YOU MUST COMPLETE and RETURN THE PREMIUM ONLY PLAN ENROLLMENT FORM and THE FLEXIBLE SPENDING ACCOUNT ENROLLMENT FORM every year.

INSTRUCTIONS FOR CAFETERIA PLAN ELECTION FORMS

1. If you would like your medical co-share contribution deducted from your pay on a pre-tax basis, please complete the Premium Only Plan Enrollment Form. If you do not want the deduction made pre-tax, check the box on the bottom of the form – “I was given the opportunity to participate in this Flexible Benefits Plan, and I do NOT want to participate in the plan.” Sign and date the form.

2. If you would like to participate in the district’s Flexible Spending Account (FSA), please complete the Flexible Spending Account Enrollment Form included in the packet. The Wilson Area School District FSA plan is designed with a full Medical FSA option and a Dependent Care option.
   - Medical FSA has a contribution limit of $2,700 for the plan year
   - Medical FSA offers a $500 rollover option per plan year
   - Dependent Care FSA has a contribution limit of $5,000 for the plan year
   If you do not wish to participate in the FSA, check the box on the bottom of the form – “I was given the opportunity to participate in this Flexible Benefits Plan, and I have decided not to participate at this time.” Sign and date the form.

3. If enrolling in the FSA, you will be issued a ‘MyAmeriflex’ Debit Mastercard. If you would like additional cards issued to your spouse or eligible dependent (age 18 and over), please complete page 2 of the FSA Enrollment Form.

Return all completed forms to Kelly Baltz at the Administration Office by **July 31st, 2019.**
Premium Only Plan Enrollment Form

Company Name: Wilson Area School District

Employee Name: Telephone:

Employee Address:

City: State: Zip:

Employee SSN/ID Number: Plan Year: 7/1/2019 through 6/30/2020

Date of Birth: Date of Hire: Effective Date: 7/1/2019

The Company and I hereby agree that my cash compensation will be redirected by the amounts set forth below for each pay period during the plan year (or during such portion of the year as remains after the date of this agreement). I understand that if I do not return this form to my employer by the deadline established by my employer, my employer shall deem this as an election to waive participation in the plan.

I UNDERSTAND THAT:

(1) If my required contributions for the elected benefits are increased or decreased while this agreement remains in effect, my compensation redirected will automatically be adjusted to reflect that increase or decrease.

(2) I cannot change or revoke this taxable compensation redirection agreement at any time during the plan year unless I have a change in family status (including marriage, divorce, death of a spouse or child, birth or adoption of a child, termination or commencement of employment of a spouse), or other such events as the Plan Administrator determines will permit a change or revocation of an election.

(3) The Plan Administrator may reduce or cancel my taxable compensation redirection or otherwise modify this agreement in the event he/she believes it advisable in order to satisfy the Internal Revenue Code. This agreement is subject to the terms of the Company's benefit plan(s), as may be amended from time to time, which shall be governed under applicable laws, and revokes any prior agreement relating to such plan(s).

By signing this form I agree to the terms and procedures listed herein.

☐ I was given the opportunity to participate in this Flexible Benefits Plan, and I do NOT want to participate in the plan.

Employee Signature

Date

Please present completed forms to your human resources representative.
Company Name: Wilson Area School District

Employee Name:
Employee Email Address:
Home Address:
City:
Telephone:
Date of Birth: 

Location:
SSN:
State: Zip:
Plan Year 9/1/2019 through 9/30/2020
Effective Date: 9/1/2019

The company and I hereby agree that my cash compensation will be redirected by the amounts set forth below for each pay period during the plan year (or during such portion of the year as remains after the date of this agreement). I understand that if I do not return this form to my employer by my effective date, it shall constitute my election to waive participation in all flexible spending programs under my employer's Flexible Benefits Plan and therefore cause me to pay non-reimbursable medical, dependent care, and/or commuter expenses (if any) with after tax dollars.

EMPLOYEE'S FLEXIBLE BENEFIT PER DAY DEDUCTION/ALLOCATION

MEDICAL FLEXIBLE SPENDING ACCOUNT

Full Flexible Spending Account Per pay contribution: $ Annual contribution: $ Date of first payroll: 9/12/2019 Number of remaining pays:

DEPENDENT CARE SPENDING ACCOUNT

Per pay contribution: $ Annual contribution: $ Date of first payroll: 9/12/2019 Number of remaining pays:

I UNDERSTAND THAT:

1) My account will not automatically renew. During each annual open enrollment period, I understand that I must complete a new enrollment form indicating my account contributions for the new plan year.

2) I cannot change or revoke this agreement at any time during the plan year unless I have a change in family status (including marriage, divorce, death of a spouse or child, birth or adoption of a child, termination or commencement of employment of a spouse, or such other events as the Plan Administrator determines will permit a change or revocation of an election). Note: This does not apply to Commuter Reimbursement Accounts.

3) The Plan Administrator may reduce, cancel, or otherwise modify this agreement in the event he/she believes it is advisable in order to satisfy certain provisions of the Internal Revenue Code.

This agreement is subject to the terms of the Company’s Flexible Benefits Plan, as amended from time to time, which shall be governed under applicable laws, and revokes any prior agreement relating to such plans.

By signing this form I agree to the terms and procedures listed herein.

I was given the opportunity to participate in this Flexible Benefits Plan, and I have decided not to participate at this time.

Employee Signature

Date

FSA_DCA_CRA_enroll_2015v1 TOLL FREE: 888.868.FLEX (3539) www.ameriflex.com
ADDITIONAL CARDS (only applicable if your employer has chosen this option)

If you wish to have an Ameriflex Convenience Card® issued for a spouse or dependent, please be sure your spouse or dependent meets the IRS eligibility guidelines below:

1. For federal tax purposes, a spouse includes all legally married same-sex or opposite-sex spouses, regardless of state residence.
2. A "dependent" generally includes any relative of the participant for whom the participant provides over half of their support for the calendar year. A relative includes children, parents, stepchildren, siblings, aunts, uncles, cousins, and in-laws of the participant. Relatives do not need to reside with the participant in order to be dependents, nor do they need to be a certain age or infirmity; they need only to be persons for whom the participant has provided over half of their support.

Spouse Name:
Address to issue card:
Telephone:           SSN:           Date of Birth:

All dependents must be age 18 or over in order to receive the Ameriflex Convenience Card®. If you previously added a dependent onto your plan, they will automatically be linked each year. It is your responsibility to add or remove dependents as needed. To add additional dependents or to remove dependents, please complete the section below.

1st Name: Dependent Name:
Address to issue card:
Telephone:           SSN:

2nd Name: Dependent Name:
Address to issue card:
Telephone:           SSN:

Each Ameriflex Convenience Card® is issued for a term of three years. Remember that existing cards will not renew to a new card unless the current card is scheduled to expire. Cards will always be "re-issued" for the next plan year with your new election. Upon enrollment, Ameriflex will automatically issue new cards to participants with current or the new plan year. For new participants, your Ameriflex Convenience Card® will be sent to your home address in a plain white envelope.

Employee Signature
Date
A PLAN THAT PUTS MORE MONEY IN YOUR POCKET

If you find yourself spending money out of pocket on medical expenses or dependent care expenses, participating in a Flexible Spending Account (FSA) can make these costs more affordable.

With an FSA, you elect to have a specified amount of money deducted from your paycheck (on a pre-tax basis) each pay period, meaning less of your hard-earned income is subject to tax. The example to the right demonstrates how you can increase your take-home pay with an FSA (if you were to elect a $250 annual pre-tax deduction).

TYPES OF FLEXIBLE SAVINGS ACCOUNTS

HEALTH FSA

Health FSAs are one of the most popular benefit plans offered by employers because they provide employees with a practical way to pay for everyday, routine medical expenses such as copays, deductibles, and vision care. Another big advantage—employee contributions are available on the first day of the plan year.

The annual limits for health FSAs are currently set by the employer. However, the health care reform law currently imposes a $2,700 cap on annual salary reduction contributions to health FSAs offered under cafeteria plans.

Please note: Effective January 1, 2011, no over-the-counter medicine or drug (with the exception of insulin) may be reimbursed by a health FSA without a legal prescription.

DEPENDENT CARE FSA

Similar to an FSA, a Dependent Care FSA (DCA) is an account that can be used by employees to pay for the daily care of an eligible child or adult dependent, so long as the dependent care service allows the employee and his or her spouse to be employed. Typical DCA expenses are those incurred to have a babysitter or day-care provider take care of an employee’s child (under the age of 13) while the employee and spouse are at work, or to take care of a spouse or other adult dependent who lives with the employee and is incapable of self-care.

The annual contribution limit for Dependent Care FSAs is the smallest of the following amounts: (1) $5,000 for married individuals filing a joint return or for unmarried individuals; (2) $2,500 for married individuals filing separately; (3) the employee’s earned income; or (4) the spouse’s earned income, if the employee is married at the end of the taxable year. All limits are based on the employee’s taxable calendar year.
IMPORTANT QUESTIONS ANSWERED

WHAT HAPPENS TO UNUSED FUNDS AT THE END OF THE PLAN YEAR?

The IRS allows employers to select one of two choices to address any unused funds at the end of the plan year: A Grace Period or Rollover.

A Grace Period is a 2.5-month period following the end of a plan year during which remaining funds can be used to pay for eligible expenses. In other words, employees may be permitted to submit eligible expenses incurred during the grace period and be reimbursed from unused funds remaining at the end of the plan year. Employers can also allow a maximum rollover of up to $500 for use in the following plan year. Please note that some employers may choose to opt out of both options. Log in to the MyAmeriflex Portal to determine whether or not a grace period or rollover is offered by your employer.

WHAT IF I WANT TO MAKE A CHANGE TO MY ELECTION?

A cafeteria plan must provide that employee elections are irrevocable and cannot be changed during the plan year. However, most employers allow employees to change their elections during the year if the employee experiences an event that falls under one of several exceptions allowed by the IRS (called "permitted change in elections events"). Specifically, an employer can design the cafeteria plan to permit an employee to change his or her election during the year if the employee experiences one of the permitted election change events. Please refer to your plan documents for any permitted election change events.

WILL ENROLLING FOR AN FSA IMPACT MY SOCIAL SECURITY BENEFITS?

Any reductions in your taxable income may also lead to a reduction in your Social Security benefits; however, for most employees, the reduction in Social Security benefits is insignificant when compared to the value of paying lower taxes.

DEPENDENT CARE TAX CREDIT VS. DEPENDENT CARE FSA

If you participate in a DCA, you cannot claim credits on your income tax return for the same expenses. Also, any amount reimbursed under this plan will reduce the amount of other dependent care expenses that you can claim for purposes of tax credits. Before you participate, you should evaluate whether the federal income tax credit will save you more money than the DCA. The relative tax advantages of each option, as well as the possible impact on your tax liability and your ability to take advantage of the Earned Income Tax Credit, may depend on the option you choose and your personal tax situation. If you are unsure about which option to choose, you should consult your tax or financial advisor.

HOW DO I FILE A CLAIM?

Filing a claim is a breeze with our MyAmeriflex Mobile App and/or MyAmeriflex Portal! After you register your account online at myameriflex.com, and you can request reimbursement, sign up for direct deposit, upload receipts, and pay a provider directly. Additional options such as email, mail, and fax are available.

For more information please visit myameriflex.com

Visit the FSA Store at: FSASStore.com/AMQRG
A MORE CONVENIENT WAY TO SUBMIT YOUR HEALTH CARE CLAIMS

Ameriflex is pleased to offer several features to enhance your spending account program via the MyAmeriflex Portal (formerly the Ameriflex Convenience Portal).

Through the online MyAmeriflex Portal, members can perform the following:

• Update demographic information
• Access dependent information
• Access and update direct deposit information
• View detailed eligible expense list
• Email the Ameriflex Member Services team
• Opt in and out of email communications
• Enter and upload claim requests and supporting documentation to expedite reimbursement process
• Online Claims Submission: Enter and upload claim requests and supporting documentation to expedite your reimbursement
• Pay Provider: Have your reimbursement sent directly to the provider

* Please note: If your employer sends eligibility data to Ameriflex via Electronic Data Interchange (EDI), you will be unable to update your demographic information through the portal. In this case you should contact your employer to update this information.

DON'T HAVE AN ONLINE ACCOUNT YET? IT'S EASY!

To create an online account, simply visit myameriflex.com. Select “Employee,” then “Login.” When prompted to enter your user ID and password, click “Register” and follow the instructions to complete the registration process. You will need your Member ID (SSN) and Ameriflex Convenience Card number (or Ameriflex Group ID if you do not have a Convenience Card).

Want to take control on-the-go? Download the MyAmeriflex Mobile App available on Google Play or the App Store.

WE'RE HERE TO HELP.
If you have any questions or concerns, please feel free to contact the Ameriflex Member Services team via live chat at myameriflex.com or at 888.868.FLEX (3539).

Ameriflex is recognized for award-winning service and technology innovation. To learn more about our commitment to exceeding industry standards, visit myameriflex.com/awards.
WELCOME

to your MyAmeriflex Card

Start enjoying the benefits of your new card today!
The MyAmeriflex Card provides you with easy access to the funds in your employee benefits account. Depending on the types of accounts your employer offers, you may be able to use your card to access funds in your Flexible Spending Account (FSA), Health Savings Account (HSA), or Health Reimbursement Account (HRA).

Your MyAmeriflex Card is already activated and ready to use!

HOW TO USE YOUR CARD:

The MyAmeriflex Card works just like a regular debit card, with three important differences:

1. Its use is limited to specific merchants and expenses deemed eligible by your account/plan type.

2. You cannot use your MyAmeriflex Card at an ATM or to obtain “cash back” when making a purchase.

3. You have the option to use a Personal Identification Number (PIN) with your card, which you can retrieve when you log in to the MyAmeriflex Portal. Or, you can select “Credit” at the payment terminal (no PIN required) to complete a transaction with your signature.

To manage your account and access specific details about your card, please log in to the MyAmeriflex Portal (myameriflex.com).

You can also contact our dedicated Participant Services team at 888.868.FLEX (3539).
Experience a more convenient way to shop for FSA-eligible products and supplies.

**Unused funds in your account at year-end?**
Don't let your hard-earned money go to waste. Stock up on first aid supplies or sunscreen for summer!

**Can't get to the store?**
The items you need are only a click away, and you can rest assured knowing your purchase is an FSA-eligible expense.

**Want to learn more about your FSA?**
They can help. FSA Store is home to an FSA Eligibility list, FSA Calculator, FSA Deadline Tracker, FSA Learning Center, and much more.

---

**YOUR SPECIAL DISCOUNT IS WAITING!**
Claim it today and start saving.

**MYAMERIFLEX.COM/FSA-STORE**