WILSON AREA SCHOOL DISTRICT

2020 PLAN YEAR

September 1, 2020 through August 31, 2021

YOU MUST COMPLETE AND RETURN THE CAFETERIA PLAN ELECTION FORM AND THE FLEXIBLE SPENDING ACCOUNT ENROLLMENT FORM EVERY YEAR!

INSTRUCTIONS FOR CAFETERIA PLAN ELECTION FORMS

1. If you would like your medical co-share contribution deducted from your pay on a pre-tax basis, please check Yes on the Cafeteria Plan Election Form. If you do not want the deduction made pre-tax, check the No box. Sign and date the form.

   This completed form must be returned.

2. If you would like to participate in the district’s Flexible Spending Account (FSA), please complete the Flexible Spending Account Enrollment Form included in the packet. The Wilson Area School District FSA plan is designed with a full medical FSA option and a Dependent Care option.

   - Medical FSA has a contribution limit of $2,750 for the plan year
   - Medical FSA offers a $500 rollover option per plan year
   - Dependent Care FSA has a contribution limit of $5,000 for the plan year

If you do not wish to participate in the FSA, check the box on the bottom of the form – "I was given the opportunity to participate in this Flexible Benefits Plan, and I have decided not to participate at this time." Sign and date the form.

   This completed form must be returned.

3. If this is your first time enrolling in the FSA, you will be issued a new “MyAmeriflex” Debit Mastercard. If you are currently participating in the FSA, the new amount will be added to your current card. If you would like additional cards issued to your spouse or eligible dependent (age 18 and over), please complete page 2 of the FSA Enrollment Form.

Return the 2 or 3 completed forms to Kelly Baltz at the Administration Office by July 31st, 2020.
WILSON AREA SCHOOL DISTRICT

CAFETERIA PLAN ELECTION FORM FOR THE 2020 PLAN YEAR
This election form is used to elect to participate in the Cafeteria Plan for the period starting on September 1, 2020 and ending August 31, 2021

Employee Information:

<table>
<thead>
<tr>
<th>First name:</th>
<th>Last Name:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Address:</th>
<th>City</th>
<th>State</th>
<th>Zip</th>
</tr>
</thead>
<tbody>
<tr>
<td>(Street)</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Part One: Insurance Contributions
The first part of your Cafeteria Plan involves the insurance premiums you currently pay through your employer via payroll deduction. These premiums can be for Health, Dental, Vision, or any other Insurance Plans deemed eligible by the Internal Revenue Service that your employer offers. These Plans must be sponsored by your employer to be eligible for the pre-tax benefit through your Cafeteria Plan. Individually owned policies or policies sponsored by your spouse’s employer are not eligible through this Plan. Please indicate your election by checking the appropriate box below:

Please check one:

[ ] Yes, I want to save taxes! Please deduct the portion I pay towards my insurance before applicable taxes are calculated on my income.

[ ] No, I do not wish to save taxes on this expense. Please deduct my insurance contribution after applicable taxes are calculated on my income.

I understand:

- I cannot change or revoke this taxable compensation redirection agreement at any time during the plan year unless I have a qualified change of family status.

- If I do not return this form to my employer by the deadline established by my employer, my employer shall deem this as an election to waive participation in the plan.

Employee Signature

Date
**Company Name:** Wilson Area School District  
**Location:**  

**Employee Name:**  
**SSN:**  

**Employee Email Address:**  

**Home Address:**  

**City:**  
**State:**  
**Zip:**  

**Telephone:**  
**Plan Year:** 9/1/20 through 8/31/21  
**Date of Birth:**  
**Date of Hire:**  
**Effective Date:** 9/1/20  

The company and I hereby agree that my cash compensation will be redirected by the amounts set forth below for each pay period during the plan year (or during such portion of the year as remains after the date of this agreement). I understand that if I do not return this form to my employer by my effective date, it shall constitute my election to waive participation in all flexible spending programs under my employer’s Flexible Benefits Plan and therefore cause me to pay non-reimbursable medical, dependent care, and/or commuter expenses (if any) with after tax dollars.

**EMPLOYEE’S FLEXIBLE BENEFIT PER PAY DEDUCTION/ALLOCATION**

### MEDICAL FLEXIBLE SPENDING ACCOUNT

| Full Flexible Spending Account | Per pay contribution: $ | Date of first payroll: 9/10/2020 |  
| Maximum ANNUAL Contribution | Annual contribution: $ | Number of remaining pays: 26 |  

| DEPENDENT CARE SPENDING ACCOUNT | Per pay contribution: $ | Date of first payroll: 9/10/2020 |  
| Maximum ANNUAL Contribution | Annual contribution: $ | Number of remaining pays: 26 |  

---

**I UNDERSTAND THAT:**

1. My accounts will not automatically renew. During each annual open enrollment period, I understand that I must complete a new enrollment form indicating my account contributions for the new plan year.
2. I cannot change or revoke this agreement at any time during the plan year unless I have a change in family status (including marriage, divorce, death of a spouse or child, birth or adoption of a child, termination or commencement of employment of a spouse, or such other events as the Plan Administrator determines will permit a change or revocation of an election). Note: This does not apply to Commuter Reimbursement Accounts.
3. The Plan Administrator may reduce, cancel, or otherwise modify this agreement in the event he/she believes it is advisable in order to satisfy certain provisions of the internal Revenue Code.

This agreement is subject to the terms of the Company’s Flexible Benefits Plan, as amended from time to time, which shall be governed under applicable laws, and revokes any prior agreement relating to such plan(s).

By signing this form I agree to the terms and procedures listed herein.

I was given the opportunity to participate in this Flexible Benefits Plan, and I have decided not to participate at this time.

---

**Employee Signature**  
**Date**

---

FSA_DCA_CRA_enroll_2015v1  
TOLL FREE: 888.868.FLEX (3539)  
myameriflex.com
ADDITIONAL CARDS (only applicable if your employer has chosen this option)

If you wish to have an Ameriflex Convenience Card® issued for a spouse or dependent, please be sure your spouse or dependent meets the IRS eligibility guidelines below:

(1) For federal tax purposes, a spouse includes all legally married same-sex or opposite-sex spouses, regardless of state residence.
(2) A "dependent" generally includes any relative of the participant for whom the participant provides over half of their support for the calendar year. A relative includes children, parents, stepchildren, siblings, aunts, uncles, cousins, and in-laws of the participant. Relatives do not need to reside with the participant in order to be dependents, nor do they need to be a certain age or infirmity; they need only to be persons for whom the participant has provided over half of their support.

Spouse Name: ____________________________________________________________

Address to issue card: ____________________________________________________

Telephone: ___________________ SSN: ___________________ Date of Birth: ____________

All dependents must be age 18 or over in order to receive the Ameriflex Convenience Card®. If you previously added a dependent onto your plan, they will automatically be linked each year. It is your responsibility to add and/or remove dependents as needed. To add additional dependents or to remove dependents, please complete the section below.

Add [ ] Term [ ]

Dependent Name: _________________________________________________________

Address to issue card (if different from participant): __________________________________

Telephone: ___________________ SSN: ___________________ Date of Birth: ____________

Add [ ] Term [ ]

Dependent Name: _________________________________________________________

Address to issue card (if different from participant): __________________________________

Telephone: ___________________ SSN: ___________________ Date of Birth: ____________

Each Ameriflex Convenience Card® is issued for a term of three years. Remember that existing cardholders will not receive a new card (unless the current card is scheduled to expire). Cards will simply be "reloaded" for the next plan year with your new election. Upon expiration, Ameriflex will automatically issue new cards to participants who re-enroll in the new plan year. For new participants, your Ameriflex Convenience Card® will be sent to your home address in a plain white envelope.

Employee Signature

Date

Please fax or email this form to: Ameriflex Fax: 800.282.9818 Email: forms@myameriflex.com
There's a reason why thousands of employers choose Ameriflex to help their employees save money on everyday health care expenses. We offer the utmost in convenience when it comes to implementing, administering, and supporting FSA programs, and with our industry-leading debit card platform, participants can access multiple accounts through a single card.

HOW IT WORKS

An FSA is set up as a tax-advantaged account, allowing employees to benefit from tax savings by setting aside pre-tax dollars for out-of-pocket health care expenses. Participants can experience a savings of up to 40 percent on thousands of eligible, everyday expenses, including co-pays, dental and vision expenses, prescription drugs, and more. Employers receive matching tax savings and can help their employees manage out-of-pocket health care expenses.

THE AMERIFLEX ADVANTAGE

For Employers:

• Dedicated Account Executive at no additional charge, regardless of group size
• Free real-time, divisional reporting capabilities and free online enrollment tool
• Electronic data transfer capabilities
• Ability to connect to your current HRIS system at no additional charge
• Support for multiple tax-advantaged accounts

For Employees:

• Free debit cards for members and qualified dependents
• Customizable member messaging options (including balance reminders)
• Email substantiation requests available
• Access to dedicated Member Services team via phone and live chat
• Online claims submission available 24/7 through member portal

Ameriflex is recognized for award-winning service and technology innovation. To learn more about our commitment to exceeding industry standards, visit myameriflex.com/awards.

Protect your plan against negative year end health FSA balances. Contact us to learn more.
A PLAN THAT PUTS MORE MONEY IN YOUR POCKET

If you find yourself spending money out of pocket on medical expenses or dependent care expenses, participating in a Flexible Spending Account (FSA) can make these costs more affordable.

With an FSA, you elect to have a specified amount of money deducted from your paycheck (on a pre-tax basis) each pay period, meaning less of your hard-earned income is subject to tax. The example to the right demonstrates how you can increase your take-home pay with an FSA (if you were to elect a $250 annual pre-tax deduction).

TYPES OF FLEXIBLE SAVINGS ACCOUNTS

HEALTH FSA

Health FSAs are one of the most popular benefit plans offered by employers because they provide employees with a practical way to pay for everyday, routine medical expenses such as copays, deductibles, and vision care. Another big advantage - employee contributions are available on the first day of the plan year.

The annual limits for health FSAs are currently set by the employer. However, the health care reform law currently imposes a $2,750 cap on annual salary reduction contributions to health FSAs offered under cafeteria plans.

DEPENDENT CARE FSA

Similar to an FSA, a Dependent Care FSA (DCA) is an account that can be used by employees to pay for the daily care of an eligible child or adult dependent, so long as the dependent care service allows the employee and his or her spouse to be employed. Typical DCA expenses are those incurred to have a babysitter or day-care provider take care of an employee's child (under the age of 13) while the employee and spouse are at work, or to take care of a spouse or other adult dependent who lives with the employee and is incapable of self-care.

The annual contribution limit for Dependent Care FSAs is the smallest of the following amounts: (1) $5,000 for married individuals filing a joint return or for unmarried individuals; (2) $2,500 for married individuals filing separately; (3) the employee's earned income; or (4) the spouse's earned income, if the employee is married at the end of the taxable year. All limits are based on the employee's taxable calendar year.
Welcome

To your MyAmeriflex Card

Start enjoying the benefits of your new card today!
The MyAmeriflex Card provides you with easy access to the funds in your employee benefits account. Depending on the types of accounts your employer offers, you may be able to use your card to access funds in your Flexible Spending Account (FSA), Health Savings Account (HSA), or Health Reimbursement Account (HRA).

**Your MyAmeriflex Card is already activated and ready to use!**

**HOW TO USE YOUR CARD:**

The MyAmeriflex Card works just like a regular debit card, with three important differences:

1. Its use is limited to specific merchants and expenses deemed eligible by your account/plan type.

2. You cannot use your MyAmeriflex Card at an ATM or to obtain "cash back" when making a purchase.

3. You have the option to use a Personal Identification Number (PIN) with your card, which you can retrieve when you log in to the MyAmeriflex Portal. Or, you can select "Credit" at the payment terminal (no PIN required) to complete a transaction with your signature.

To manage your account and access specific details about your card, please log in to the MyAmeriflex Portal (myameriflex.com).

You can also contact our dedicated Participant Services team at **888.868.FLEX (3539)**.
SAVE MONEY ON DEPENDENT CARE EXPENSES WITH AN AMERIFLEX DEPENDENT CARE FSA

HOW IT WORKS

A Dependent Care FSA is an account that can be used to pay for the care of an eligible child, adult, or elder dependent (as defined by the IRS). Dependent Care FSAs help you save money by allowing you to set aside pre-tax dollars to pay for eligible dependent care expenses.

WHAT IS COVERED

You can use the funds in your Dependent Care FSA to pay for:

- Day care
- Before-school or after-school care
- In-home babysitting—that enables you to be gainfully employed—by someone who is not your dependent (for tax purposes)
- Care for a dependent adult/elder, enabling you to be gainfully employed
- Nanny services, nursery school, or preschool
- Summer day camps

For a full list of eligible and ineligible expenses, please visit myameriflex.com.

THE AMERIFLEX ADVANTAGE

- The MyAmeriflex Card automatically synchronizes all of your Ameriflex flexible benefit accounts, allowing you to access your funds with a single debit card
- If your provider doesn’t accept debit cards, Ameriflex makes the manual claim process easy. Simply file one dependent care claim each year and Ameriflex will automatically reimburse you as more funds become available in your Dependent Care FSA.
- Submit claims and supporting documentation with our easy-to-use, online Claims Submission feature
- Dedicated Member Services team available via phone, email, and live chat

Ameriflex is recognized for award-winning service and technology innovation. To learn more about our commitment to exceeding industry standards, visit myameriflex.com/awards.

Proposal Requests: info@myameriflex.com
Call Toll-Free: 844.423.INFO (4636)
IMPORTANT QUESTIONS ANSWERED

WHAT HAPPENS TO UNUSED FUNDS AT THE END OF THE PLAN YEAR?

The IRS allows employers to select one of two choices to address any unused funds at the end of the plan year: A Grace Period or Rollover.

A Grace Period is a 2.5-month period following the end of a plan year during which remaining funds can be used to pay for eligible expenses. In other words, employees may be permitted to submit eligible expenses incurred during the grace period and be reimbursed from unused funds remaining at the end of the plan year. Employers can also allow a maximum rollover of up to $500 for use in the following plan year. Please note that some employers may choose to opt out of both options. Log in to the MyAmeriflex Portal to determine whether or not a grace period or rollover is offered by your employer.

WHAT IF I WANT TO MAKE A CHANGE TO MY ELECTION?

A cafeteria plan must provide that employee elections are irrevocable and cannot be changed during the plan year. However, most employers allow employees to change their elections during the year if the employee experiences an event that falls under one of several exceptions allowed by the IRS (called "permitted change in elections events"). Specifically, an employer can design the cafeteria plan to permit an employee to change his or her election during the year if the employee experiences one of the permitted election change events. Please refer to your plan documents for any permitted election change events.

WILL ENROLLING FOR AN FSA IMPACT MY SOCIAL SECURITY BENEFITS?

Any reductions in your taxable income may also lead to a reduction in your Social Security benefits; however, for most employees, the reduction in Social Security benefits is insignificant when compared to the value of paying lower taxes.

DEPENDENT CARE TAX CREDIT VS. DEPENDENT CARE FSA

If you participate in a DCA, you cannot claim credits on your income tax return for the same expenses. Also, any amount reimbursed under this plan will reduce the amount of other dependent care expenses that you can claim for purposes of tax credits. Before you participate, you should evaluate whether the federal income tax credit will save you more money than the DCA. The relative tax advantages of each option, as well as the possible impact on your tax liability and your ability to take advantage of the Earned Income Tax Credit, may depend on the option you choose and your personal tax situation. If you are unsure about which option to choose, you should consult your tax or financial advisor.

HOW DO I FILE A CLAIM?

Filing a claim is a breeze with our MyAmeriflex Mobile App and/or MyAmeriflex Portal! After you register your account online at myameriflex.com, and you can request reimbursement, sign up for direct deposit, upload receipts, and pay a provider directly. Additional options such as email, mail, and fax are available.

For more information please visit myameriflex.com

Visit the FSA Store at: FSASStore.com/AMQRG

myameriflex.com