


FLEXIBLE SPENDING ACCOUNT



*A user guide for
managing your
FSA for you and
your family.*

www.padmin.com

FLEXIBLE SPENDING ACCOUNT WORD GLOSSARY

Unsure of what a certain word means? Search our glossary for definitions of commonly used words.

Annual election amount - this is the total dollar amount you elect to put into your FSA at the beginning of each plan year.

Dependent - a person whose expenses are eligible for reimbursement through the employee's FSA. A dependent is usually an employee's spouse or child(ren) under age 27. Please visit our website www.padmin.com for more information.

Eligible expense - items that are reimbursable under the FSA Plan are classified as "eligible expenses" according to IRS rules. For a detailed list of what is eligible please refer to page 9.

FICA - taxes collected for Social Security and Medicare benefits.

Flexible Spending Account - also known as an FSA; a pre-tax benefit plan that enables the employee to save 30-40% on eligible expenses. By enrolling in this plan the participant saves on state (except in New Jersey), federal and FICA taxes.

Grace period - an employer-chosen extension of the plan year during which expenses can be incurred.

Health FSA rollover - an employer-chosen provision allowing up to a maximum of \$500 of unused Health FSA funds to roll over into the next plan year.

Open Enrollment - a designated time, prior to the start of your plan year, during which employees can enroll in the FSA plan and change their benefit elections.

Plan year - the twelve month period during which the annual election is effective.

Run-out period - a period of time after the plan year ends during which participants may submit receipts for expenses that were incurred during the plan year or grace period.

Uniform Coverage Rule - this rule allows you to access your entire annual election for the Health FSA immediately after the start of the plan year. All other accounts are "pay-as-you-go." This rule only applies for the Health Flexible Spending Account.

Use or Lose Rule - an IRS rule which states that employees must spend any remaining balance in their FSA by the end of the plan year. If you don't spend the money you forfeit it.

WHAT IS AN FSA?

A Flexible Spending Account is a program that the Federal Government allows your employer to sponsor. It enables you (the employee) to save Federal, state and Social Security (FICA) taxes on the money you use to pay for eligible expenses. The tax savings will increase your take-home pay.

A VALUABLE BENEFIT

If you choose to participate in this valuable benefit, you and your eligible dependents can pay for medical, dental and vision expenses, dependent care expenses, non-employer sponsored dental/vision/accident insurance premiums, and adoption expenses on a tax-free basis. Use this brochure as a quick reference for questions you may have throughout the year.

WHOSE EXPENSES ARE ELIGIBLE?

Under the plan, only the expenses of a participant, a participant's spouse or a participant's dependent(s) qualify for pre-tax treatment. If you are unsure if a person qualifies as an eligible dependent, please refer to the P&A website for a more detailed definition.

On June 26, 2015 the Supreme Court ruled that same-sex marriage is legal throughout the United States. Going forward, qualifying expenses incurred by a same-sex spouse will be eligible for reimbursement under your Flexible Spending Account.

Your Benefits Are Enhanced

FSAs are designed to cut predictable costs while increasing your take-home pay. Maximize every dollar by taking advantage of this benefit choice. Alleviate those high out-of-pocket expenses by enrolling in a plan that works for you.

When You Enroll

When you enroll you determine the amount of expenses you anticipate for the upcoming year. The benefits you elect are paid for with pre-tax dollars deducted from your paycheck each payroll period. These dollars are subtracted from your gross earnings before taxes are taken out.

How It Works

Under this plan you can use pre-tax money to pay for up to four different kinds of expenses, including: your medical, dental and vision care expenses that are not covered by your insurance; the cost of caring for a dependent while you work; the cost of dental, vision and accident insurance not provided by your employer; and, your cost for adopting a child.

Your Spendable Income Increases

When you elect pre-tax benefits under a flexible benefits plan, you lower your taxable income on your W-2; therefore, you pay less in taxes and increase your spendable income. Depending on your tax bracket, this plan can save you 30% to 40% on qualifying expenses.

ENROLLMENT INFORMATION

How are benefits paid for?

Any benefits you elect are paid for with money that is withheld from your pay. These pay reductions do not count as income for income tax or Social Security tax purposes. This means that the Plan allows you to use tax-free dollars for expenses that would otherwise have to be paid for with money that you have already paid taxes on.

When can I enroll?

Participants can enroll in an account during their open enrollment. This is the period of time determined by the employer when employees can elect their benefits and determine how much money to put into an FSA.

May I change my benefit election?

You may only make a change in your election(s) during open enrollment. This means you may not make a change in your election(s) after the open enrollment period unless you experience a qualifying event, which includes the following:

- a change in legal status (e.g., marriage, death of your spouse, divorce, legal separation or annulment),
- a change in the number of your dependents due to events such as birth or adoption,
- a termination or commencement of employment by your spouse or dependent and,
- a change in the place where you, your spouse or dependent work or reside.

Changes must be requested within 30 days of the qualifying event.

IMPORTANT NOTE: Remember, unless you experience one of the limited circumstances allowing for election changes during the Plan Year, you will not be able to reduce or increase the amounts designated on your enrollment form, nor will you be able to change amounts from one account to another. This is why you are encouraged to plan carefully before you enroll in this Plan.

Will my Social Security benefits be affected by my contributions to the Plan?

Your Social Security benefits may be slightly reduced because, when your pay is reduced to cover your benefits under the Plan, the amount of contributions that are made to the federal Social Security system to provide you Social Security benefits also are reduced. However, for most employees, the reduction in Social Security benefits will be insignificant compared to the value of paying lower taxes today.

The “Use-or-Lose” Rule

Under IRS guidelines, if you contribute dollars to a reimbursement account and do not use all of the money you deposit, you will lose any remaining balance in the account at the end of the plan year. Only contribute money you are confident you will use during the plan year to pay for qualified expenses.

If your employer selects the option to add the grace period provision or Health FSA rollover provision to the plan the “use-or-lose” rule will be modified. In the case of the Health FSA rollover, the use-or-lose rule no longer applies to the Health FSA if this provision is selected. Please check your Summary Plan Description (SPD) for details specific to your plan.

TAX SAVINGS

Whether you are an individual, part of a dual-income household or a couple with one working spouse, a Flexible Spending Account will provide you with additional benefits and more take-home pay.

INDIVIDUAL

In the illustration below, the single employee earns \$30,000. She uses the flex plan to pay for her health insurance co-payments and deductibles and, since she has no dental insurance, her dental expenses. This way she increases her take-home pay by \$528. That is additional take-home pay she can use for herself!

WORKING COUPLE WITH DEPENDENTS

This husband and wife both work. They have two children. He makes \$30,000 and she earns \$42,000 per year. They use the flex plan to help pay for orthodontia and child care

for their younger child. The couple also use their flex plan to pay for vision insurance premiums for their child who is too old to be covered by their company plan. The chart shows that this couple increases their monthly take-home by \$207 a month or \$2,448 total this year. That gives them additional money for the emergency expenses every family has and allows them to set some money aside to fund an additional retirement plan.

COUPLE – ONE WORKING SPOUSE

With grown children and only one spouse working, this couple has no child-care expenses. The annual salary of the working spouse is \$54,000. They use the flex plan to pay the premium for non-employer vision insurance coverage, to meet their health insurance deductibles, and to pay dental care expenses. The flex plan increases the spouse's take-home pay by \$57 per month, or \$684 for the year – a nice raise for the family budget!

MONTHLY EXPENSES	INDIVIDUAL		WORKING COUPLE WITH DEPENDENTS		COUPLE- ONE WORKING SPOUSE	
	Without FSA	With FSA	Without FSA	With FSA	Without FSA	With FSA
Gross Monthly Income	\$2,500	\$2,500	\$6,000	\$6,000	\$4,500	\$4,500
Less Non-Deductible Benefits						
Non-Employer Vision Insurance Premiums		\$75		\$150		\$100
Medical/Dental Expenses		\$75		\$150		\$100
Child Care Expenses				\$400		
Total Monthly Income Subject to Tax	\$2,500	\$2,350	\$6,000	\$5,300	\$4,500	\$4,300
Monthly Federal & State Taxes*	\$299	\$267	\$534	\$384	\$216	\$174
Monthly Social Security & Medicare Taxes	\$191	\$180	\$459	\$405	\$344	\$329
After Tax Income	\$2,010	\$1,903	\$5,007	\$4,511	\$3,940	\$3,797
After Tax Expenses						
Non-Employer Vision Insurance Premiums	\$75		\$150		\$100	
Medical/Dental Expenses	\$75		\$150		\$100	
Child Care Expenses			\$400			
Monthly Spendable Income	\$1,860	\$1,903	\$4,307	\$4,511	\$3,740	\$3,797
Annual Increase in Take-Home Pay		\$516		\$2,448		\$684

*Federal and state taxes reflect 2015 federal tax rates and typical state taxes with standard deductions and exemptions.

ACCOUNTS AVAILABLE

There are four different kinds of Flexible Spending Accounts available where you can use pre-tax dollars for specific expenses. Below is an outline of each account available to you.

HEALTH FLEXIBLE SPENDING ACCOUNT*

Covers medical, dental and vision expenses that are only partially covered or not covered at all by your insurance, including insurance deductibles, insurance co-payments and over-the-counter medications by prescription.

Health FSA Annual Election Amount

If you make an election under the Health FSA, the amount that you elect will be immediately credited to the account in your name. Starting on the first day of the Plan Year, you will be entitled to be reimbursed for claims up to the entire elected amount at any time during the Plan Year, even if the total salary reduction contributions that you have made to your Health FSA are less than the total amount of claims that you have submitted.

DEPENDENT CARE ASSISTANCE ACCOUNT

Covers amounts you pay to daycare centers, after school programs, babysitters, caregivers or elder care so that you and your spouse can work.

INDIVIDUAL PREMIUM REIMBURSEMENT ACCOUNT

Allows you to be reimbursed for individual accident/vision/dental premiums or disability premiums not provided by your employer.

PLEASE NOTE: If you use this pre-tax account to pay for the cost of your individual disability policy, the benefit you would receive will be taxed. The IRS will not allow you to use tax-free dollars and receive a tax-free benefit for the same expense.

ADOPTION ASSISTANCE ACCOUNT

Reimburses you for the reasonable and necessary expenses that you incur in the process of adopting an eligible child, including adoption agency fees, court costs and attorney fees.

PLEASE NOTE: This account is subject to FICA taxes. You save only federal and state income taxes.

**The Health Flexible Spending Account is the only account where participants have access to their full annual election immediately. All other accounts accrue the election amount on a per pay deduction basis.*

P&A BENEFITS CARD

P&A offers a Benefits MasterCard to participating employers who choose this option for their employees. The Benefits Card works like a debit card. When you incur an eligible expense present your Benefits Card to the provider of the goods or services you are purchasing. Swipe your card at the point-of-service and the expense will automatically be deducted from your Flexible Spending Account balance. If you are unable to use your Benefits Card you can still be reimbursed for all eligible expenses. See below.

The debit card is valid for three years from the date of issue. When it's time for you to receive a new card, your card will automatically be mailed to your home address in a plain white envelope. Additional cards may be ordered online for your spouse or eligible dependent (must be 18 years old). To order a Benefits Card online log into your P&A Account.



Use your Benefits Card to purchase eligible FSA products right at the point-of-service!

HOW TO SUBMIT A CLAIM

Submit a claim electronically through one of our paperless options. It's secure, quick and easy- perfect for your busy lifestyle.

QuikClaim Mobile Claim Submission*

Submit a claim directly from your smartphone! First, capture a picture of your receipt or other supporting documentation for your eligible expense. Next, go to our website on your smartphone - www.padmin.com- and log into your P&A Account. Select Upload and follow the prompts on your screen.

Upload a Claim Electronically

Upload proof of purchase for your eligible expense (i.e., cash register receipt, EOB) by first scanning the documentation into your computer. Then log into your account and select the Upload a Claim option.

File a Paper Claim

Claims can also be faxed or mailed to us. Complete a claim form (log into your account at www.padmin.com to access and print the form) and fax or mail to P&A Group, along with proof of purchase of your eligible expense (i.e., itemized receipt, EOB).

Toll-free fax: (877) 855-7105

Mail: 17 Court Street, Suite 500 Buffalo, NY 14202

Claims can be submitted for reimbursement for qualified expenses incurred during the plan year. Each plan allows for a "run-out" period at the end of the plan year where claims incurred during the plan year can be submitted. (Refer to your plan summary for the "run-out" time period allowed.)

Reimbursements are based on when the service is provided, not when the service is billed or paid.

**Not all mobile claim upload features are currently available on all mobile devices or with all operating systems. Wireless carrier fees may apply. Requires at least a 2-megapixel camera.*

CLAIMS & REIMBURSEMENT FAQs

How does P&A reimburse me?

The quickest way to receive your money is by direct deposit to your personal checking or savings account. You can sign up for direct deposit by completing and submitting the direct deposit authorization agreement (see page 17). You can also receive your money via check mailed to you at home. Once enrolled in direct deposit, all deposits are made via direct deposit until we are otherwise notified.

What is the maximum amount I can be reimbursed?

Medical, dental, vision expenses will be reimbursed based on the total amount indicated on the claim request. This amount must not exceed your total plan-year election amount.

Dependent care expenses will be reimbursed based on the amount indicated on the claims request up to the total amount in your account (payroll deducted) at the time the claim is received. Total amounts must not exceed your plan-year election amount and must be submitted with appropriate documentation to verify eligibility of expenses.

Minimum check reimbursement amount is \$25.00

Minimum direct deposit reimbursement amount is .25¢

What documentation do I need to submit in order to get reimbursed?

FOR THE HEALTH FSA:

- Insurance company statement or Explanation of Benefits (EOB)
- Itemized bill from the provider showing date of service, services rendered, provider of service, amount paid and, if applicable, amount covered by insurance
- Prescription claims MUST include the Rx pharmacy receipt with Rx number. Credit card receipts are not acceptable

FOR THE DEPENDENT CARE ASSISTANCE ACCOUNT:

A claim must include the name, address and taxpayer identification number of the dependent care service provider. In the case of a babysitter, the taxpayer identification number is the babysitter's Social Security Number. If you cannot remit a copy of your bill/contract, your daycare provider can sign your claim form which you can then upload as your "receipt."

FOR THE INDIVIDUAL PREMIUM REIMBURSEMENT ACCOUNT:

When submitting a claim for this account you must include a copy of the insurance company billing statement or vision/accident/dental COBRA invoice.

FOR THE ADOPTION ASSISTANCE ACCOUNT:

P&A must have evidence that you have started an adoption. This would be apparent if you submit a bill from an adoption agency or a document from a court indicating the nature of the judicial proceeding. Also, P&A must be able to see that expenses like travel costs are related to your adoption proceeding.

RECEIVE FASTER REIMBURSEMENTS! ENROLL IN DIRECT DEPOSIT!

Go green with this paperless process and enjoy receiving your reimbursement quicker, without the hassle of a check.

Upload claims directly from your smartphone when you go to www.padmin.com and log into your account. It's fast, secure and built to meet your on-the-go needs!

P&A GROUP MOBILE TECHNOLOGY

Getting quick and easy access to your account(s) on the go has never been easier! P&A Group offers you a variety of mobile tools to make managing your account easy, convenient and effective - the way it should be.

MOBILE SITE

Our mobile site allows you to manage your account directly from your smartphone or mobile device. You can check your account balance, submit a claim, contact us with a question or check out account tools to help oversee your plan. Visit www.padmin.com on your mobile device.

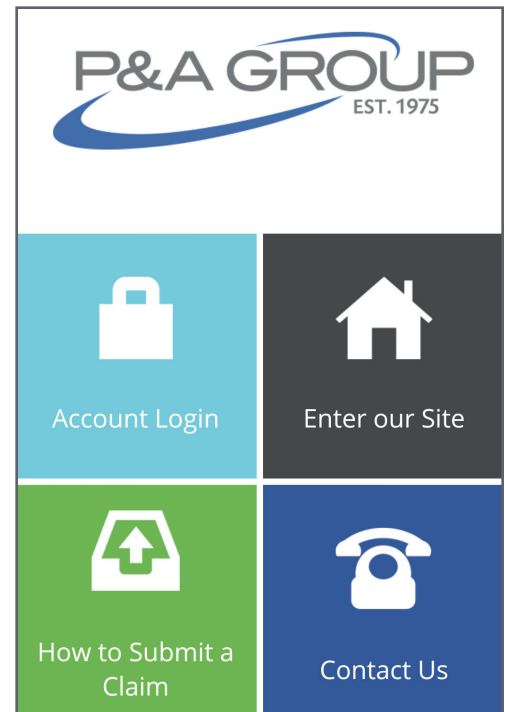
QUICKCLAIM

Submit your claims electronically. Log into your account and upload a claim, along with any supporting documentation.

TEXT MESSAGING OPTIONS

Receive on-the-go account information via text message once you update your online profile with your mobile number. To update your profile, log into your P&A account online at www.padmin.com (select "Login," then "Employees.") Once your account is updated with your mobile number, you can text specific codes to the number 70626 and instantly receive updated account details.

FEATURE	TEXT CODE	INSTRUCTIONS
Account balance	BAL	Text BAL to receive a text message with your account balance
Claim Status	CLM	Check the status of your most recent claim
History of Last Five Reimbursements	HIS	Instantly get an update on your last five reimbursements
Deposit Update	DEP	View your last five deposits into your account(s)



P&A'S MOBILE SITE

Visit www.padmin.com on your smartphone!

QUESTIONS ABOUT YOUR PLAN? WE'RE HERE TO HELP

Customer Service Options

- 24/7 account access via IVR at (800) 688-2611
- Toll-free account information available in English & Spanish
- Customer service representatives available Monday through Friday: 8:30AM to 10:00PM ET
- Live online chat available during customer service hours

Phone: (800) 688-2611 **Web:** www.padmin.com **Mailing Address:** 17 Court Street, Suite 500 Buffalo, NY 14202

VISIT OUR WEBSITE

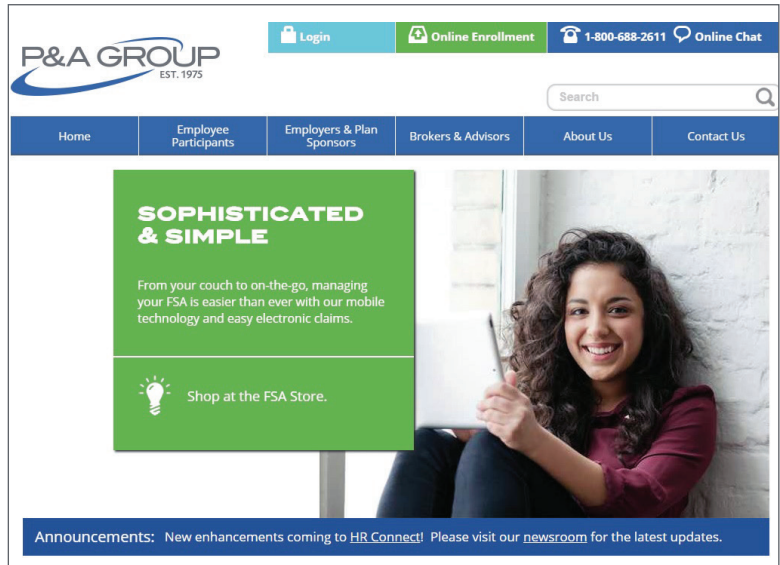
Managing your plan should be simple. At P&A we provide you with the convenience and dedication you deserve to ensure you have the best tools for your account. Check out our website at www.padmin.com for the latest information on all your benefit needs. Discover our streamlined tools and applications built specifically for you, to make account management convenient and straightforward. View your account balance or claim history, submit a claim electronically, or talk with a customer service representative through our live online web chat.

First Time Users

Access your account online by using our secure website www.padmin.com. Select the Login icon at the very top of the homepage and choose Employees. When you first log in, you must create a username and password. Follow the prompts on the screen.



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FSA STORE

Shop for exclusively stocked FSA products and services through FSA Store, P&A's vendor partner and one stop shop for your FSA needs!

Visit www.padmin.com/fsaextras and get instant access to great deals and more, including an FAQ Learning Center and upfront answers about which items require a physician's prescription.

Browse eligible items and start saving money today!



SAMPLE ELIGIBLE EXPENSES FOR FSA REIMBURSEMENTS

Eligible Health FSA Expenses

- Acupuncture
- Alcoholism treatment
- Ambulance hire
- Artificial teeth/dentures
- Bandages
- Blood pressure monitors
- Braces
- Braille-books and magazines
- Breast pumps and lactation supplies
- Cancer screening
- Chiropractors
- Co-insurance amount you pay
- Co-pay amount you pay
- Condoms
- Contact lenses and eyeglasses
- Contact lens solutions
- Cold/Hot Packs
- Cost of operations and related treatments
- Crutches
- Deductible medical coverage (amounts you pay)
- Dental fees
- Diabetic supplies
- Drug addiction treatment
- Eye exams, eye glasses, eye surgery
- Fertility treatments (in vitro fertilization, surgery)
- Guide dog/service animal (including purchase, maintenance)
- Intellectually/developmentally disabled person's school and education (i.e., payments made for a mentally impaired or physically disabled person to attend a special school including tuition, meals and lodging)
- Hearing devices and batteries
- Hospital services
- Incontinence products
- Insulin
- Laboratory fees
- Lead-base paint removal (for children with lead poisoning)
- Medical alert bracelets
- Medical information plan
- Mentally handicapped persons cost of special home care
- Nurses fees (including nurses' board and social security tax paid by you)
- Obstetrical expenses
- Operations
- Oxygen
- Prosthesis
- Pregnancy tests
- Psychiatrists' and psychologists' fees
- Radial keratotomy and Lasik eye surgery
- Roling therapy
- Routine physical & other non diagnostic services or treatments
- Smoking cessation programs
- Speech Therapy
- Special education for the blind
- Special plumbing for handicapped
- Sterilization (i.e., tubal ligation, vasectomy)
- Surgical fees
- Telephone, special for hearing impaired
- Television audio display equipment for hearing impaired
- Therapeutic care for drug and alcohol addiction received as medical treatment
- Thermometers
- Transportation expenses for person to receive medical care
- Vaccines
- Walkers
- Wheelchair
- X-rays
- First-aid cream
- Glucosamine
- Hemorrhoid treatments
- Humidifier
- Hypnosis
- Infertility treatments
- Lactose intolerance tablets
- Lamaze classes
- Latex gloves
- Laxatives
- Massage therapy
- Menstrual pain relievers
- Mineral supplements
- Motion sickness pills
- Nasal spray and strips
- Nicotine gum, patches
- Occupational therapy
- Orthopedic shoe inserts
(Reimbursement is permitted for the cost difference between orthopedic shoes and regular shoes.)
- Over-the-counter medications
- Petroleum jelly
- Prenatal vitamins
- Rogaine®
- Scooter, electric
- Sinus medication
- Stomach & Digestive relief items
- Sunburn cream (Solarcaine)
- Toothache and teething pain relievers
- Umbilical cord blood storage
- Urinary pain relief medication
- Varicose vein, treatment of
- Vitamins
- Wart removal medication
- Yeast infection medication

Eligible Expenses Only with a Prescription or Letter of Medical Necessity

- Analgesics, fever reducers, pain reducers (aspirin, ibuprofen, acetaminophen)
- Antacids and heartburn relief
- Antibiotic ointments
- Anti-itch creams and hydrocortisone creams
- Allergy medication, nasal sprays
- Arthritis pain relieving creams
- Athlete's foot treatment, anti-fungal creams
- Birth control
- Chondroitin
- Cold medicines, tablets, syrups, cough drops & lozenges
- Compression Hose
- Diaper rash ointment
- Dietary supplements
- Doula
- Ear wax removal kits
- Eczema treatments
- Exercise programs or equipment
- Fiber supplements

Never Eligible

- COBRA premiums
- Concierge service fees
- Cosmetic products and cosmetic surgery (unless to remediate damage from an illness or injury)
- Disposable diapers
- Diet program foods
- Electrolysis
- Feminine hygiene products
- Fitness programs*
- Hair transplants*
- Hand sanitizer
- Household help
- Maternity clothes
- Teeth whitening*

*Unless prescribed by a doctor to treat an existing illness or injury.

SAMPLE ELIGIBLE EXPENSES FOR FSA REIMBURSEMENTS

Eligible Dependent Care FSA Expenses

- Babysitters
- Daycare centers
- Nursery schools
- After-school programs
- Day camp
- Eldercare
- (Overnight camps are NOT eligible)

Eligible Individual Premium Account Expenses

- Individual dental/vision/accident coverage*
- Individual disability premiums*

***PLEASE NOTE:** If you use this pre-tax account to pay for the cost of your individual disability policy, the benefit you would receive will be taxed. The IRS will not allow you to use tax-free dollars and receive a tax-free benefit for the same expense.

Adoption Assistance Expenses

- Reasonable & necessary adoption fees
- Court costs
- Attorney's fees
- Travel expenses

Expense eligibility is subject to change. If you are unsure if an expense is eligible for reimbursement, please call the P&A Group at (800) 688-2611 or chat with a customer service representative through our online chat available at www.padmin.com. For a more extensive eligible expense list, please visit www.padmin.com.



LETTER OF MEDICAL NECESSITY FORM

Sign this form and submit it to P&A Group
Fax: (877) 855-7105 **Mail:** P&A Group 17
 Court Street Suite 500 Buffalo, NY 14202
 (800) 688-2611 | www.padmin.com
 Hours M - F 8:30 AM - 10:00 PM ET.

Certain Flexible Spending Account (FSA) items are eligible for reimbursement only if a letter of medical necessity is provided. The letter must include the diagnosis of a medical condition and state that the expense is necessary to treat the medical diagnosis. It must also include the length of treatment. Examples of expenses that are deemed as medically necessary in order to treat a medical condition (and therefore are eligible for reimbursement under the FSA plan) include massages, gym memberships and weight loss programs. Your physician must complete and sign the form below, thereby acknowledging that the medical expense is being used to treat a medical condition.

PLEASE READ: This form is valid for one year from the date of signature. A new letter of medical necessity form must be submitted annually. This form is not to be used for reimbursement of over-the-counter medications. Those items require a doctor's prescription as part of the Health Care Reform Act.

EMPLOYEE INFORMATION

Company Name		Employee DOB
Employee Last Name	Employee First Name	Last 4 Digits of SSN or Member ID #
Patient Last Name (if different than above)		Patient First Name (if different than above)

PHYSICIAN'S DIAGNOSIS

This section must be completed by the attending physician to confirm if treatment is necessary for a specific medical condition.

Healthcare Provider Name		Provider License No.	Healthcare Provider Phone No.
Diagnosis Date (mm/dd/yyyy)	Treatment Start Date (mm/dd/yyyy)	Treatment End Date (mm/dd/yyyy)	
/ /	/ /	/ /	
Please diagnose the medical condition being treated			
Describe the required treatment			

I assert that this treatment is medically necessary to treat the specific medical condition noted above. This treatment is not in any way intended for general health maintenance or cosmetic purposes.

Healthcare Provider Signature: X

Date: / /

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DEPENDENT CARE GUIDELINES

QUALIFYING INDIVIDUALS

Dependent care expenses must be provided to Qualifying Individuals. A Qualifying Individual is defined as any of the following:

1. A person under age 13 who is your “qualifying child” under the Internal Revenue Code (the “code”). i.e., (a) he or she has the same principal residence as you for more than half the year, (b) he or she is your child or step-child (by blood or adoption), foster child, sibling or step-sibling, or a descendant of one of them; and (c) he or she does not provide more than half of his or her own support for the year.

If you are divorced or separated, you must be the primary custodial parent of your child in order to be eligible for this account (irrespective of whether which parent may claim a personal exemption for the child on his or her federal income tax return). Non-custodial parents may wish to check with your legal or tax advisor to see if special rules apply to you that would enable you to utilize this account.

2. Your spouse if he or she is physically or mentally incapable of self-care and has the same principal abode as you for more than half the year.

3. A person who is physically or mentally incapable of self-care, has the same principal abode as you for more than half the year and is your tax dependent under the Code (for this purpose, status as a tax dependent is determined without regard to the gross income limitation for a “qualifying relative” and certain other provisions of the Code’s definition).

ELIGIBLE EXPENSES

Eligible expenses are defined as those that enable you (and your spouse, if any) to be gainfully employed* or to seek employment. They include the following:

1. Expenses for services provided by a dependent care center (including a day camp) that complies with all applicable state and local laws and regulations;
2. Expenses for the care of a Qualifying individual or for household services attributable in part to the care of a Qualifying individual
3. Expenses for services outside of your household for the care of a qualifying individual other than a person under age 13 who is your qualifying child, provided that qualifying individual regularly spends at least eight hours per day in your household.

In the case of any expenses for dependent care services provided by a child of yours, that child must be at least 19 years old at the end of the year in which the services were provided.

**If your spouse is a full-time student or is physically or mentally not capable of self-care, he or she is treated as if gainfully employed. A spouse is a “full-time student” if he or she is enrolled at and attends a school for the number of hours or classes that the school considers full time. Your spouse must have been a student for some part of each of five calendar months during the year.*

PROHIBITED EXPENDITURES

Expenditures that are prohibited for reimbursement include the following:

1. Babysitting for social events;
2. Educational expenses;
3. Charges for overnight camp
4. Expenses that you will take as a child care tax credit on your income tax return; and
5. Expenses for services provided by your spouse, by a parent of your under-age-13 qualifying child or by a person for whom you or your spouse is entitled to claim a personal exemption on a federal income tax return.

MAXIMUM ANNUAL CONTRIBUTION

The maximum annual contribution is \$5,000 (\$2,500 if you are married and file separate income tax returns), but no more than the lesser of the earned income of you or your spouse. If your spouse is a full-time student or incapacitated, the maximum annual election is \$3,000 for one child or \$5,000 for two or more children. (Amounts subject to change due to IRS guidelines.)

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AUTHORIZATION FOR RELEASE OF INFORMATION

The HIPAA law was enacted to ensure your healthcare information remains private. As the employee and holder of the spending account, you may want to authorize someone other than yourself to have access to your P&A Group claim and plan information. For example, you may ask your spouse to contact P&A and inquire about a claim. By law, our customer service agents cannot speak to your spouse unless you have authorized the disclosure of protected health information in writing. In order to make the transition of information as seamless as possible, please complete this form and submit it to P&A. Please note, this form can be completed electronically by logging into your P&A Account. You also have the option of sending this form to P&A via fax or mail.

Fax: (877) 855-7105 Mail: 17 Court Street Suite 500 Buffalo, NY 14202

I. INFORMATION ABOUT THE USE OR DISCLOSURE

I hereby authorize the use or disclosure of my individually identifiable information as described below. I understand that this authorization is voluntary and that I may revoke it at any time by submitting my revocation in writing to the entity providing the information.

Participant name:

SSN Number:

Persons authorized to receive the information:

Relationship to the participant, including authority for status as representative:

☐ I authorize any and all information shared with the above named persons, with the following exception(s):

Unless otherwise revoked, this authorization will expire on the following date: ____/____/____

If I fail to specify a date, this authorization will expire when I cease to be a participant under this plan.

II. IMPORTANT INFORMATION ABOUT YOUR RIGHTS

I have read and understand the following statements about my rights:

- I may revoke this authorization at any time by notifying the providing organization in writing, but the revocation will not have any affect on any actions the entity took before it received the revocation.
- I may see and copy the information described on this form if I ask for it.
- I am not required to sign this form to receive my health care benefits (enrollment, treatment or payment).
- The information that is used or disclosed pursuant to this authorization may be re-disclosed by the receiving entity. I have the right to seek assurances from the above-named persons/organizations authorized to receive the information that they will not re-disclose the information to any other party without my further authorization.

III. SIGNATURE OF PARTICIPANT

Signature of participant

Date

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DIRECT DEPOSIT AUTHORIZATION FORM

Get your claim reimbursements deposited directly into your designated bank account. Complete the following information below to setup direct deposit. Fax or mail this completed form to P&A. You can also complete this form electronically by logging into your P&A Account and navigating to Forms→ Direct Deposit.

Fax: (877) 855-7105 Mail: Attn. Flex Department 17 Court Street Suite 500 Buffalo, NY 14202

Employer Name *(please print)*:

Employee Name

SSN#:

Work Phone No.

Home Phone No.

E-mail Address

Bank Name

Routing No.

Account No.

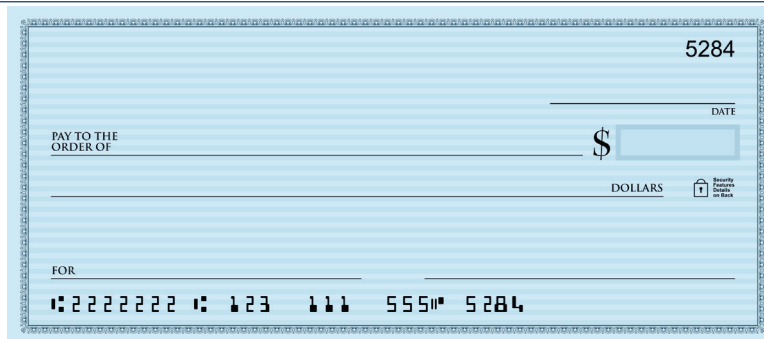
Please indicate type of account *(circle one)*:

CHECKING

SAVINGS

If this is a new account, it must be established and active at your bank before you request direct deposit.

Please attach a voided check for checking account or a deposit slip for savings account



ROUTING NUMBER ACCOUNT NUMBER

I authorize P&A Administrative Services, Inc. and the bank listed above to deposit my claim reimbursements directly into my bank account listed above.

If funds to which I am not entitled are deposited to my account due to error or any other reason, I authorize P&A Administrative Services, Inc. to direct the bank to return said funds to P&A Administrative Services, Inc.

I understand that my deposit may not be credited to my account for up to 2 business days after the transaction has been sent to the bank for processing.

I understand that this authorization will remain in effect unless I advise P&A that I have revoked it. Furthermore, I understand that it is my responsibility to notify P&A of all future changes to my bank account number and routing number. If I fail to notify P&A of changes of this nature, I will be responsible for reimbursing P&A for all applicable bank charges.

Employee Signature

Date

FLEXIBLE SPENDING ACCOUNT



P&A Group
17 Court Street
Buffalo, N.Y. 14202
www.padmin.com
(800) 688-2611