

## ***Flexible Spending Accounts, Supplemental Group Term Life Insurance***

### **Full-time Regular and Probationary Employees**

#### **FLEXIBLE SPENDING ACCOUNTS (FSA)**

**Definition:** Flexible Spending Accounts (FSA) provide a simple way to gain tax savings. Participating in an FSA allows you to contribute, on a pre-tax basis through payroll deduction, to a health care and/or dependent care account. When you incur eligible expenses, as defined by the IRS, you may receive tax-free reimbursement from your account(s).

**Plan Year:** The election is for the new Plan Year. Eligible expenses must be incurred during this period, regardless of when the service is billed or paid.

**Contributions:** Contributions for FSA's are deducted from each paycheck on a pre-tax basis. The annual contribution limits associated for each account are:

#### **1. Health Care Account (HCA):**

\$500 minimum; \$2,500 maximum (Annual)

- Please note that employee monthly health plan premium contributions towards healthcare costs are not included under this plan; do **not** include these premium contributions in your estimate for your HCA.
- Any unused funds remaining in your HCA account after the close of the plan year are forfeited as required by the IRS.
- For a detailed list of eligible expenses, please refer to *IRS Publication 502 (Health Care Expenses)* available online at <http://irs.gov>.
- Your first payroll deduction will occur on January 31 of the new Plan Year.

#### **2. Dependent Care Account (DCA):**

\$500 minimum; \$5,000 maximum (Annual)

Note: (DCA allows \$2,500 if married and filing separate tax returns)

HCA funds and DCA funds must remain separate. Contributions made to one account cannot be used to reimburse expenses for the other account.

The IRS provides for a maximum of \$5,000 in combined contributions to any DCA, per family, per calendar year. Any unused funds remaining in your DCA account after the close of the plan year are forfeited as required by the IRS.

Pre-tax deductions can be used to reimburse any child (under 13 years old) and dependent (elder) care expenses that would otherwise be eligible for a tax credit, as defined by the IRS. The care **provider** cannot be your child under age 19, or anyone else you or your spouse can claim as a dependent for tax purposes. You will be required to report the Tax ID Number or Social Security Number of your dependent care provider. For a detailed list of eligible expenses refer to IRS Publication 503 (Child and Dependent Care Expenses), available online at <http://irs.gov>. Your first payroll deduction will occur on January 31 of the new plan year.

#### **How to Make FSA Elections:**

- Prior to or during Online Open Enrollment, review your current FSA elections.
- Use FSA Worksheets available online at the Benefits website to estimate your eligible expenses for the new Plan Year.
- Make your elections at <http://www.ielect.com> for each plan year. It is **not** automatically renewed.

#### **FSA Election Changes During the Plan Year:**

You can only make election changes during the year within 31 days of a qualifying status change. There are two types of qualifying changes: (1) Family Status Changes and (2) Employment Status Changes.

#### **Deadline for Submission to Request Reimbursement:**

The deadline to apply for FSA reimbursement of expenses incurred for the Plan Year (January 1 – December 31) is March 31 of the following year. Failure to incur expenses within the Plan Year or to submit claims for reimbursement by the deadline will result in a forfeit of the balance of the

account(s) per IRS regulation. ***Please review the FSA Plan Description and Instructions online for more details at [www.healthhub.com](http://www.healthhub.com).***

**SUPPLEMENTAL TERM LIFE INSURANCE AND ACCIDENTAL DEATH & DISMEMBERMENT PLAN**  
(Underwritten by HARTFORD Life Insurance Company)  
Group # 677313

The minimum coverage for an employee's supplemental life policy is \$50,000, and for the spouse/domestic partner is \$25,000. However, the maximum supplemental term life coverage for the employee and spouse/domestic partner coverage is \$150,000. The dependent children coverage will remain unchanged at \$10,000.

EXISTING POLICY HOLDERS will be defaulted to the same level of coverage and premium for the new Plan Year. Therefore, to maintain your existing coverage, you do not need to fill out any paperwork.

TO ENROLL OR MAKE A CHANGE: To enroll or withdraw from the voluntary term life program, select new coverage, or make a change to your current policy. You must:

- Make your selection online via **[www.iElect.com](http://www.iElect.com)**.
- If enrolling or making a change, complete both the HARTFORD Life Insurance Application and Evidence of Insurability (EOI) forms through SECOVA online enrollment by the deadline.
  - » Failure to complete both online applications will automatically disqualify you from the Hartford underwriting application process.

**How to pay for your supplemental life premium?**

Your payroll deductions may change if you are in a different age bracket on January 1 of the new Plan Year. You can view premium rates on the iElect website. Premium rates are calculated on a monthly basis and payroll deductions will be deducted accordingly over the twelve pay periods. Hartford enforces the 12-months premium over 12 equal payroll deductions. To avoid late payment for 10- and 11-month employees, the District will apply a double (11-month employee: July or August + September) and/or triple (10-month employee: July + August + September) premium deduction at the earliest payroll cycle. This action will bring the account up-to-date with the payment schedule.

Please refer to the *Evidence of Coverage* or the *Summary Plan Description* for details of benefit limitations, exclusions, and general program parameters.