ProcessWorks
A UnitedHealthcare Company

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Flex Benefit Plan Enrollment/Change Form

Change Type: Date of event: ___/___/___
(Section 4 below must be completed)

- ☐ Address/Name change
- ☐ New Hire
- ☐ Termination (must complete COBRA form*)
- ☐ Change in Status_____
- ☐ Unpaid Leave of Absence
- ☐ Return from Leave of Absence

*For Out-of-Pocket Medical Expense account participants

Directions:

Employee - Complete Sections 1, 2 and 3

Employer - Complete 'Change Type' Box to the right and complete Section 4

Please call ProcessWorks if you have any questions

1 Employee Information

Social Security Number / ID	E-mail Address	Plan Year: From 01 / 01 / 2013 To 12 / 31 / 2013
Employee Name (Last name, First name, Middle Initial)		Effective Date: _____/_____/_____ (New Employees Only)
Employee Address (Street, Apt. #)		How often are you paid? ☒ Bi-Weekly (26/year)
Employee Address (City, State, Zip Code)		☐ Weekly (52/year) ☐ Semi-Monthly (24/year) ☐ Monthly (12/year) ☐ Other_____
Employer Name: DODGE COUNTY		Employer Branch Location: Not Applicable

2 Flex Benefit Election

I. Group Insurance Premiums

Health, Dental and Basic Life Insurance premiums may be deducted on a before-tax basis

☐ I elect to participate and wish to have my premium contributions paid with before-tax dollars.

☐ I do NOT wish to have my premium contributions paid with before-tax dollars. Please deduct these premiums from my paycheck on an after-tax basis.

II. Dependent Day Care Expenses

Used for day care expenses for a child, disabled spouse, or dependent that make it possible for you and your spouse, if applicable, to work.

☐ I elect to participate. The bi-weekly dollar amount I wish to place in this account for the plan year is: $ _____
(Maximum bi-weekly contribution allowed is $192.30 per family or $96.15 if married and filing separate tax returns.)

☐ I elect NOT to participate.

III. Out-of-Pocket Medical Expenses

Used for expenses not fully covered or ineligible for payment under your health care plans, such as deductibles, coinsurance, etc.

☐ I elect to participate. The bi-weekly dollar amount I wish to place in this account for the plan year is: $ _____
(maximum bi-weekly contribution allowed is $96.15. Minimum bi-weekly contribution is $3.85)
Do you or any of your family members participate in a Health Savings Account (HSA)? ☐ Yes ☐ No
(If yes, medical expenses for the FSA are limited to dental, vision, and expenses incurred after your deductible is met under the high deductible health insurance plan sponsored with the HSA program.)

☐ I elect NOT to participate.

3 Signature and Acknowledgment - The back of this form must be read before signing

If I have elected to participate in any of the above Flex Benefit options, I hereby authorize Dodge County to reduce my income subject to taxes in the total amount stated above for the above Plan Year. If my group insurance requires a change in my contribution during the Plan Year I authorize Dodge County to make the contribution adjustment.
This agreement will remain in effect for the Plan Year unless changed for reasons stated in the terms and conditions of the Plan on the back of this form. By affixing my signature below, I certify that I have examined this agreement and understand and agree to comply with the terms and conditions of the Plan. If this is a change in status, I certify that this change is consistent with the qualifying event. I agree to hold ProcessWorks and my employer harmless from any liability to my participation in this plan.

Employee Signature_____ **Date**_____/_____/_____

4 Employer's Use Only

Category	First Payroll Date	Last Payroll Date	YTD Deductions
Day Care	____/____/____	____/____/____	$_____
Medical	____/____/____	____/____/____	$_____

First Payroll Date applies if making a new election. Last Payroll Date and YTD Deductions apply if changing an old election or termination

Authorized Signature_____ **Date**_____/_____/_____

TERMS AND CONDITIONS

By signing the front of this election form, I understand that:

The dependent day care expenses and out-of-pocket medical expenses that qualify under Section 125 of the Internal Revenue Code are separate flexible benefit accounts. My contributions to and expenses incurred for each flexible benefit account are separate and non-transferable from one account to another.

I will be reimbursed for out-of-pocket medical expenses at any point during the Plan Year up to the amount of my Plan Year Election. Dependent day care expenses will not be reimbursed in excess of the amount in my flex account, unless otherwise specified by my employer.

In order to change my election after the Plan Year has begun, I must experience a qualified Change in Status Event. Election changes due to a Change in Status Event must be made within a reasonable time (usually 30 days before or after the event unless otherwise specified in my Summary Plan Description) AND must be consistent with the change that took place as defined by the IRS Consistency Rule. The effective date of the election brought forth by the Change in Status Event is the later of the: (1) date of the Change in Status Event, or (2) the date you requested the change, except for the birth or adoption of a child where HIPAA special enrollment rules apply. The following chart outlines the qualifying Change in Status Events:

Events for employer-sponsored health-related and group term life insurance plans and the out-of-pocket medical expense account
Change in Status - Qualifying Events
1. Change in legal marital status - Marriage, divorce, death of spouse, legal separation, and annulment. **2. Change in the number of tax dependents** - Birth, adoption, placement for adoption, and death of a dependent. **3. Change in employment status of the employee, employee's spouse or employee's dependent(s)** - Termination or commencement of employment, strike or lockout, commencement of, or return from an unpaid leave of absence, a switch between part-time and full-time employment, or a change in worksite. **4. Dependent satisfies (or ceases to satisfy) dependent eligibility requirements** - Due to attainment of limiting age under the insurance plan, gain or loss of student status, marriage or any similar circumstance. **5. Residence change of the employee, employee's spouse, or employee's dependent(s)** - Only allowable if the change in residence affects the employee's eligibility for coverage.
Consistency Rule
In order to change your election, the change must be on account of and correspond with a **Change in Status Event** that affects you, your spouse or your dependent's eligibility for the employer-sponsored benefit plan(s). In other words, the increase or decrease in your flexible benefit plan election amount must be consistent with the gain or loss of your eligibility to participate. If the Change In Status Event does not affect the eligibility of that insurance and/or out-of-pocket medical expense you cannot make the change. Special consistency rules also apply for the following situations: loss of dependent eligibility, gain of coverage eligibility under another employer's plan, and life or disability coverages. Should you need clarification of these events, please call ProcessWorks.
Additional Change in Status - Qualifying Events
Cost changes with automatic election increases/decreases,* significant cost increases,* significant coverage curtailment,* addition or elimination of benefit package options offered by your employer,* change in coverage of spouse or dependent under another employer's plan,* Family Medical Leave of absences as qualified under FMLA, HIPAA special enrollment rights, qualification and election under COBRA or state continuation,* Medicare or Medicaid entitlement or curtailment, or a judgment, decree or court order including a Qualified Medical Child Support Order. * Does not apply to the out-of-pocket medical expense account.
Events for Dependent Day Care Account
Marriage, divorce, death, birth or adoption of a child of the employee, termination or commencement of employment of the employee's spouse, a switch between full-time and part-time by the employee or employee's spouse, taking an unpaid leave of absence or returning from an unpaid leave by the employee or employee's spouse, going on or returning from a Family Medical Leave of absence as qualified under FMLA.

The Plan Administrator may reduce or cancel my compensation redirection or otherwise modify this agreement in the event it believes the reduction or cancellation is advisable in order to satisfy certain provisions of the Internal Revenue Code. Prior to each Plan Year I will be given the opportunity to change my Flexible Benefit Plan Election for the upcoming Plan Year.

My election of benefits shall cease upon termination of my employment. If my Employer is subject to COBRA, I may continue my out-of-pocket medical participation with after-tax contributions, if I so elect, pursuant to my rights under COBRA. If I do not elect COBRA for my out-of-pocket medical account, my benefits are limited to the time from which the Plan Year began and my last day of employment.

My Social Security benefits may be affected because I am lowering my taxable income by electing to participate in the Flexible Benefit Plan. This means that my Social Security benefits could be decreased because of the decreased amount of compensation which is considered for Social Security purposes. In most cases, my Flexible Benefit Plan election will not affect any other benefits I receive from my Employer. However, paying for disability income policies pre-tax will cause the benefits payable there under to be taxable.

To receive these tax-free benefits, I must plan ahead. Planning is important because the IRS says that I will lose any unused money in my flex accounts at the end of the Plan Year. These tax-free dollars can only be used for eligible dependent day care and out-of-pocket medical expenses that were incurred (not paid or billed) during the same Plan Year in which I set aside the money for. All claims must be submitted by the end of the Plan Year filing period. Any claims submitted after that time cannot be considered. Any monies forfeited may not be paid back to me in any manner or used to provide future benefits, according to IRS regulations.