



Dear Employees:

We are excited to tell you about a great benefit your company is offering to its employees. It's called a **Section 125 Cafeteria Plan or Flexible Benefits Plan. By using the Flexible Spending Account (FSA) available through the plan, you can save a great deal of money. The savings is achieved by not paying taxes on the** amount you put into your account for health care and dependent care expenses.

Your Flexible Benefits Plan includes three components:

Health Care Spending Account – pre-tax dollars set aside to cover out-of-pocket medical expenses not covered by your plan.

Limited Flexible Spending Account – pre-tax dollars set aside to cover out-of-pocket expenses not covered by your dental, vision or post deductible expenses and preventive care.

Dependent Care Spending Account – pre-tax dollars that can be used to pay for day care for tax dependents.

Premium Conversion – allows you to have your benefit premiums deducted pretax from payroll.

Here's how it works. Each payroll, your company places the amount you designate from your pay into your personal health and/or dependent care spending accounts. The money – which is put aside without being taxed – is earmarked for out-of-pocket expenses. Those expenses might include your day care bill, a co-pay for a visit to the doctor or a prescription.

The money you can save by using your FSA can be significant. For example, Employee A earns \$1,700 per month. She elects to place \$60 in her Health FSA, \$260 in her Dependent Care FSA and also has her \$50 health plan contribution taken out before tax each month. By taking care of these necessary expenses on a pre-tax basis, she could save over \$100 in taxes per month, money she will surely be happy to spend elsewhere. Every employee's situation is a little different, but there is a reason this plan is called a Flexible Benefits Plan. It can be used to suit your needs and will save you money.

Participation is easy. Just review the enrollment materials provided for all the rules, calculate your expenses to determine your annual election, fill out the enrollment form and start saving.

If you have questions about your plan, please contact your HR representative.

Savings Snapshot

You can increase the money you take home each pay period by using a Flexible Benefits Plan. Here is an example of the tax savings an employee earning \$2,200 a month can experience using this great benefit.

Monthly income before taxes	Without 125 Plan	With 125 Plan
	\$2,200.00	\$2,200.00
Pre-tax salary deductions		
Health FSA contribution	\$0.00	\$60.00
Dependent Care FSA contribution	\$0.00	\$260.00
Employee contribution to health plan	\$0.00	\$50.00
Total	\$0.00	\$370.00
Payroll taxes		
FICA (7.65%)	\$168.30	\$140.00
Federal income tax(12.16%)	\$267.52	\$222.53
State income tax (4%)	\$88.00	\$73.20
Total	\$523.82	\$435.73
After tax expenses		
Health care expenses	\$60.00	\$0.00
Dependent care expenses	\$260.00	\$0.00
Employee contribution to health plan	\$50.00	\$0.00
Total	\$370.00	\$0.00
Spendable income	\$1,306.18	\$1,394.27

Employee's spendable income **increases**

\$22.03 each week

\$88.09 each month

\$1,057.08 each year

Know Your Eligible and Ineligible Expenses

Estimated unreimbursed health care expenses

Eligible Expenses

Baby/Child to age 13

- Lactation consultant
- Lead-based paint removal*
- Special formula*
- Tuition: special school/teacher for disability or learning disability
- Well baby/well child care

Dental

- Dental x-rays
- Dentures and bridges
- Exams and teeth cleaning
- Extractions and fillings
- Oral surgery
- Orthodontia
- Periodontal services

Eyes

- Eye exams
- Eyeglasses and contact lenses
- Laser eye surgeries
- Prescription sunglasses
- Radial keratotomy

Hearing

- Hearing aids and batteries
- Hearing exams

Lab Exams/Tests

- Blood tests and Metabolism tests
- Body scans
- Cardiograms
- Laboratory fees
- X-rays

Medications

- Insulin
- Prescription drugs

Medical Equipment/Supplies

- Air purification equipment*
- Arches and other orthotic inserts
- Contraceptive devices
- Crutches, walkers, wheel chairs
- Exercise equipment*
- Hospital beds*
- Mattresses*
- Medic alert bracelet or necklace
- Nebulizers
- Orthopedic shoes*
- Oxygen
- Personal Protective Equipment (PPE)
- Post-mastectomy clothing
- Prosthetics
- Syringes
- Wigs*

Obstetrics

- Doulas*
- Lamaze class
- OB/GYN exams
- OB/GYN prepaid maternity fees (reimbursable after date of birth)
- Pre- and post-natal treatments

Practitioners

- Allergist
- Chiropracter
- Christian Science Practitioner
- Dermatologist
- Homeopath
- Naturopath*
- Osteopath
- Physician
- Psychiatrist or Psychologist

Therapy

- Alcohol and Drug addiction
- Counseling (must be treating a medical condition)
- Exercise programs*
- Hypnosis*
- Massage*
- Occupational
- Physical
- Smoking cessation programs
- Speech
- Weight loss programs

Medical Procedures/Services

- Acupuncture
- Alcohol and drug/substance abuse (inpatient treatment and outpatient care)
- Ambulance
- Fertility enhancement and treatment
- Hair loss treatment*
- Hospital services
- Immunization
- In vitro fertilization
- Personal trainers*
- Physical examination (not employment-related)
- Reconstructive surgery (due to a congenital defect, accident or medical treatment)
- Service animals
- Sterilization/sterilization reversal
- Transplants (including organ donor)
- Transportation*

This list is not meant to be all-inclusive, as other expenses not specifically mentioned may also qualify. Also, expenses marked with an asterisk (*) are "potentially eligible expenses" that require a note of medical necessity from your health care provider to qualify for reimbursement. For additional information, check your Summary Plan Document or contact isolved Benefit Services.

Over-the-Counter (OTC) Medicines, purchased on or after January 1, 2020, were reinstated with the passage of the CARES Act (COVID-3 Stimulus Bill) for HSAs, FSAs and Archer MSAs (unless your plan excludes OTC items). OTC items can be purchased with funds from eligible accounts without needing a prescription. Additionally, the bill expanded OTC items to include menstrual care products.

Eligible Over-the-Counter Items

Note: Product categories are listed in bold face; common examples of products are listed in regular face.

The following is a high-level list of over-the-counter (OTC) items that are not medicine or drugs and are eligible for purchase with Health Care FSA dollars. You can use your benefits card for these items

Antiseptics, wound cleaners

Alcohol, peroxide, Epsom salt

Baby electrolytes

Pedialyte, Enfalyte

Denture adhesives, repair and cleansers

PoliGrip, Benzodent, Efferdent

Diabetes testing and aids

Insulin, Ascencia, One Touch, Diabetic Tussin, insulin syringes, glucose products

Sunscreen (SPF 15 and over)

Diagnostic products

Thermometers, blood pressure monitors, cholesterol testing

Elastics/athletic treatments

ACE, Futuro, elastic bandages, braces, hot/cold therapy, orthopedic supports, rib belts

Eye care

Contact lens care

Family planning

Pregnancy and ovulation kits

First aid dressings and supplies

Band Aid, 3M Nexcare, non-sport tapes

Hearing aid/medical batteries

Incontinence products

Attends, Depend, GoodNites for juvenile incontinence

Ineligible Expenses

Note: This list is not meant to be all-inclusive

The IRS does not allow the following expenses to be reimbursed the FSA, as they are not prescribed by a physician for a specific ailment.

Contact lens or eyeglass insurance

Electrolysis

Swimming lessons

Cosmetic surgery/procedures

Marriage or career counseling

Sunscreen (SPF less than 15 needs RX)



Frequently Asked Questions

General Information

Why should I participate in the Limited Flexible Benefits Plan?

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- Reduced taxes – the money contributed to a Limited FSA is not subject to taxes (federal income and FICA taxes
- and most state and local income taxes).
- Increase your take-home pay – less taxes, more money in your pocket
- The Benefits Card – pay for expenses at point of purchase

A Limited Flexible Benefits Plan applies to out-of-pocket eligible dental and vision expenses you cover with your spendable income but allows you to pay for these expenses with income before you are taxed.

Another advantage to participating in the Plan is the opportunity it offers for you to budget for health care expenses by withholding a small amount from each paycheck. With proper planning, you won't be faced with having to come up with large amounts of money at one time. This is especially advantageous if you are scheduling a surgery, anticipating maternity expenses or if you do not have other coverage for dental and vision expenses. Even those with coverage for medical, dental and vision usually have deductibles, co-pays and other out-of-pocket expenses to cover.

Where do I call with questions about my Limited Flexible Benefits Plan?

If you have any questions about putting a Limited Flexible Benefits Plan to work for you, how to sign up or how to determine your election amounts, etc., please call a Customer Service Representative at 866-370-3040.

Enrollment

How do I enroll?

To enroll in the Limited FSA, you simply need to fill out the Enrollment Form before the beginning of each Plan Year.

Do I have to keep the same election each year?

No. Each year, you will have to re-enroll before the beginning of the Plan Year. At that time, you will have the opportunity to evaluate the need to participate in the Plan as well as budget for all health care expenses. You may decide to keep the same election, change your election or in some cases waive participation.

Limited FSAs

What is a Limited Flexible Spending Account (LFSA)?

You may set aside pre-tax dollars to cover eligible dental and vision expenses only, that are not covered by any other type of insurance. You may refer to the Limited FSA Worksheet for a list of some eligible and ineligible expenses.

Are insurance premiums eligible expenses?

No, insurance premiums are not reimbursable from a Limited FSA. However, you may pay your required premium contributions (for coverage under the employer's health plan) on a pre-tax basis outside of the Limited FSA.



If I terminate employment or retire, can I receive the remaining balance in my Limited FSA?

No. However, you can continue to submit claims incurred prior to your termination date before the end of the run-out period (defined in your Summary Plan Description).

Example: Your plan has a 90-day run-out period following termination. Your termination date is September 13. Your physician sees you on September 12, but you do not receive the Explanation of Benefits from your insurance carrier until October 31. You can still submit this expense as it was incurred prior to your termination date, and prior to the end of the 90-day run-out period following your date of termination. Any expense incurred after September 13 is not eligible.

If I terminate employment or retire, can I be reimbursed for expenses incurred after my termination date?

No. In order to be considered an eligible expense, the expense must be incurred prior to your termination date. However, you may be able to continue your Limited FSA coverage under COBRA.

Changing Your Election

What if I discover that I elected too much for the Limited FSA, can I change my election?

Generally, your election is irrevocable unless you experience an IRS Change in Status. Your election change must be consistent with the Change in Status event:

- Change in legal marital status (marriage, death of spouse, divorce, legal separation, annulment)
- Change in number of tax dependents (birth, death of dependent, adoption or placement for adoption)
- Change in dependent's eligibility
- Change in employment status of employee, spouse or dependents

Election changes must be consistent with the event. If you experience a Change in Status, please review your Summary Plan Description, as it will provide you with important information on the deadline for reporting this event.

What happens if I don't use all the money elected in my Limited FSA?

The IRS has issued guidance that allows a Limited FSA to carry over a set amount, defined by the IRS, to the next plan year by plan design based on the plan sponsor's decision. A Limited FSA cannot have both a carryover and a grace period of up to two months and 15 days. You also have a run-out period following the end of the plan year to submit expenses that were incurred during the plan year. It is important to estimate your expenses carefully before making your elections.

isolved Benefit Services will assist you in monitoring your Limited Flexible Spending Accounts by providing you with a statement at the beginning the fourth quarter of your plan year. You can minimize possible forfeitures by scheduling routine exams, purchasing glasses or contact lenses and scheduling dental appointments, etc., at the end of the plan year to use up your election amounts.

For any plan limit information, review the Contributions Limits available within the Resource Center.



Submitting Claims for Reimbursement

How do I submit a claim for the Limited FSA?

You can file your claim online or via mobile app and upload your receipts. You can complete an FSA Request for Reimbursement Form for each Limited FSA claim you file. Remember to attach supporting documentation for the claim. This information can be faxed to 800-379-5670.

You may also submit your claim by mail: isolved Benefit Services., PO Box 488, Coldwater, MI 49036-0488

May I submit expenses for my spouse and children for reimbursement through my Limited FSA?

Yes, you may be reimbursed for expenses incurred for you, your spouse and any IRS dependents, regardless of where you are insured. It could be that you are not covered through your employer's health plan but have coverage through your spouse's employer's plan. You may still submit your family out-of-pocket expenses to be reimbursed under the Limited FSA.

What supporting documentation must I file with each Limited FSA claim?

Each time you submit claims to your health insurance carrier, you will receive an Explanation of Benefits (EOB) detailing what the health plan will pay and what you must pay. For expenses that are partially covered under another insurance plan, you must attach a copy of both EOBs.

For expenses that are not submitted to another insurance plan, you must attach a copy of an itemized billing containing the following information:

- Name of patient
- Name and address of provider
- Description of service
- Date of service
- Amount of service

The documentation requirements are also listed on the FSA Request for Reimbursement Form to assist you in properly filing your claim. Following these guidelines will ensure you receive your reimbursement without unnecessary delays.

How long after the end of the Plan year do I have to submit claims?

Claims must be submitted prior to the end of the run-out period for the Plan. The run-out period is defined in your Summary Plan Description.

Will I receive reimbursement for claims that are greater than the current balance of my Limited FSA?

Yes, the annual amount is available to you from the beginning of the Plan year.

How do I know that you received my claim and whether or not it was paid?

Generally, within two business days of submitting a claim, you can view your account to check on the status of the claim at www.isolvedbenefitservices.com. Simply choose Flexible Spending Account /Health Reimbursement under employee/participant and follow the on-screen instructions.



When can I expect to receive my reimbursement?

Claims are generally processed within two business days of receipt. Reimbursements are then processed and released according to the disbursement schedule and funding option of the employer. Generally, disbursement schedules are daily. This means that reimbursements are processed each day and include any claims that were processed the previous day. The release of your reimbursement depends upon the funding option chosen by the employer.

How do I know what my account balance is?

You can use one of the following methods to check your account balance:

- You can view your account at www.isolvedbenefitservices.com. Simply choose Flexible Spending Account/ Health Reimbursement under Employee/Participants and follow the on-screen instructions.
- You can view your balance on the mobile app.
- Your account balance will be displayed on the reimbursement check or direct deposit notification each time you submit a claim.
- You will receive a Balance Statement quarterly during the Plan year. This statement provides a summary of your remaining balance in the Limited FSA and/or the Dependent Care FSA as well as claims paid to date.

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- You will receive a Balance Statement quarterly during the Plan year. This statement provides a summary of your remaining balance in the Limited FSA and/or the Dependent Care FSA as well as claims paid to date.

How do I know why my claim was denied?

You will receive a letter indicating the reason for the denial along with instructions for submitting the requested documentation.

Why may the amount of my reimbursement differ from the amount of my request?

There are reasons that you may see a different reimbursement amount. For example:

1. If the request was for more than the balance of your account.

Annual election	\$1,000.00
Total amount disbursed to date	\$700.00
Available balance	\$300.00
Total amount of request	\$500.00

You will only be reimbursed \$300.00, as this is your available balance.

2. If the request was for a dependent care claim, you may only be reimbursed for the total amount that you have contributed.

Annual election	\$5,000.00
Total amount contributed	\$3,000.00
Total amount of request	\$4,250.00

You will only be reimbursed \$3,000.00, as this is the amount that you have contributed to the account. The entire request of \$4,250.00, will be processed and the remaining \$1,250.00 will be disbursed as contributions are made.

FSA worksheet

Estimated unreimbursed health care expenses

Medical	Annual amount	Vision	Annual amount
Deductible	_____	Deductible	_____
Coinsurance payment	_____	Coinsurance payment	_____
Contraceptives	_____	Contact lenses and	_____
Doctor's office visits	_____	solutions	_____
Immunizations	_____	Examinations	_____
Insulin	_____	Frames	_____
Laboratory tests	_____	Laser eye surgery	_____
Other expenses	_____	Lenses	_____
Over-the-counter medicine ¹	_____	Subtotal	_____
Physicals/annual checkups	_____	Total	_____
Prescription drugs	_____	Dependent Day Care	Annual amount
Splints, supports,	_____	(necessary for you and your spouse to work)	
Corrective devices	_____	After-school care	_____
Therapy treatments	_____	Care of other	_____
(medical reasons only)		dependents	_____
Well-baby care	_____	Child care/	_____
Subtotal	_____	day care center	_____
		Child care in home	_____
		Preschool	_____
		Total²	_____
Dental	Annual amount		
Deductible	_____		
Coinsurance payment	_____		
Cleaning dentures	_____		
Fillings/crowns/bridges	_____		
Fluoride treatments	_____		
Orthodontia	_____		
(medical reasons only)			
X-rays	_____		
Subtotal	_____		

Unreimbursed health care expenses cannot exceed your plan's maximum.

NOTE: any coordination of benefits with another group plan may reduce your out-of-pocket expenses.

¹Effective January 1, 2020, the passage of the CARES Act (COVID-3 Stimulus Bill) reinstated over-the-counter medicines as an eligible reimbursement under Health Flexible Spending Accounts (FSA) or Health Reimbursement Arrangements (HRA).

²Cannot exceed \$5,000 (\$2,500 if married, filing separately), per calendar year or earned income of employee or spouse, whichever is less.

isolved Benefit Services has been selected by your employer to provide a Limited Flexible Spending Account, an employer-sponsored benefit plan that allows employees to have money deducted from their pay on a pre-tax basis. Funds are then used for reimbursement for qualified medical expenses for you, your spouse and dependents.

Here are some benefits:

- Increase your spendable income by paying fewer taxes
- Health care elections are available from day one of the plan year
- Typical tax savings of 30%-it's like buying your health care at a 30% off sale
- Eligible expenses include:
 - Dental expenses (e.g., cleanings, fillings, braces)
 - Vision expenses (e.g., exams, eyeglasses, contact lenses)
 - Post deductible expenses and preventive care expenses

Your contribution amount is limited by federal regulations. Review your Summary Plan Description for your plan limits and your employer's provisions for unused amounts you have at year-end.

Save all FSA related expenses documentation such as itemized receipts and your insurance carrier's explanation of benefits. These items should be submitted with your reimbursement request.

You can use your smartphone to check your health benefit account balances anywhere, anytime so you'll always know how much money you have available to spend on qualified medical expenses. By going mobile, you can submit claims, send receipts and even receive alerts via text message.

You can also review your account balance and reimbursements at www.isolvedbenefitservices.com.

If you have questions or need help, call us at 866-370-3040 or email fsa@isolvedhcm.com. Our Customer Service Team is available from 8 a.m.-8 p.m., Monday through Thursday and Friday 8 a.m.-6 p.m., Eastern Time.



Limited FSA worksheet
Estimated unreimbursed health care expenses

Medical	Annual amount
Post Deductible and Preventative	_____
SUBTOTAL	_____
Dental	
Deductible	_____
Coinsurance payment	_____
Cleaning Dentures Fillings/crowns/bridges	_____
Fluoride treatments Orthodontia (based on expenses incurred for upcoming plan year)	_____
X-rays	_____
SUBTOTAL	_____
Vision	_____
Deductible	_____
Coinsurance payment Contact lenses and solutions Examinations	_____
Frames	_____
Laser eye surgery	_____
Lenses	_____
SUBTOTAL	_____
TOTAL	_____

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Frequently Asked Questions

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If I terminate employment or retire, can I receive the remaining balance in my Limited FSA?

No. However, you can continue to submit claims incurred prior to your termination date before the end of the run-out period (defined in your Summary Plan Description).

Example: Your plan has a 90-day run-out period following termination. Your termination date is September 13. Your physician sees you on September 12, but you do not receive the Explanation of Benefits from your insurance carrier until October 31. You can still submit this expense as it was incurred prior to your termination date, and prior to the end of the 90-day run-out period following your date of termination. Any expense incurred after September 13 is not eligible.

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- Amount of service

The documentation requirements are also listed on the FSA Request for Reimbursement Form to assist you in properly filing your claim. Following these guidelines will ensure you receive your reimbursement without unnecessary delays.

How long after the end of the Plan year do I have to submit claims?

Claims must be submitted prior to the end of the run-out period for the Plan. The run-out period is defined in your Summary Plan Description.

Will I receive reimbursement for claims that are greater than the current balance of my Limited FSA?

Yes, the annual amount is available to you from the beginning of the Plan year.

How do I know that you received my claim and whether or not it was paid?

Generally, within two business days of submitting a claim, you can view your account to check on the status of the claim at www.isolvedbenefitservices.com. Simply choose Flexible Spending Account /Health Reimbursement under employee/participant and follow the on-screen instructions.

When can I expect to receive my reimbursement?

Claims are generally processed within two business days of receipt. Reimbursements are then processed and released according to the disbursement schedule and funding option of the employer. Generally, disbursement schedules are daily. This means that reimbursements are processed each day and include any claims that were processed the previous day. The release of your reimbursement depends upon the funding option chosen by the employer.

How do I know what my account balance is?

You can use one of the following methods to check your account balance:

- You can view your account at www.isolvedbenefitservices.com. Simply choose Flexible Spending Account/ Health Reimbursement under Employee/Participants and follow the on-screen instructions.
- You can view your balance on the mobile app.
- Your account balance will be displayed on the reimbursement check or direct deposit notification each time you submit a claim.
- You will receive a Balance Statement quarterly during the Plan year. This statement provides a summary of your remaining balance in the Limited FSA and/or the Dependent Care FSA as well as claims paid to date.

May I submit expenses for my spouse and children for reimbursement through my Limited FSA?

Yes, you may be reimbursed for expenses incurred for you, your spouse and any IRS dependents, regardless of where you are insured. It could be that you are not covered through your employer's health plan but have coverage through your spouse's employer's plan. You may still submit your family out-of-pocket expenses to be reimbursed under the Limited FSA.

What supporting documentation must I file with each Limited FSA claim?

Each time you submit claims to your health insurance carrier, you will receive an Explanation of Benefits (EOB) detailing what the health plan will pay and what you must pay. For expenses that are partially covered under another insurance plan, you must attach a copy of both EOBs.

For expenses that are not submitted to another insurance plan, you must attach a copy of an itemized billing containing the following information:

- Name of patient
- Name and address of provider
- Description of service
- Date of service
- Amount of service

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How do I know why my claim was denied?

You will receive a letter indicating the reason for the denial along with instructions for submitting the requested documentation.

Why may the amount of my reimbursement differ from the amount of my request?

There are reasons that you may see a different reimbursement amount. For example:

1. If the request was for more than the balance of your account.

Annual election	\$1,000.00
Total amount disbursed to date	\$700.00
Available balance	\$300.00
Total amount of request	\$500.00

You will only be reimbursed \$300.00, as this is your available balance.

2. If the request was for a dependent care claim, you may only be reimbursed for the total amount that you have contributed.

Annual election	\$5,000.00
Total amount contributed	\$3,000.00
Total amount of request	\$4,250.00

You will only be reimbursed \$3,000.00, as this is the amount that you have contributed to the account. The entire request of \$4,250.00, will be processed and the remaining \$1,250.00 will be disbursed as contributions are made.



FSA Enrollment*

Plan year beginning _____ Ending _____ Check one: ☐ New enrollment ☐ Re-enrollment

Employer: _____		Division (if applicable): _____	
Employee name: _____		Soc. Sec. No: _____	
_____ Last	_____ First	_____ MI	
Date of birth: _____		Home address: _____	
City: _____	State: _____	Zip: _____	E-mail: _____

Payroll Frequency: ☐ Weekly (52) ☐ Biweekly (26) ☐ Semimonthly (24) ☐ Monthly (12) ☐ Other _____

Date of hire: _____ Effective date: _____

Paycheck deductions start on: _____ Number of deductions in the Plan year: _____

Benefit Election Authorization or Waiver

Enter the annual amount of your allocation(s) for the Plan Year to the account(s) of your choice and divide by the number of paychecks you receive during the Plan Year to arrive at the amount of your salary reduction each paycheck.

Benefit Elections:

A. Dependent Care Flexible Spending Account (FSA)

Annual
Election

\$ _____

B. Health Care Flexible Spending Account (FSA)

\$ _____

C. Limited Flexible Spending Account (LFSA)

\$ _____

Total Authorized Pre-tax Salary Reductions

☐ Waiver of Participation in Health FSA, Limited FSA and Dependent Care FSA.

After careful consideration, I have chosen not to participate in the FSAs for the current Plan Year.

D. Premium Payment (Pre-Tax)

Contributions to the employer-sponsored benefit plan(s).

Per Pay Period \$ _____ **

☐ Waiver of Participation in Pre-tax Premium Payment.

After careful consideration, I have chosen not to participate in the pre-tax premium portion of the Plan.

**This amount can be automatically increased or decreased during the Plan Year to correspond with increases or decreases in the amount of Employee contributions required by Employer to its benefit plans.

By signing below, I understand that:

- I am authorizing my employer to reduce my compensation by the amount specified.
- I understand that I am not permitted to change my elections during the Plan Year unless the change is on account of and consistent with current recognized IRS regulations and change in status events.
- I also understand that unused account balances in my Dependent Care and Health FSAs at the end of the Plan Year or Plan's grace period are subject to forfeiture, based on applicable IRS law and regulations and Plan design.

Employee Signature: _____

Date: _____

*Return this enrollment form to your employer.

isolved Benefit Services has incorporated the HIPAA Privacy Requirements to reflect our organization's business practices regarding your FSA coverage.

866-370-3040 • Email: fbamail@isolvedhcm.com

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