

FLEXIBLE SPENDING ACCOUNT ENROLLMENT APPLICATION

Public Education Employees' Health Insurance Plan
P. O. Box 302150 ♦ Montgomery, Alabama 36130-2150
334.517.7000 or 877.517.0020
Website: www.rsa-al.gov
You can enroll online at <https://mso.rsa-al.gov>



**ACTIVE MEMBERS
ONLY**

PEEHIP Subscriber Information

Name must be entered as shown on your Social Security card.

Social Security Number		First Name		Middle Name/Initial	Last Name
Mailing Address			City	State	ZIP Code
Date of Birth	Home Phone	Work Phone	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female		
Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Legally Separated <input type="checkbox"/> Widowed					
Employer/School System		Email Address			Date of Employment

Healthcare Flexible Spending Account Information

I elect to participate in the Healthcare Flexible Spending Account (Health FSA) plan.

I understand that:

- **I will be issued a Flex Debit Card for this account.** I must retain all receipts and submit a copy to HealthEquity®, if requested.
- Funds in this account can be used to pay for qualifying medical, prescription drug, dental, and vision expenses for me and my eligible dependents.
- The annual election amount cannot be less than \$120 or more than \$2,650.

Health FSA Annual Contribution Amount: \$_____.

Dependent Care Reimbursement Account Information

I elect to participate in the Dependent Care (daycare) Reimbursement Account (DCRA) plan.

I understand that:

- This account is for reimbursement of **daycare expenses**.
- This account cannot be used for reimbursement of medical, prescription drugs, dental, or vision expenses for me or my dependents.
- The annual election amount cannot be less than \$120 or more than \$5,000 (\$2,500 if married filing a separate tax return).

DCRA Annual Contribution Amount: \$_____.

PEEHIP Subscriber Certification

I understand that:

- The annual contribution amount elected will be divided by the number of months I am an active employee this year (Oct. 1- Sep. 30). If I sign up during Open Enrollment, the annual amount will be divided by 12.
- Participation for subsequent years is not automatic. For continual participation, I must re-enroll during the annual Open Enrollment period even if I want to contribute the same amount as the previous year.
- I cannot change or revoke any of my elections on this compensation redirection agreement at any time during the plan year unless I have Qualifying Life Event (QLE) and change in status. A FLEXIBLE SPENDING ACCOUNT STATUS CHANGE form must be submitted to PEEHIP within 45 days of the QLE.
- Funds in my DCRA cannot be transferred to my Health FSA, or vice-versa, for any reason.
- Any funds remaining in the DCRA that are not used during the plan year will be forfeited.
- I am allowed to carry over up to \$500 of unused funds in the Health FSA to the subsequent plan year. Funds remaining in excess of \$500 at the end of the plan year (Sep. 30) will be forfeited.
- Reimbursement requests and documentation for eligible expenses for both the Health FSA and DCRA must be submitted to HealthEquity® no later than January 15, following the end of the plan year to be eligible for reimbursement.

I hereby certify that I have completely read and fully understand the terms and conditions of the Flexible Spending Account program and all information furnished is true and complete. I also agree to have the contribution amount deducted from my monthly paycheck.

Employee Signature

Date Signed

Flexible Spending Accounts

Participation in a Flexible Spending Account (FSA) allows you to save tax dollars on money you will spend on copays, deductibles, and other covered services each plan year. Enrollment in a PEEHIP Hospital Medical or Optional Coverage Plan is not required to participate in a FSA. PEEHIP offers two FSA plans: Health FSA and DCRA.

Healthcare Flexible Spending Account (Health FSA) allows active members to set aside up to a maximum of **\$2,650** of pre-tax contributions each year to pay for eligible healthcare expenses incurred by them and their eligible dependents. The minimum annual election to participate in the PEEHIP Health FSA is \$120. For more information concerning eligible expenses see *IRS Publication 502*, Medical and Dental Expenses.

Dependent Care Reimbursement Account (DCRA) allows active members to set aside up to a maximum of **\$5,000** in pre-tax contributions each year for dependent/child care related expenses so the member (and spouse, if married) can work outside of the home or attend school full time. DCRA funds can only be used for reimbursement of payment for dependent/child care expenses (i.e., licensed nursery school or daycare for children under the age of 13, or daycare for elderly or disabled dependents). The minimum annual election to participate in the PEEHIP DCRA plan is \$120. For more information concerning eligible expenses and guidelines governing a DCRA, see *IRS Publication 503*, Child and Dependent Care Credit.

Members who participate in a Health FSA or DCRA with another sponsor, in addition to a PEEHIP account, should be mindful not to exceed the IRS yearly maximum amount per taxpayer.

Elected Amounts and Reimbursement

You can only be reimbursed for eligible expenses outlined in the plan. Funds assigned to one account cannot be transferred to the other account under any circumstances. To assist you in determining your annual contribution amount, a Tax Savings Calculator is available at www.rsa-al.gov and www.healthequity.com/PEEHIP. The annual contribution amount will be divided equally based on the number of remaining months in the plan year to determine the monthly contribution amount. For members who sign up during Open Enrollment, the annual contribution amount will be divided by 12. Health FSA funds are available for use up to the annual contribution amount as the first effective day of the plan year. Funds for reimbursement from the DCRA become available only after contributions have been withheld from your paycheck.

Flex Debit Card: All Health FSA enrollees will be issued a Flex Visa Debit Card to pay for qualified medical, prescription drug, dental, and vision co-pays and eligible healthcare expenses not covered by insurance. You must save copies of all receipts, invoices, and other documentation you receive in connection with using this card to provide to HealthEquity® for substantiation, if requested. Failure to provide substantiation documentation upon request will result in card privileges being suspended, and a Refund Request Notice will be sent to you asking for you to repay the amount of the unsubstantiated charges. Use of this card for Health FSA expenses is encouraged but not required. Enrollees choosing not to use the card may request a reimbursement using the Manual Reimbursement method.

Manual Reimbursement: This method is available for the Health FSA and DCRA. Members can request a reimbursement through the HealthEquity® website or mobile app. Members may also mail or fax a Reimbursement form along with supporting documents to HealthEquity®. For recurring monthly expenses for orthodontia and DCRA, automatic reimbursement can be set up.

Timely Filing Period Deadline / Carryover

The PEEHIP FSA plan year ends September 30. You have until January 15 following the end of the plan year to submit a Reimbursement form along with receipts for eligible expenses that were incurred during the plan year (October 1 through September 30). A refund of unused funds is not permitted. Unused funds remaining in the Health FSA or DCRA after the timely filing period deadline will be forfeited.

\$500 Carryover Provision (applicable to Health FSA only)

PEEHIP allows members up to \$500 of unused funds remaining in a Health FSA after the timely filing period deadline to be carried over and used for eligible Health FSA expenses in the following plan year. Remaining Health FSA funds in excess of \$500 will be forfeited. This provision is in accordance with guidelines set by the Department of Treasury Notice 2013-71 issued by the IRS on October 31, 2013.

PEEHIP Flexible Spending Accounts are administered by HealthEquity® and are available to all actively employed members of PEEHIP. For a complete summary of the PEEHIP Flexible Spending Account Plan please go to www.rsa-al.gov.