HealthTrust

Town of Conway

Flexible Benefits Plan – *Enrollment Form*

First Name_____ Last Name_____ MI_____ Gender_____ Date of Birth_____ Marital Status _____

Social Security #_____ Home Telephone_____ Work Telephone_____ E-mail Address_____

Mailing Address_____ City_____ State_____ Zip_____

Premium Conversion (Pre-Tax Payroll Deduction of Insurance Premiums)

I understand that by electing this option my share of the premium under the plan(s) chosen below will be deducted from my paycheck on a **pre-tax** basis. If I do not elect Premium Conversion, my share of the premium under the plan(s) will be deducted from my paycheck on an **after-tax** basis. If my premium obligation increases or decreases during the Plan Year, my salary reduction will be adjusted automatically. The amount(s) of my required premium contribution for each plan has been provided to me by my employer in other plan materials.

❑ **I hereby elect to participate in Premium Conversion for the following plan(s) (check all that apply):**
❑ **Medical** ❑ **Dental** ❑ **Disability**

Cash Opt-Out

By electing this option, I am accepting cash in lieu of participation in the following plans (check all that apply). I understand this cash benefit is subject to federal income plus FICA and Social Security taxes, and I won't be eligible to receive benefits under any of the plans for which I elect the cash opt-out. The amount(s) of this cash benefit has been provided to me by my employer in other plan materials.

❑ **I hereby elect the Cash Opt-out benefit in lieu of participation in the following plan(s):** ❑ **Medical** ❑ **Dental**

Healthcare Flexible Spending Account (FSA) Election

I understand that by electing this option, my election amount will be deducted from my paycheck on a pre-tax basis in equal installments throughout the plan year, and this account will only reimburse IRS-eligible healthcare expenses that have not been reimbursed under any other plan.

❑ I do ❑ I do not want to participate in the Healthcare Flexible Spending Account. $_____ X _____ = $_____
Per Pay Period Election Amount # of Pay Periods Total Election Amount

Minimum Contribution Amount $ 100 Maximum Contribution Amount $ 2,550

Dependent Care Reimbursement Account (DCRA) Election

I understand that by electing this option, my election amount will be deducted from my paycheck on a pre-tax basis in equal installments throughout the plan year, and this account will only reimburse IRS-eligible dependent care expenses that have not been reimbursed under any other plan. I understand that the IRS requires disclosure of a Tax ID or the Social Security number of my daycare provider on my income tax filing and when applying for reimbursement from my Dependent Care Reimbursement Account.

❑ I do ❑ I do not want to participate in the Dependent Care Reimbursement Account. $_____ X _____ = $_____
Per Pay Period Election Amount # of Pay Periods Total Election Amount

Minimum Contribution Amount $ 400 Maximum Contribution Amount $ 5,000

Salary Reduction Agreement and Signature

I also understand and agree to the following:

- The total amount(s) stated above will be deducted from my paychecks on a pre-tax basis in equal installments throughout the Plan Year. I understand that this will lower my gross pay and, consequently, Social Security earnings for tax purposes.
- My elections, including any above stated salary reduction amount(s), must remain in effect until the end of the Plan Year or my employment termination date, whichever occurs first. However, in the event of a change in my family or employment status (i.e. marriage, divorce, birth, paid or unpaid leave of absence, change in hours, etc.), I may be allowed to change or revoke my election(s) and salary reduction amount(s) in accordance with plan rules.
- I will be obligated to re-pay any mistaken payments I receive from the Plan in accordance with the Plan terms.
- My Healthcare Flexible Spending Account will reimburse IRS-eligible healthcare expenses up to my annual election amount minus any amounts previously reimbursed. I (or my spouse if applicable) cannot make contributions to a Health Savings Account (HSA) while I am participating in the Healthcare FSA.
- My Dependent Care Reimbursement Account will reimburse IRS-eligible dependent care expenses only up to my account balance at the time of my request.
- IRS regulations require that I use all of my designated Healthcare FSA funds and all of my Dependent Care Reimbursement Account funds during the plan year **or forfeit remaining balances**.

Employee Signature _____ **Date** _____

Employer Information

Annual Open Enrollment _____ OR New Hire _____	If New Hire Date of Hire _____ Effective Date _____	Payroll Calendar: 12-month (26 pays) _____

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SCHEDULE A
HEALTHCARE FLEXIBLE SPENDING ACCOUNT
List of Eligible/Ineligible Expenses

Eligible Expenses

Below is a current list of healthcare expenses reimbursable under your Healthcare FSA account. These expenses must be medically necessary and satisfy all other requirements for reimbursement under your employer's Flexible Benefits Plan and applicable federal tax law. This list is intended to be a guide to assist you in determining whether an expense is eligible for reimbursement. This is not an exhaustive list. This list may be modified from time to time. For specific questions regarding expenses eligible for reimbursement, please contact HealthTrust's FSA Administrator.

Acupuncture
Alcoholism treatment program fees
Ambulance service
Artificial limbs
Birth control pills and devices
Braille books and magazines (above the cost of regular print)
Breast pumps and supplies that assist lactation
Breast reconstruction surgery (following mastectomy)
Capital expenses (for special equipment installed in the home or for improvements if their main purpose is medical care)
Car modification for equipment installed for the use of a person with a disability
Childbirth classes (mother's costs only)
Chiropractic care
Christian Science practitioner fees
Co-insurance amounts
Contact lenses (including cleanser and saline solution)
Co-payments
Cosmetic surgery (only from congenital abnormality, personal injury or disfiguring disease)
Crutches
Deductibles
Dental expenses (non-cosmetic only)
Dentures
Diabetic Supplies
Drug addiction treatment at a therapeutic center
Eye Exams
Eyeglasses
Guide dog or other animal used by person with a physical disability
Hearing aids and batteries
Hospital fees
Infertility treatments
Insulin
Laboratory fees
LASIK
Learning disability (tuition payments or tutors' fees for child with severe learning disabilities caused by mental or physical impairments, only if doctor recommends child attend the school)
Lodging and meals (at a hospital or similar institution if main reason for being there is to receive medical care or accompanying a dependent receiving the care)
Medical equipment, supplies and diagnostic devices (for diagnosis, cure, mitigation, treatment or prevention of disease)
Medical services provided by physicians, surgeons and specialists (non-cosmetic only)
Mileage (only for the purpose of receiving medical services)
Naturopathy (for treatment of specific medical conditions)
Optical Care by Optometrist/Ophthalmologist or Optician
Organ transplants
Orthodontia
Orthotic Inserts
Physical exams (except for employment-related physicals)
Physical Therapy
Prescribed Medicines and drugs
PRK (photo refractive keratectomy)
Prosthesis
Psychiatric care
Psychoanalysis
Psychological treatment
Schools, special (a school that teaches Braille, lip-reading, remedial language training to correct condition cause by birth defect)
Smoking cessation programs

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Special Foods (prescribed by a physician at costs in excess of commonly available products)
Sunglasses (Prescription)
Teeth guards (except for sports use)
Vaccines
Vasectomy
Wheelchair costs
X-rays

Ineligible Expenses

Breast augmentation such as implants or injections
Church of Scientology audits
Cord blood storage
Cosmetic surgery
Dancing lessons, swimming lessons, etc. (even if recommended by a doctor)
Dependent care
Ear or body piercing
Electrolysis or hair removal
Employment-related expenses (i.e. work physicals)
Exercise/fitness programs or equipment
Finance or missed appointment charges
Funeral expenses
Hair transplant
Health club dues
Household help (even if recommended by doctor)
Insurance premiums
Lead-based paint removal
Marriage counseling
Massage (unless prescribed and substantiated by physician to treat physical defect or illness)
Maternity clothes
Mattresses/mattress boards
Medical alert devices
Medical savings accounts (MSAs)
Nutritional supplements (unless prescribed and substantiated by physician to treat physical defect or illness)
Resort/Spa
Sunglasses (non-prescription)
Weight loss program (not for general health even if doctor prescribes the program)

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Eligible Over-the-Counter (OTC) Products

IMPORTANT NOTE REGARDING OTC ITEMS

The recently enacted Patient Protection and Affordable Care Act of 2010 has changed the rules for the purchase of OTC products using your Flexible Spending Account (FSA) pre-tax funds. Beginning January 1, 2011, OTC drugs and medicines are not eligible for FSA reimbursement unless: the program participant obtains a prescription for the drug or medicine, the prescription meets the legal requirements of a prescription in New Hampshire, and the prescription is issued by an individual who is legally authorized to issue a prescription in New Hampshire. OTC supplies and equipment (e.g. bandages and reading glasses) are not impacted by the legislation and continue to be eligible without a prescription.

Under current IRS rules, your Benny Prepaid Benefits Card may be used for the purchase of OTC drugs and medicines as long as the prescription is filled by a pharmacist and an Rx number is assigned. If your OTC prescription is not filled by a pharmacist, you must pay out of pocket and submit a claim for reimbursement. Any debit card use and reimbursement of qualifying OTC products will be only to the extent permitted by applicable IRS rules in effect at the time the item is purchased. This list may be modified from time to time. It is recommended that participants use caution when including OTC drugs and medicines in their annual FSA elections.

Ineligible Over-the-Counter Medicines and Drugs (unless prescribed in accordance with state laws)

- Acid controllers
- Allergy & sinus
- Antibiotic products
- Antifungal (foot)
- Antiseptics & wound cleansers
- Anti-diarrhea medicines
- Anti-gas
- Anti-itch & insect bite
- Baby rash ointments
- Baby teething pain
- Cold sore remedies
- Contraceptives
- Cough, cold & flu
- Denture pain relief
- Digestive aids
- Ear care
- Eye care
- Feminine antifungal & anti-itch
- First aid burn remedies
- Foot care treatment
- Hemorrhoidal preps
- Homeopathic remedies
- Incontinence protection & treatment medications
- Laxatives
- Medicated or unmedicated nasal sprays, drops & inhalers
- Medicated or unmedicated respiratory treatments & vapor products
- Motion sickness
- Oral remedies or treatments
- Pain relief (includes aspirin)
- Skin treatments
- Sleep aids & sedatives
- Smoking deterrents
- Stomach remedies

Eligible Over-the-Counter Items (you can use your benefits card for these items)

- Baby Electrolytes and Dehydration
- Blood Pressure Monitors
- Cholesterol Testing
- Condoms
- Contacts Lens Care
- Diabetes Testing and Aids
- Family Planning (pregnancy and ovulation kits)
- First Aid Supplies (bandages, band-aids, hot/cold packs, gauze pads, non-sports tapes)
- Hearing Aid Batteries
- Incontinence Products (e.g. Attends, Depends)
- Reading Glasses
- Thermometers

Ineligible Over-the-Counter Items

- Chapstick
- Cosmetics
- Deodorant
- Face Creams
- Feminine hygiene products
- Hand lotion
- Moisturizers
- Mouthwash
- Suntan lotion (unless >30 spf)
- Toothpaste
- Vitamins & supplements (unless prescribed and substantiated by physician to treat physical defect or illness)
- Weight loss drugs

Disclaimer: The information contained in this document is not a substitute for legal or tax advice. HealthTrust has attempted to provide accurate information but makes no representation or warranties (implied or expressed) as to the accuracy of this material or its compliance with applicable local, state or federal law. For advice, you should consult your legal or tax advisor.