

PLAINVIEW-OLD BETHPAGE CSD - SECTION 125 PLAN

Important Information Regarding Flexible Spending Account (FSA) Program THE HEALTH CARE (125 PLAN) LIMIT BEGINNING WITH THE CALENDAR YEAR JAN. 1, 2017 HAS CHANGED TO \$2,600.

As of January 1, 2017, Brown & Brown of New York, Inc. dba Fitzharris & Company is offering the Plainview-Old Bethpage CSD flexible spending participants a flexible spending Benefit Debit Card for out-of-pocket expenses for medical, dental and vision reimbursements for expenses incurred for the Benefit Period of January 1, 2017 through December 31, 2017. Your Benefit Debit Card will be mailed to the address you have provided on your enrollment form. As you are aware, Brown & Brown of New York, Inc. is our third party administrator for the flexible spending plan. Please see the attached Benefit Debit Card flyer along with the new website registration instructions to review claim status, year-to-date contributions and balances remaining of your flexible spending for 2017.

PLEASE VISIT THE DISTRICT'S WEBSITE UNDER THE BUSINESS AND FINANCE SECTION FOR A LIST OF ELIGIBLE AND INELIGIBLE HEALTH CARE EXPENSES BASED ON IRS GUIDELINES.

ELECTION PERIOD - IF YOU WOULD LIKE TO CONTINUE YOUR FLEXIBLE SPENDING PLAN OR ENROLL FOR THE JANUARY 2016 BENEFIT PERIOD YOU MUST COMPLETE THE ATTACHED ENROLLMENT FORM AND RETURN THE FORM NO LATER THAN 12/14/2016. If you do not complete and return the new election form by that date, you will not be allowed to participate until the next open enrollment (next year). Elections are irrevocable unless you experience a Qualifying Life Event. QLEs include a change in your legal marital status, birth or date you adopt a child, death of spouse or dependent, loss of employment, and your child reaches the age 13 or change in child care services. Please return the form to Celeste Russotto in the Business Office. A copy of the completed election form, which has been initialed by the Business Office, will be returned to you by December 18, 2016. Notify Celeste Russotto (X3062) by December 21, 2016 if you do not receive your copy.

Benefit Period - Period from January 1, 2017 to December 31, 2017. Expenses for eligible services must be incurred during this time.

1) Health Reimbursement Account

Allows you to set aside pre-tax money through payroll deductions for incurred out-of-pocket health expenses. (Expenses not covered by your health, dental or vision plan). Out-of-pocket expenses can be incurred by yourself, your eligible spouse and eligible dependents. Please visit the district's website for a complete list of eligible expenses.

2) Dependent Care Account

Allows you to set aside pre-tax money through payroll deductions for incurred out-of-pocket charges for child and dependent care. Examples of eligible expenses would be baby-sitting, day care of children under age 13 or care for a dependent who is physically or mentally incapable of caring for him or herself. The tax I.D. number or Social security number of the provider must be reported to the Plan Administrator for charges to be reimbursed. Please visit the district's website for a complete list of eligible expenses.

Claims for Reimbursement – If you choose not to use your Benefit Debit Card at the time of service, you must include appropriate documentation (e.g. explanation of benefits from your insurance provider, itemized bill, etc.) for out-of-pocket medical, dental and vision expenses before you can be reimbursed. All forms are to be sent to the Plan Administrator, Brown & Brown of New York, Inc. for reimbursement. These forms are available on the district website.

Use It or Lose It! – You will **FORFEIT** any money that you do not use in your account(s) by the end of the Benefit Period.

