

General Information

Baldwin Whitehall School District Flexible Spending Account
 July 1, 2018 through June 30, 2019

What is a Flexible Spending Account: A Flexible Spending Account (FSA) allows you to set aside a portion of earnings to pay for qualified medical and/or dependent care expenses. The benefit of a FSA is that the money deducted from your pay for a FSA is not subject to payroll taxes, resulting in substantial payroll tax savings.

Eligibility

Regular, full-time employees may begin participating on first of the month coinciding with or immediately following date of hire. You are considered a full-time employee for this benefit plan if you are regularly scheduled to work at least 10 hours per week and are over the age of 19.

Benefits

Important:

- Every eligible employee who wishes to participate in the FSA MED or FSA DEP must complete an enrollment form each year. If you fail to complete an enrollment form in any plan year’s open enrollment period it will be assumed that you do NOT wish to participate for the applicable plan year.
- Once you make your election it cannot be changed for the remainder of the plan year without an eligible change in status (i.e. marriage/divorce, birth/adoption of a child). Please estimate carefully.

Medical Care Flexible Spending Account (FSA MED)	Your pre-tax contributions to this account can be used to reimburse eligible healthcare expenses <u>incurred</u> during the plan year or by your termination date. Your full account election will be available on the first day of the plan year.	Maximum Annual Election: \$2,650 Minimum Annual Election: \$120
Dependent Care Flexible Spending Account (FSA DEP)	Your pre-tax contributions to this account can be used to reimburse eligible daycare expenses <u>incurred</u> during the plan year. Your account will be funded as contributions are withheld from your paycheck.	Maximum Annual Election: \$5,000 (\$2,500 if married, filing separately) Minimum Annual Election: n/a

mySourceCard™ Enrollment / Reimbursements

Important:

- It is our recommendation that you review your account information periodically by logging into your participant portal via our website www.innovaben.com. If this is your first time logging in, please choose “Register”. Your login ID is your Social Security Number and the Employer code is 75688832.

mySourceCard™ Enrollment	For your <u>payment</u> convenience, and as a participant in one or more of the Reimbursement Plans indicated on this form, you will be issued a <i>mySourceCard™</i> MasterCard® Debit Card issued by Armstrong Bank, and agree to use it according to the terms of this Agreement and the Cardholder Agreement that will be provided to you with the Card.
Reimbursements	You may also be reimbursed for expenses that you have not used your debit card for by submitting a claim to INNOVA. Payments will be processed weekly via direct deposit. Minimum reimbursement amount (except at year end) is \$25.

Unused Funds

This plan does not allow any unused contributions to be carried forward to the next Plan Year or to be refunded to you. You will have an additional 2 ½ months (September 15) Grace-Period in which to incur expenses. You will also have a period of time after the end of the Plan Year (September 30) to submit claims for expenses incurred during the Plan Year. This period of time is known as the “Run-Out Period.” Any money left in your account after the end of the Run-Out Period will be forfeited to your employer in accordance with the Internal Revenue Code and Regulations. Your employer cannot refund this money to you but may use it to offset the cost of employee benefits.