
Health Insurance Deductible(s)		
Co-Insurance and Co-Pays		
Vision Care (contacts, glasses, etc.)		
Prescriptions		
Medical Appliances (wheelchairs, crutches)		
Dental Exams and Cleanings		
Braces and Retainers, Fillings, etc.		
(This amount would be calculated as your estimated annual election for this account) GRAND TOTAL: \$		

\$_____ ANNUAL ELECTION

Dependent Care Assistance Account

Expense Category	Estimation of Annual Expense	Cumulative Total
Babysitters, Daycare Centers, Nursery School		
After School Programs, Day Camp		
Elder Care		
(This amount would be calculated as your estimated annual election for this account) GRAND TOTAL: \$		

\$_____ ANNUAL ELECTION

TOTAL OF ALL ANNUAL ELECTIONS _____ DIVIDED BY PAYROLL CYCLE= \$ _____ /PER PAY _____

FLEXIBLE SPENDING ACCOUNT



P&A Group
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Buffalo, NY 14202
www.padmin.com
(800) 688-2611