



**ProBenefits Flexible Benefit Plan
Enrollment Guide**

**We specialize in benefits
so you don't have to.**

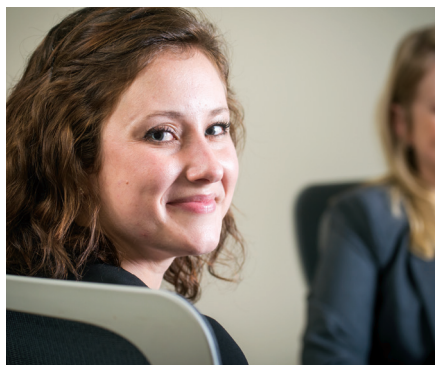
**You're not just a valued
employee of your company
— we value you, too.**

We believe in helping businesses build strong relationships with their employees, and benefits are a big part of that. After all, a great working environment leads to a productive team, and a productive team leads to a successful organization — so we like to think that by delivering knowledgeable, caring service to you and to your employer, we're a part of that equation. The ProBenefits team will make sure that your human resources staff members have what they need to offer the benefits and support you deserve. We'll create the best plan, walk you through the enrollment process, and be here if you should ever have a question.

That's the benefit of trust.

**Benefit experts on
a first-name basis**

Your employee benefits are extremely important to you — and to us. That's why every member of our team manages your account with expertise, accessibility



and integrity. You can count on us to be benefits experts, to answer when you call and to always have your best interests in mind. In fact, you and your employer will get to know us by our first names because that's

how we do business: with a level of dedication and caring that can be hard to find.

Pictured: Elizabeth Baker, ProBenefits Customer Service Representative.

Flexible Spending Accounts

What to know and how to use them

Flexible Spending Accounts (FSAs) are reimbursement accounts that allow you to pay for certain eligible expenses with tax-free dollars. Through pre-tax salary reduction and reimbursement, you convert taxable income into non-taxable benefits. The result is reduced tax withholdings and more take-home pay — and who doesn't want that, right? When you participate in an FSA, you give yourself access to tax savings of approximately 30 percent for all dollars run through the plan.

There are two types of FSAs:

- 1. Medical/Dental/Vision FSA** can be used to pay for eligible unreimbursed medical expenses (not covered or paid by any insurance) incurred by you, your spouse, and your dependents. A general listing of reimbursable and non-reimbursable expenses is included in this guide. For more information visit www.ProBenefits.com.
- 2. Dependent Care FSA** can be used to pay for eligible dependent care expenses (daycare, childcare) so you and your spouse can work, look for work, or attend school full-time. Covered expenses must be for:
 - Dependent children age 12 and under; or
 - A person of any age whom you claim as a dependent on your taxes and who is mentally or physically incapable of caring for himself or herself.

What's eligible? Eligible expenses include childcare (nursery, preschool or private sitter), before and after-school care and day camps.

What's not? Ineligible expenses include kindergarten tuition, overnight camps and expenses paid to a tax-dependent.



Important Notes about FSAs

There are varying FSA plan designs that treat unused funds at the end of the plan year differently. For more information about how your plan treats unused funds, please refer to your Summary Plan Description (SPD).

Your FSA annual election cannot change during the plan year except in the event of a recognized Status Change or Qualifying Event.

Per IRS regulations, dependent care elections cannot exceed \$5,000 per family per tax year.

Reimbursement is based on the date of service, not the date of payment. In order for you to be reimbursed from your FSA funds, the date the expense is incurred must be within the current plan year and while you are an active participant in the plan.

Prepayments, such as deposits for prenatal care/delivery, surgery, dental work or dependent care summer programs are not eligible for reimbursement until the service has actually been rendered.

Generally, you have 90 days after the end of your plan year or 90 days after your last day of plan participation to file reimbursement claims for eligible expenses; your plan details may vary — see your SPD.

Your Dependent Care and Medical/Dental/Vision FSAs are two separate plans, and funds cannot be transferred between them.

Please visit www.ProBenefits.com for more detailed information on the IRS rules governing FSA plans.

Flexible Spending Accounts

What to know and how to use them

What's Reimbursable?

Sometimes we have to require certain documentation or confirm a few details of your plan with you — it's all in the best interest of you and your organization. Our commitment to doing things well and doing things right ensures that both you and your employer are protected. Below are some examples of common types of expenses reimbursable by your Medical/Dental/Vision Flexible Spending Account, based on Internal Revenue Code 213(d). These types of expenses are reimbursable when incurred by you, as well as by your spouse and eligible dependents, even if they are not enrolled in your employer's insurance coverage. There are many other eligible expenses - find more at ProBenefits.com, or call us to discuss.

<p>Medical</p> <p>Insurance deductibles, copays, and coinsurance</p> <p>Office visits, diagnostic tests, and surgical procedures (non-cosmetic)</p> <p>Prescription drugs</p> <p>Birth control/contraception</p> <p>Hearing aids and batteries</p> <p>Insulin and diabetic test supplies</p> <p>Addiction treatment, including smoking cessation programs</p> <p>Care, special education, and supplies for persons with disabilities</p>	<p>Dental</p> <p>Orthodontia (special rules apply – see ProBenefits.com)</p> <p>Exams, cleanings, x-rays</p> <p>Fillings, caps, crowns, bridges</p> <p>Dentures</p> <p>Vision</p> <p>Eye exams</p> <p>Contact lenses and care supplies</p> <p>Glasses</p> <p>Laser eye surgery</p>	<p>Reimbursable with a Letter of Medical Necessity</p> <p><i>The following items may be reimbursable if accompanied by a note from a doctor recommending the item to treat a specific medical condition. Other special rules may apply. Please see ProBenefits.com for more information.</i></p> <p>Cord blood/embryo/egg/sperm storage</p> <p>Home improvements for medical conditions</p> <p>Massage</p> <p>Nutritionist</p>	<p><i>Reimbursable with a Letter, continued</i></p> <p>Orthopedic shoes (not mass-produced)</p> <p>Vitamins & nutritional supplements (only if recommended by a doctor for a specific medical condition)</p> <p>Weight loss to treat existing disease</p> <p>Wigs</p>
<p>Durable medical supplies such as crutches, wheelchairs, and bandages</p> <p>Transportation expenses for medical services</p> <p>Diagnostic devices such as blood pressure monitors</p> <p>Orthotics/orthopedic shoe inserts</p> <p>Specialist services, including psychologists/psychiatrists, physical therapy, chiropractors, and acupuncture</p>	<p>Not Reimbursable</p> <p><i>Here are some common examples of ineligible expenses:</i></p> <p>Cosmetic surgery (unless restorative)</p> <p>Finance charges</p> <p>Food</p> <p>Imported drugs (Canada, Mexico)</p> <p>Insurance premiums for individual policies</p> <p>Long-term care expenses</p>	<p>Marriage counseling</p> <p>Missed appointment fees</p> <p>Personal hygiene products</p> <p>Spa fees</p> <p>Teeth whitening</p> <p>Toothbrushes</p> <p>Toothpaste</p> <p>Warranties (including extended eyeglasses or corrective lens warranties, such as Eyewear Protection Plans)</p>	<p>OTC Drugs and Medicines: Reimbursable with a Prescription</p> <p><i>Over-the-counter drugs and medicines require a prescription for FSA reimbursement. The prescription must be written by a physician on an official prescription pad and must include the name of the patient, the specific OTC drug or medicine, and the number of refills or duration of treatment (up to one year). You may submit a copy of the prescription and a receipt for purchase of the product with your reimbursement claim form.</i></p> <p>Acid control medication (Prevacid, Prilosec, Zantac, etc.)</p> <p>Acne treatment</p> <p>Allergy medication (Zyrtec, Claritin, etc.)</p> <p>Antacids (Tums, etc.)</p> <p>Anti-itch medication</p> <p>Cold medication</p> <p>Cough drops</p> <p>Nicotine patches or gum</p> <p>Pain relievers (Advil, Tylenol, etc.)</p> <p>Sleep aid medication</p> <p>Stomach remedies (Pepto-Bismol, etc.)</p>

Instant Access to your FSA Funds

About the Flex Card



The Flex Card is a MasterCard® limited merchant category card. It is designed to work at merchants with a health-care merchant category code, such as a doctor's office or hospital. At these locations, card transactions that match your employer-sponsored group health plan copays will be automatically approved. You will need to submit documentation to ProBenefits for other amounts.

The Flex Card will also work at retail merchants that have an Inventory Information Approval System (IIAS) in place. This means you can only purchase eligible items with your card at these locations, and you will not need to submit paperwork for these charges. However, per IRS requirements, you should always keep your receipts on file.

Please note: Your plan may not offer the Flex Card or your plan details may differ slightly from those listed. Contact your employer or ProBenefits for more information.

For a complete listing of eligible Merchant Category Codes and a listing of IIAS Retail Merchants where the Flex Card is accepted, please visit our website at ProBenefits.com.

Top 5 Benefits of the Flex Card

- 1. Cashless FSA Transactions:** The Flex Card provides instant access to FSA funds, reducing out-of-pocket expenditures.
- 2. Less Paperwork to Submit:** Charges are automatically approved at many locations where the card is accepted, so in many cases you will only need to save your receipts instead of submitting them to ProBenefits.
- 3. Online Account Access:** See personal account information including your available balance and transaction history.
- 4. Free Cards:** There is no fee for cards for you and your spouse or dependent.
- 5. Flexibility:** You can still file reimbursement claims if you forget your card or choose not to use it.

Instant Access to your Account

Logging in to your *ProBenefits.com* account

After enrollment is complete, you can access your Flexible Spending Account information at any time on our secure website. Just go to *ProBenefits.com* and click the My Account button in the upper right corner. If you have never logged in before, Access Your Account under First Time Users to set up your login information. If you have logged in before but have forgotten your username and/or password, click the Forgot Username or Password link and follow the steps to have your login information reset.

Here's what you can find online

When logged in to your account, you will be able to view account balances, claim information, pending Flex Card transactions, and even images of claims you have submitted. ProBenefits will also email claim and payment confirmations to help you keep track of your account — so be sure to provide your email address on your Plan Participation Form, or add or change your email address and other contact information online at www.ProBenefits.com.

Yes, we have an app for that!

To access account balances and submit claims on the go, you can download our ProBenefits Mobile app, available for iOS and Android.

Here's what you can do online:

Use an interactive FSA Savings Calculator to see how much you save with the Flexible Spending Account

Change your contact information

Add or change your direct deposit information

View account balances

Submit a claim online, or print a claim form for faxing or mailing

Check the status and view images of claims you have submitted



Flexible Benefit Plan Participation Form



ProBenefits
The benefit of trust.

Employer _____

Employee Name _____ Last four digits of Social Security Number _____

Mailing Address _____

Email: (required for online account access) _____ Birth Date _____

Flexible Spending Accounts

Request to PARTICIPATE

Medical / Dental / Vision Care

The cost paid by you or your dependents for medical, vision or dental care that is not reimbursed by insurance.

Dependent Care

Employment-related custodial care for qualifying dependents (children age 12 and under; or dependent, disabled adults).

Request to WAIVE

The Flexible Benefit Plan has been explained and I elect to waive participation in Flexible Spending Accounts. I understand that without a Change in Status or other Qualifying Event described in the Plan, my next opportunity to enroll will be at the start of the next plan year; if not changed, this waiver will continue in effect indefinitely.

Plan Year Benefit Elections

\$ _____ / Plan Year
Employer-set minimums and maximums apply.

\$ _____ / Plan Year
IRS Family Maximum \$5000/yr.

Employer: Please complete

Med FSA Amount/Pay Pd.

Dep FSA Amount/Pay Pd.

First Payroll Date Impacted

Initial to Indicate Approval

Flex Card - ONLY for Initial Signup (If offered by your plan)

I want a Flex Card. *Important: If you already have a ProBenefits Flex Card, DO NOT complete this section. You will automatically receive a new card in the mail when your current card expires. If you and/or your dependent have lost your card(s) or you skipped a year of FSA participation, please contact ProBenefits.*

Additional card for Spouse or Dependent: _____
21 characters maximum including spaces

Relationship (i.e., Spouse or Child): _____

Weekly Direct Deposit Signup

(If offered by your plan)

Type of Account:

Checking

Savings

Please check one:

I am signing up for Direct Deposit for the first time.

I would like to change my account information.

.....
Important: If you are re-enrolling for a new plan year and you already receive Direct Deposit reimbursements, DO NOT complete this section unless your bank information has changed. You may also add or change Direct Deposit information any time during the plan year by logging into your account online at ProBenefits.com.

Please tape a Voided Check (not deposit slip) here.

A voided check supplies the account numbers and routing information required by the bank to establish your Direct Deposit arrangement. (Deposit slips sometimes do not include all needed information.)

By signing below I certify that I have read the Flexible Spending Accounts Acknowledgments and, if applicable, the Flex Card Acknowledgments and/or the Direct Deposit Reimbursement Authorization Agreement on the reverse of this page. I agree to the terms of participation listed in this guide. I authorize my employer to adjust my compensation by the amount of my Benefit Elections shown above.

Signature: _____ Date: _____

Acknowledgments

Flexible Benefit Plan and Flexible Spending Accounts

1. My portion, if any, of insurance premiums for eligible employer-sponsored insurance plans elected for myself and my dependents will be automatically pre-taxed unless I sign a Pre-Tax Waiver form provided by my employer. My employer may adjust pre-tax premiums if rates change during the year, but I may not be able to change my election during the Plan Year.
2. I cannot change or revoke my elections prior to the start of the next plan year, unless I have a Change in Status or other Qualifying Event described in the Plan. The Summary Plan Description ("SPD") includes a full explanation.
3. Signing this form does not initiate my coverage under any insurance policy.
4. My Plan Year benefit elections may be slightly rounded, if necessary, to allow per-pay-period salary reductions.
5. I understand that the Annualization Rule (Uniform Coverage Rule) applies to the Medical/Dental/Vision FSA and entitles me to reimbursement up to the full annual election at any time during the plan year once eligible expenses are incurred. I understand the Annualization Rule does not apply to the Dependent Care FSA, and that Dependent Care reimbursements cannot exceed contributions for the plan year to date. This means that eligible childcare expenses can only be reimbursed as contributions are deducted from my pay, and even though an expense may be eligible and approved, reimbursement will not be made until sufficient funds are contributed.
6. Depending on my plan design, unused amounts remaining in Flexible Spending Accounts for the Plan Year and applicable runout period(s) may be forfeited.
7. I can only submit claims for expenses incurred during the Plan Year while I am an active participant in the Plan. Such reimbursement requests must be submitted with appropriate documentation (claim form and provider receipts) no later than 90 days after the end of the Plan Year or 90 days after termination of plan participation, whichever comes first.
8. My benefit account(s) and claim data may be maintained on a computer system providing automated access.
9. Due to privacy concerns, ProBenefits will discuss claim information only with me as the participant.
10. Participation in this Plan may mean paying less Social Security tax, which could reduce my future Social Security benefits.
11. Enrollment in the Medical Flexible Spending Account listed covers me and my eligible dependents, if any. I understand that FSA enrollment may impact my eligibility, or eligibility of my spouse or dependent(s), for a Health Savings Account (HSA). I also understand that I cannot change or reduce my Medical FSA during the plan year in order to enroll in an HSA. *Note: To enroll in an "Employee-Only" or "Employee-Plus-Children" Medical FSA or a "Limited" FSA (covering only dental/vision expenses), see your benefits administrator for a special form.*
12. This document provides general information about a Flexible Benefit Plan. For more specific information, I will review my Plan's SPD.
13. Due to IRS non-discrimination rules for flex plans, in some

circumstances the pre-tax elections of Highly Compensated Employees or Key Employees must be adjusted mid-year to meet IRS compliance testing guidelines. If you are deemed to be a Highly Compensated Employee or Key Employee, your election may be reduced or discontinued in such a circumstance. If so, the benefits administrator will provide notice and further details.

Flex Card (If offered by your plan)

After completing the Flex Card - Initial Signup on the Plan Participation Form, as an FSA participant you will receive a mySourceCard™ MasterCard® and agree to use it according to these Acknowledgments and the Cardholder Agreement that will be provided with the card.

1. I understand that the Flex Card is restricted to certain merchant categories and approved IAS vendors and is not accepted at all MasterCard® authorized locations.
2. I understand that I may not obtain a cash advance with the card at any merchant, bank or ATM.
3. I understand that the card is to be used exclusively for Qualified Expenses as defined by the plan(s) in which I participate. If the card is used for an expense that is not a Qualified Expense, I understand that I am indebted to my employer and must repay the full amount of the non-qualified expense. Repayment for non-qualified expenses may be in the form of an offsetting claim, a personal check, electronic draft from my personal checking or savings account, a post-tax deduction from my paycheck, or other options established by my employer.
4. I acknowledge that IRS rules require me to save all invoices and receipts related to any expense paid with the card. I agree that, upon request, I will submit these documents for review by the Plan Service Provider. I understand that failure to submit the receipt(s) in a timely manner will cause the expense to be treated as a non-qualified expense and may cause my card to be suspended.
5. I understand that I may be assessed a \$10.00 replacement card fee if I lose or misplace my card(s). I also understand that if I request more than two cards (one for myself and one for my spouse or a dependent), I may be assessed a \$10.00 fee for each additional card.

Direct Deposit Reimbursement Authorization Agreement (If offered by your plan)

1. I hereby authorize ProBenefits, Inc. (hereinafter "Plan Service Provider") to initiate credit entries (electronic and otherwise) and, if necessary, debit entries and adjustments for any erroneous credit entries to my Personal Bank Account in the financial institution named (hereinafter "Financial Institution").
2. This authority is to remain in force until the Plan Service Provider has received written notification from me of its termination in such time and manner as to afford Plan Service Provider and Financial Institution a reasonable opportunity to act on it. I can discontinue this arrangement at any time and receive reimbursements monthly by check, if offered by my plan.
3. I acknowledge that my Flexible Spending Account (FSA) information will be available to me 24 hrs/day by internet (www.ProBenefits.com), and that I will not receive written verification each time a reimbursement payment is made.

Please complete and sign the Plan Participation Form on the reverse of this page.

This Guide contains general, explanatory information about a Flexible Benefit Plan. Flex Plans are governed by IRS regulations, which may be amended from time to time. Information in this guide is correct as of the date of printing, but please consult your company benefits administrator, a ProBenefits representative, or ProBenefits.com for the most current information. If you enroll in the plan, your Summary Plan Description (“SPD”) will contain a full explanation of the plan and your rights under the plan. The information included in this guide is for explanation only and is not intended as tax advice. In all matters where tax or legal advice is needed, the services of professional counsel should be sought.



ProBenefits

The benefit of trust.

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