

The Arizona Board of Regents Flexible Spending Account Plan

Participant Plan Information

Arizona Board of Regents

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Northern Arizona University

The University of Arizona

Administered by

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1 INTRODUCTION

1.1 Disclaimer

The information found in this document provides a brief overview of the Arizona Board of Regents (ABOR) Flexible Spending Account (FSA) plan that is available to you as a benefits-eligible employee. It is not intended to provide complete details, which are contained in the contracts and legal plan documents for the plan. In case of a discrepancy between this guide and the contracts and plan documents, the contracts and plan documents will govern the benefits provided by this plan. The Arizona Board of Regents reserves the right to change or terminate any of its plans, in whole or in part, at any time.

1.2 Plan Overview

A Flexible Spending Account (FSA) plan is an employer-sponsored plan that enables you to have dollars deducted from your paycheck before all the payroll taxes are calculated and have them deposited into a special account. FSA accounts are exempt from federal income taxes, Social Security/Medicare (FICA) taxes, and state income taxes. Contributions to your account are used to reimburse you for qualified health care and dependent day care expenses, and reduce your taxable income at the same time. Your tax savings are realized throughout the plan year with every paycheck you receive and your reduced taxable income is reported on your W-2 each year.

Your total savings will depend on your marital status, number of exemptions and tax bracket; **contact your tax advisor if you have questions about your tax savings and how an FSA plan may benefit you.**

The plan is administered by ASIFlex, a third party that specializes in FSA plan administration. There are two different accounts in the ABOR FSA plan. One account is for qualified health care expenses for you and your eligible dependents, and the other account is for qualified dependent day care expenses for your eligible

dependents. When you enroll in the FSA plan, you carefully estimate the amount of expenses you expect to incur during the plan year.

After you enroll in one or both of these accounts, ASIFlex will send to your home address a confirmation of your enrollment and an Arizona Board of Regents claim form. As you incur qualified expenses throughout the year, submit a claim to ASIFlex along with documentation of the expense. In return, you will receive tax-free reimbursements from your FSA account. You can verify your account balance and monitor claims activity through ASIFlex's secure participant website.

1.3 Eligibility

To be eligible to participate in an FSA, you must be an employee of the Arizona Board of Regents, Arizona State University, Northern Arizona University, or the University of Arizona. Eligible employees must also be: 1) working at least 20 hours a week; and 3) scheduled to work for 90 days or more OR have averaged 30 hours of work during a 12-month measurement period.

1.4 The Plan Year

The FSA plan year is the twelve-month period from January 1 through December 31. Qualified expenses must be incurred during the portion of the plan year that you are a participant. If you have not claimed all funds in your health care account by April 30 following the end of the plan year, up to \$500 will roll over for use in the following year. Any health care account balance above \$500 will be forfeited. If you have not claimed all funds in your dependent care account by April 30 following the end of the plan year, those funds will be forfeited.

1.5 Qualified Dependents

The IRS definition¹ of qualified dependents for tax purposes is unrelated to the eligibility for coverage under the medical, dental, or vision plans, which are established by Arizona statute. Please visit www.asiflex.com or contact ASIFlex

¹ [IRC §152 - Dependent Defined](#); [IRS Publication 502](#)

at asi@asiflex.com or (800) 659-3035 if you have any questions regarding qualified dependents.

1.6 Enrollment Periods

Annual Open Enrollment is generally held in October and November each year. Participation in the plan does not automatically carry forward to the next plan year, so if you wish to continue to participate, you must re-enroll during the Annual Open Enrollment period for the next plan year.

If you are a newly eligible employee, you must enroll within 30 or 31 calendar days as required by your university. Participation begins the first day of the pay period following your completed enrollment. Once your participation begins, you may not change it unless you experience a Qualified Life Event that supports a change during the plan year.

If you are enrolling for the first time and your enrollment is outside the regular Annual Open Enrollment period, you should only include qualifying expenses from the date your coverage begins through December 31 of that plan year. For instance, if your coverage begins on March 1, your qualifying expenses incurred between March 1 and December 31 are eligible for reimbursement.

If you do not enroll within your university's required enrollment period, you may not participate in the Plan until the next Annual Open Enrollment period, unless you experience a Qualified Life Event that supports a change during the plan year.

1.7 Your Reimbursement Options – Direct Deposit, Check, or Debit Card

When you enroll, you will choose whether to receive your reimbursements by direct deposit into your financial institution, by check sent to you in the US mail or by debit card. If you choose direct deposit, a notice that a reimbursement payment was made will be sent to you by e-mail or US mail.

A debit card option is available for the General-Purpose Health Care FSA (see Section 2) at no cost to you. ASIFlex will mail a debit card application to your home address with your FSA enrollment confirmation. You may contact ASIFlex at any time during the plan year to add the debit card option.

Many debit card transactions can be electronically substantiated and will not require documentation. A claim is considered to be electronically substantiated if it matches a co-payment or any combination of co-payments up to five times the highest co-payment for your insurance plan, occurs at a retail outlet that has implemented the Inventory Information Approval System (IIAS), or is a recurring expense for the same amount at the same provider and has been substantiated once by paper claim.

If a transaction cannot be electronically substantiated, you will receive a request for follow-up documentation from ASIFlex. If follow-up documentation is not provided within six weeks of the initial request, the debit card will be de-activated. If follow-up documentation is not provided by April 30 of the following year, the claim may be reported as taxable income or deducted from your paycheck.

1.8 Your Communication Preference – U.S. Mail or E-mail?

You will receive enrollment confirmation and your first statement by U.S. Mail. If you choose direct deposit for your reimbursement payments and provide an e-mail address, you will receive direct deposit notification, subsequent quarterly statements, and other communications from ASIFlex at that e-mail address. To change your communication preference anytime during the plan year, contact ASIFlex at asi@asiflex.com or (800) 659-3035.

2 HEALTH CARE FLEXIBLE SPENDING ACCOUNT

The Health Care FSA allows you to be reimbursed from your pre-tax contributions for qualified health care expenses for you and/or your qualified dependents.

The General-Purpose Health Care Flexible Spending Account is available to eligible employees who do not concurrently participate in the Aetna Health Savings Account Option (a high-deductible health plan) offered by the Arizona Department of Administration for their medical insurance.

Qualified health care expenses² under the General Purpose Health Care FSA include eligible medical, dental, hearing and vision expenses not covered or not reimbursed by insurance, which are incurred by you or your qualified dependent³ during the plan year for the diagnosis, cure, mitigation, treatment, or prevention of disease, and for treatments affecting any part or function of the body.

The Limited Health Care Flexible Spending Account is available to eligible employees who do concurrently participate in the Aetna Health Savings Account Option offered by the Arizona Department of Administration for their medical insurance.

Qualified health care expenses⁴ under the Limited Purpose Health Care FSA include eligible dental, vision and preventive care expenses not covered or not reimbursed by insurance, which are incurred by you or your qualified dependent⁵ during the plan year.

An expense qualifies for the Health Care FSA based on when the service is provided and the expense is incurred, not when it is paid. Please contact ASIFlex at asi@asiflex.com or (800)

² [IRS Publication 502](#)

³ [IRC Section 152](#) or www.asiflex.com

⁴ [IRS Publication 502](#) or www.asiflex.com

⁵ [IRC Section 152](#) or www.asiflex.com

659-3035 if you have any questions regarding qualified expenses.

2.1 Estimating Your Family's Annual Out-Of-Pocket Health Care Expenses

You may include qualified health care expenses for anyone who is a qualified dependent for tax purposes. (There are exceptions for the expenses of children of divorced parents. Please visit www.asiflex.com or contact ASIFlex at asi@asiflex.com or (800) 659-3035 for further information.) When calculating your annual election, include predictable expenses. If you do not incur expenses equal to your annual election by December 31, up to \$500 will rollover for use in the following year. Any remaining balance in your account will be forfeited. You may make a maximum annual contribution of \$2,550 to the Health Care FSA and the Limited Health Care FSA.

Sample Qualified Health Care Expenses

- Deductibles
- Co-pays
- Doctor's/Chiropractor's fees
- Vision care expenses
- Prescription glasses
- Contact lenses/solutions
- Corrective eye surgery
- Prescription medications
- Dental expenses
- Orthodontia/braces
- Routine physicals
- Insulin
- Hearing aids, including batteries
- Transportation expenses related to illness
- Medical equipment

Sample Non-Qualified Health Care Expenses

- Expenses paid by health, dental, or vision insurance
- All insurance premiums
- Long-term care expenses
- Non-prescription medications used to treat a medical condition
- Clip-on or non-prescription sunglasses
- Toiletries

- Expenses that are merely beneficial to your general health (e.g., vacations, vitamins, nutritional supplements, drugs, herbs)
- Warranties
- Cosmetic procedures not medically necessary to meaningfully promote the proper function of the body or prevent or treat illness or disease; e.g. face-lifts, skin peeling, whitening teeth, hair removal/replacement

2.2 Specific Requirements for Orthodontic Expenses (dental braces)

Orthodontic expenses may be considered incurred at the time a monthly payment is paid. In order to receive reimbursement for orthodontic expenses, you must submit copies of invoices or statements from the provider, including the provider's name, the date(s) of service(s), a description of the service(s), AND proof of payment.

If you have questions about qualifying orthodontic expenses, please contact ASIFlex at asi@asiflex.com or (800) 659-3035 prior to enrolling.

2.3 Women's Health Cancer Rights Act of 1998

The Health Care FSA, as required by the Women's Health and Cancer Rights Act of 1998, includes expenses for mastectomy-related services including reconstruction and surgery to achieve symmetry between the breasts, prostheses, and complications resulting from a mastectomy (including lymphedema). Please contact ASIFlex at asi@asiflex.com or (800) 659-3035 for more information.

2.4 Newborns' and Mothers' Health Protection Act of 1996

Under federal law, group health plans and health insurance issuers generally may not restrict benefits for any hospital length of stay in connection with childbirth for the mother or newborn child to less than 48 hours following a vaginal delivery, or less than 96 hours following a cesarean section. However, federal law generally does not prohibit the mother's nor

newborn's attending provider, after consulting with the mother, from discharging the mother or her newborn earlier than 48 hours (or 96 hours, as applicable). Furthermore, plans and issuers may not require that a provider obtain authorization from the plan or the issuer for prescribing a length of stay not in excess of 48 hours (or 96 hours).

2.5 Heroes Earning Assistance and Relief Tax Act of 2008 (HEART Act)

Under the HEART Act of 2008, a member of the Reserves or National Guard who is called to active military duty for a period of at least 180 days may elect to receive a Qualified Reservist Distribution from his/her Health Care FSA without incurring eligible medical expenses(s). The amount of this distribution cannot exceed the amount the employee contributed to the Health Care FSA as of the date of the request, minus any Health Care FSA reimbursements the employee already received. More information is available in the Plan Document. To request a distribution, contact your university's Human Resources department.

2.6 Enrolling in the Health Care Flexible Spending Account Plan

Review the Annual Open Enrollment materials or check your university's Human Resources website to learn more about the specific enrollment process used at your institution. You will receive claim forms from ASIFlex with your enrollment confirmation, and claim forms are available at www.asiflex.com or on your Human Resources website. Be sure to use the claim form designated for Arizona Board of Regents participants.

2.7 Receiving Health Care Services and Filing a Claim for Reimbursement

After you have incurred (received) the health care services and know the amount of your out-of-pocket expenses, you may fax, mail or submit online a claim to ASIFlex for those expenses (see page 13). Copies of invoices or statements from the provider are required, and they must include the patient's name, the provider's name,

the date(s) of service(s), a description of the service(s), and the expense amount(s). Copies of personal checks and paid receipts without the above information are not acceptable. Documentation or copies will not be returned.

For over-the-counter drugs and medications, a prescription from your doctor is required for reimbursement through the FSA. Over-the-counter insulin, equipment, supplies and diagnostic devices do not require a prescription and are eligible for reimbursement through the Health Care FSA.

Expenses for general good health are typically ineligible. However, claims for items that otherwise are ineligible as a general good health item might be eligible if purchased for an existing or imminent medical condition. To validate the item's medical necessity, include a letter from your physician stating the medical condition and the items that are required for its treatment. This letter can be used as support for 12 months from the date of the letter. A sample letter is available at www.asiflex.com.

Eligible claims for items of general good health and over-the-counter medications and supplies must be accompanied by the receipt or documentation from the store that includes the name of the item pre-printed on the receipt.

2.8 Health Care Reimbursement Payments
ASIFlex will review your claim and determine whether the expenses qualify for reimbursement. Reimbursements for qualified expenses generally are processed within one day of receipt of the claim. Reimbursement is not limited to the amount in your account at the time of your claim; rather, reimbursement will be made up to the approved amount of your claim OR your remaining annual election, whichever is less.

2.9 Continuation Coverage - Consolidated Omnibus Budget Reconciliation Act (COBRA)

You, your spouse, or your dependent may elect to continue Health Care FSA coverage under at least one of the following circumstances:

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- your death,
- your termination of employment (other than for gross misconduct) or a change in employment status that results in a loss of eligibility for the plan,
- your divorce or legal separation, or
- your dependent child ceases to be a dependent under the terms of this plan.

If your remaining Health Care FSA benefits are greater than your remaining contributions on the date of your qualifying event, you are eligible for COBRA continuation coverage.

It is **your** responsibility to inform your Human Resources office of the occurrence of a COBRA qualifying event. (In the event of your death, notification would be made by your authorized representative.)

When the plan is notified that a COBRA event has occurred, a notice of the right to choose continuation of coverage will be provided to each eligible person. Each eligible person then has 60 days from the date the notice is provided to elect continuation of coverage. In accordance with federal law⁶, a premium is charged up to 102% of the cost of providing coverage. The premium amount in excess of 100% is an administrative charge and is not credited to your account. If continuation coverage contributions are not received within 30 days of their due dates, the coverage and reimbursements end.

If you do not elect COBRA continuation coverage, FSA participation will end on the last day of the pay period that includes the COBRA event.

IMPORTANT NOTE REGARDING ELIGIBLE EXPENSES: Expenses incurred while you do not have coverage are ineligible for reimbursement.

⁶ [42 U.S.C. §§ 300bb-1 through 300bb-8](#)

3 DEPENDENT DAY CARE FLEXIBLE SPENDING ACCOUNT

The Dependent Day Care FSA allows you to be reimbursed from pre-tax contributions for child day care or adult day care expenses necessary for 1) you to work or look for work, and 2) your spouse to work, look for work, or be a full-time student. If these expenses are for the care of a child, you must have physical custody of your child for over 50% of the year. This account works differently than the Health Care FSA, primarily due to specific IRS regulations⁷ for dependent care expenses.

3.1 Comparing the Dependent Day Care FSA with the IRS Child and Dependent Care Tax Credit

The Dependent Care FSA and the IRS Child and Dependent Care Tax Credit provide you with two options for reducing your taxes; both options are available for qualified dependent child day care and adult day care expenses. However, you must choose which option serves you best, since IRS regulations prohibit you from claiming the same expenses under both options in the same tax year. **Before enrolling in the Dependent Care FSA, please contact your tax advisor if you have questions about which option will benefit you.**

The Dependent Care FSA

You make pre-tax contributions to the Dependent Care FSA and submit claims for qualified dependent care expenses you incur while you are covered. Your tax savings are realized throughout the plan year with every paycheck you receive.

The IRS Child and Dependent Care Tax Credit

Using the IRS Child and Dependent Care Tax Credit, you claim a tax credit on your income taxes equal to your dependent care expenses (up to \$6,000 per year for two or more dependents or

\$3,000 per year for one dependent) multiplied by a percentage. The percentage decreases from a high of 35% to a low of 20% as your household adjusted gross income increases.

3.2 Additional Dependent Day Care Tax Considerations

The IRS has set a limit of \$5,000 per year in combined dependent care expenses that an employee and/or spouse may include in employer sponsored pre-tax dependent care programs such as the Dependent Day Care FSA, child care voucher programs, and sick child and emergency/back-up care programs. This includes the entire value of the program, and both employee and employer costs. **Funds used to pay for expenses in excess of the \$5,000 limit are subject to income tax.**

If you have unusual dependent day care or joint custody arrangements, contact ASIFlex at asi@asiflex.com or (800) 659-3035 before enrolling.

If you are a participant in the Dependent Day Care FSA, you are required to file **Schedule 2 or Form 2441** with IRS Form 1040 to support the amount contributed to the FSA for the plan year. Please note that this is for informational purposes. Contributions you make to the Dependent Day Care FSA are not taxable, but the contribution amount will appear on your W-2 form. This informs the IRS that you received a tax reduction for this amount through the FSA.

3.3 Estimating Your Family's Annual Out-Of-Pocket Dependent Day Care Expenses

When calculating your annual election, include only predictable dependent day care expenses. Within the IRS annual maximum limit of \$5,000, you and your spouse together may include up to

1. \$5,000 per year (\$2,500 in the case of a married individual filing a separate tax return for the plan year), OR
2. the lesser of your or your spouse's earned income for the plan year, after subtracting all dependent day care FSA contributions. (If your spouse is a full-time student at an

⁷ [IRS Publication 503](#)

educational institution OR is physically or mentally incapable of caring for him/herself, your spouse is considered to have earned income of \$250 per month if you have one dependent, and \$500 per month if you have two or more dependents.)

Sample Qualified Dependent Day Care Expenses

- Dependent day care center, babysitter, nanny
- Care of an eligible dependent under age 13
- Care of an eligible dependent of any age who is physically or mentally incapable of caring for herself or himself

Sample Non-Qualified Dependent Care Expenses

- Care expenses not incurred in order for you to work or look for work, such as expenses incurred while you are on any leave of absence
- Care expenses not incurred in order for your spouse to work, look for work, or be a full-time student
- Kindergarten or other educational expenses
- Instructional camps, sport specific camps, or overnight camps
- Food, transportation or activity fees
- Care for a child for whom you have 50% or less physical custody
- Care for a child age 13 or older who is not disabled
- Child support payments
- Amounts paid to your spouse
- Amounts paid to your dependent or to your (or your spouse's) son or daughter who is under 19 years old at the end of the year

3.4 Dependent Day Care Providers

Qualified providers may provide your dependents with care in your home or outside your home. The dependent care expenses **may not** be paid to

- your spouse, OR
- a child of yours who is under the age of 19 at the end of the year in which the expenses are incurred, OR

- an individual whom you or your spouse may claim as a dependent on your federal income tax return.

Before enrolling in the Dependent Day Care FSA, check with your dependent day care provider to be sure that you are able to obtain his/her tax I.D. number or Social Security number. This information is required for valid dependent care claims and on your federal income tax return. Please visit www.asiflex.com or contact ASIFlex at asi@asiflex.com or (800) 659-3035 if you have questions regarding qualified providers.

3.5 Enrolling in the Dependent Day Care FSA

Review the Annual Open Enrollment materials or check your university's Human Resources website to learn more about the specific enrollment process used at your institution. You will receive claim forms with your enrollment confirmation from ASIFlex, and claim forms are available at www.asiflex.com or on your Human Resources website. Be sure to use the claim form designated for Arizona Board of Regents participants.

3.6 Receiving Dependent Day Care Services and Filing a Claim for Reimbursement

After you have received dependent day care services and know the amount of your expense, you may fax, mail or submit online a claim to ASIFlex for reimbursement of those expenses. Copies of invoices or statements from the provider are required, and must include the provider's name, the date(s) of service(s), a description of the service(s), and the expense amount(s). You may have the dependent day care provider complete the dependent care section of the claim form and sign on the line provided instead of providing separate documentation for dependent care claims. (See page 12)

3.7 Dependent Day Care Reimbursement Payments

ASIFlex will review your claim, and determine whether the expenses qualify for reimbursement. Reimbursements for qualified expenses generally are processed within one day of the receipt of the claim, and are limited to the amount you have on deposit in your account. If your claim exceeds your available funds, the difference will be recorded and paid automatically as funds become available from your future payroll contributions.

4 ENROLLMENT CHANGES DURING THE PLAN YEAR – QUALIFIED LIFE EVENTS

Normally, your enrollment in either the Health Care or Dependent Day Care FSA is irrevocable for the duration of the plan year. However, you **may** be eligible to enroll or change your participation during the plan year if you experience a Qualified Life Event (QLE). The Health Care FSA and the Dependent Day Care FSA have slightly different rules regarding making an election change or enrolling during the plan year. More information is available from ASIFlex at (800) 659-3035, or your Human Resources office.

When you, your spouse, or your qualified dependent experience a QLE which results in a gain or loss of eligibility for coverage under the FSA plan, you may make a corresponding change to your FSA participation within 30 or 31 calendar days of the Event as required by your university. To make an allowable election change any time after your coverage starts, you must submit to your Human Resources office the ASIFlex Enrollment/Change Form or similar form as required by your university along with written proof of the QLE. Following receipt and approval of your new election, your contributions will change effective the first day of the pay period. Details are outlined on Table 1.

5 LEAVE OF ABSENCE, RETURN TO WORK AND EMPLOYMENT TERMINATION

Normally, your enrollment in either the Health Care or Dependent Day Care FSA is irrevocable for the duration of the plan year. However, you **may** have options regarding changing or re-enrolling in either FSA. Your pay status and several regulations govern your options to maintain, revoke, or opt for continuation of your FSA coverage. These regulations include the Family Medical Leave (FML) Act, the Consolidated Omnibus Budget Reconciliation Act (COBRA), and the federal tax code.

Family Medical Leave

If you **begin an FML with pay**, your Health Care FSA must remain without interruption, and your Dependent Care FSA may remain unless you notify your Human Resources office no later than 30 or 31 calendar days after the start of your leave as required by your university.

If you **begin an FML without pay**, you may maintain your Health Care FSA by making arrangements with your Human Resources Office. Your Dependent Day Care FSA will end.

If you **return to work after the end of an FML AND within the same plan year**, you must resume previous Health Care and Dependent Day Care FSA participation. You may have options regarding the amounts.

Non-FML Leave of Absence

If you **begin a non-FML leave of absence with pay**, your Health Care FSA must remain without interruption, and your Dependent Day Care FSA will remain unless you notify your Human Resources office no later than 30 or 31 calendar days after the start of your leave as required by your university.

If you **begin non-FML leave of absence without pay**, your Health Care FSA will end,

and you may qualify for COBRA continuation coverage. Your Dependent Care FSA will end.

If you **return to work after the end of a non-FML leave of absence AND within the same plan year**, you must resume previous Health Care and Dependent Care FSA participation. You may have options regarding the amounts.

Return to Work After a Termination of Employment

If you **return to work after termination of employment**, and your separation was 30 days or less, your coverage **must** resume at your previous Health Care and Dependent Day Care FSA annual contribution amounts.

If you **return to work after termination of employment**, and your separation was more than 30 days, you are eligible to enroll in an FSA within 30 or 31 calendar days of your return to work as required by your university.

Details of the various options are outlined on Table 2.

Except as specified in the section on COBRA, Health Care expenses incurred while you do not have coverage are ineligible for reimbursement. Dependent Care expenses incurred while you are on a leave of absence are ineligible for reimbursement, unless you are incapable of self-care and your spouse is working.

More information is available from ASIFlex at (800) 659-3035, or your Human Resources office.

6 YOUR RIGHT TO APPEAL A DENIED CLAIM

You will receive written notice of any denied claims. You will have 60 days to file a written appeal with ASI, who will provide you with a written notice of the resolution of your appeal within 60 days of their receipt of your appeal.

7 CONTACTS, QUESTIONS AND RESOURCES

Contact your Human Resources office regarding FSA enrollment or if you have questions about your payroll-deducted contributions. Contact ASIFlex regarding qualified dependents, qualified expenses, or claims for both the Health Care and the Dependent Day Care FSAs. From their website you may access the Arizona Board of Regents plan Claim Form, Direct Deposit Authorization Form, Email Notification Form, Debit Card Application, the HIPAA Release of Information Form, your personal account activity, links to IRS publications, a tax savings calculator, and many other useful resources.

ASIFlex

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Columbia, MO 65205-6044

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E-mail: asi@asiflex.com

TABLE 1 - SUMMARY OF ALLOWABLE CHANGES TO THE FSA - QUALIFIED LIFE EVENTS

Any change to your FSA coverage must be consistent with the Qualified Life Event (QLE), and how that event corresponds to an increase to or loss of eligibility for FSA coverage. The following four types of changes are allowed: 1) enrolling, 2) canceling, 3) increasing contributions, and 4) decreasing contributions. (See Section 4 “Enrollment Changes during the Plan Year – Qualified Life Events” on page 8.)

For example, if you adopt a two-year-old child during the plan year, your number of dependents increases, which is a QLE. Your child is eligible for coverage under both the Health Care FSA and the Dependent Day Care FSA. You may enroll in or increase your contributions to either FSA. However, you would be unable to decrease or drop coverage because you experienced an **increase** in eligibility, not a **loss** of eligibility; it would not be consistent with the event.

Qualified Life Event	Health Care	Dependent Care
Change in your marital status through marriage, divorce, legal separation, death or annulment	Changes during the plan year consistent with the event	
Change in your number of dependents ⁸ because of birth, adoption (or placement for adoption), foster care, legal guardianship, or death		
You, your spouse or a dependent have a change in employment status (such as termination, retirement, new employment, leave of absence, change from part-time to full-time, or change from full-time to part-time) that affects eligibility for a health insurance plan, Health Care FSA or Dependent Day Care FSA maintained by your spouse’s or eligible dependent’s employer		
You are served with a judgment, decree, or court order, including a qualified medical child support order regarding coverage for a dependent.	Changes during the plan year consistent with the event	Not applicable
You, your spouse or a dependent becomes entitled to and covered under Medicare or Medicaid, or lose eligibility for Medicare or Medicaid coverage.		
Your child is no longer in childcare, is in only after-school care due to entering kindergarten or first grade, or if your child no longer qualifies for dependent day care because s/he has become 13 years old.	Not applicable	Changes during the plan year consistent with the event
Your adult dependent no longer requires day care services or passes away.		
Your dependent day care provider who is not your relative ⁹ significantly changes your costs, including a school or other no-cost provider.		
You change dependent day care providers.		

⁸ [IRC §152 - Dependent Defined](#); [IRS Publication 502](#)

⁹ *ibid*

TABLE 2 - SUMMARY OF OPTIONS UNDER LEAVES OF ABSENCE AND RETURN TO WORK

Approved Family Medical Leave (FML)	Health Care FSA	Dependent Care FSA
Paid Family Medical Leave of any length	FSA contribution must remain without interruption	Contributions will remain unless you notify HR no later than 30 or 31 calendar days after the start of the leave ¹⁰ as required by your university
Unpaid Family Medical Leave of any length	You may maintain ¹¹ coverage by contacting your HR office regarding payment options	FSA contribution ends – ineligible to continue coverage during the unpaid leave
Return to work after the end of a Family Medical Leave of any length, AND within the same plan year	You must resume previous participation and may elect to continue previous paycheck contribution (which decreases the annual amount) OR continue previous annual contribution (which increases the paycheck amount) ¹²	
Approved Leave of Absence (non-Family Medical Leave)	Health Care FSA	Dependent Care FSA
Paid Leave of Absence of any length	FSA contribution must remain without interruption	Contributions will remain unless you notify your HR office no later than 30 or 31 calendar days after the start of the leave ¹³ as required by your university
Unpaid Leave of Absence of any length	FSA contribution ends. You may continue coverage if eligible and if a qualified COBRA event ¹⁴	FSA contribution ends – ineligible to continue coverage during the unpaid leave
Return to work after the end of a Leave of Absence of any length, AND within the same plan year	You must resume previous participation and may elect to continue previous paycheck contribution (which decreases the annual amount) OR continue previous annual contribution (which increases the paycheck amount) ¹⁵	
	If you continued COBRA coverage, you must notify your HR office upon return	COBRA not applicable

¹⁰ See section 5 “Leave of Absence, Return to Work and Termination of Employment.”

¹¹ To maintain coverage, you must select one of two payment options before your leave begins, or, in the case of an unplanned/emergency leave, as soon as possible after the beginning of the leave. You may make monthly after-tax payments directly to the plan during the leave period, OR you may pay one payroll deduction pre-tax amount before your leave begins to cover contributions due for the entire leave period.

¹² If you do not notify your Human Resources office upon your return to work, your coverage will resume with the same annual contribution you had prior to your leave.

¹³ See section 5 “Leave of Absence, Return to Work and Termination of Employment.”

¹⁴ If your remaining Health Care FSA benefits for the current plan year are greater than your remaining contributions on the date of your COBRA qualifying event, then you are eligible for COBRA continuation coverage.

¹⁵ If you do not notify your Human Resources office upon your return to work, your coverage will resume with the same annual contribution you had prior to your leave.

Return to Work after Employment Termination	Health Care FSA	Dependent Care FSA
Return to work after a break in service \leq 30 calendar days, AND within the same plan year	Must resume previous FSA coverage at annual contribution amount	
	If you continued COBRA coverage, you must notify your HR office upon return	COBRA not applicable
Return to work after a break in service \geq 31 calendar days, AND in any plan year	You are newly eligible and to have new coverage, you must complete the enrollment process within 30 or 31 calendar days after return to work as required by your university.	


Sample Claim and Provider Documentation

This day care receipt contains the items the Internal Revenue Code requires:

1. It is signed by the provider of service - "*Ima Sitter*"
2. It contains a description of the services - "*day care services*"
3. It explicitly lists "*5-1-99 to 5-31-99*" as the range of the dates that the day care was provided.
4. It includes the amount charged for the day care "*\$300.00*"; not necessarily the amount paid.
5. It identifies the person for whom the day care was provided - "*Mike Riddick*"


Day care documentation must contain all of these items in order to be processed.


We must be able to identify the participant



CLAIM FORM

Please read requirements on reverse side





Riddick, John M.

Last Name, First Name

110 E. Ash St.

Street Address

ASI

Employer

111 — 22 — 4444

Social Security Number

Columbia MO 65203

City, State, Zip

Dependent Care Assistance (day care, babysitting, etc.)

Name of Dependent	Age	Service Period From	To	Name, Address and Tax Payer is number of Provider of service	Charge for Services	ASI use only
Mike	10	5/1	5/31	Ima Sitter, 123 Main St. Columbia MO 65203 123-45-6789	300.00	
Total Dependent Day Care Claim					300.00	

I provided the dependent care as stated above

Care Provider's original signature

Date _____

SSAN/Tax ID#

Medical Benefits

Date Case Provided*	Name of Service Provider	Expense Description	Name and relationship of Person for whom expense incurred	Amount that is your responsibility	ASI use only
5/15/99	I William See, M.D.	Eye Exam	Mary - daughter	10.00	
Total Medical Amount Requested				10.00	

Please arrange documentation in order listed above.

*Claims for future services will not be accepted.

The undersigned participant in the Plan certifies that all expenses for which reimbursement or payment is claimed by submission of this form were incurred during a period while the undersigned was covered under his/her employer's Flexible Spending Plan with respect to such expenses and that the expenses have not been reimbursed and are not reimbursable from any other source. Any Dependent Care Assistance expense claimed here was provided for my dependent under the age of 13 or for a dependent who is incapable of self care. The undersigned fully understands that he or she alone is fully responsible for the sufficiency, accuracy, and veracity of all information relating to this claim which is provided by the undersigned, and that unless an expense for which payment or reimbursement is claimed is a proper expense under the Plan, the undersigned may be liable for payment of all related taxes including federal, state, or local income tax on amounts paid from the Plan which relate to such expense.

John M. Riddick
Employee Signature

12/29/99
Date

The participant must sign the claim

Every request and all documentation must contain all the items shown in blue

I provided day care services for Mike Riddick

From 5~1~99 to 5~31~99. The total sum for
services provided was \$300.00.

Signed Uma Sitter

Ima Sitter
123 Main Street
Columbia, MO 65203
SSN 123-45-6789

Separate dependent care documentation is not required if the provider signs the form after the dependent care section is completed.

I. William See, MD
Ophthalmology
2020 Seymour
Crystalview, MO 65201

Service Date	Description	Charge for Services
5/15/99	Eye Exam	\$10.00

Patient's Name Mary Riddick

This health care service statement contains the items the Internal Revenue Code requires:

1. It identifies the provider of service - "I. William See, MD"
2. It contains a description of the services - "Eye Exam"
3. It explicitly states the date of the eye exam - "5/15/99"
4. It includes the amount charged for the exam "\$10.00"; not necessarily the amount paid at the time of service.
5. It identifies the person receiving the eye exam - "Mary Riddick"

Medical documentation must contain all of these items in order to be processed.