

State of Michigan Flexible Spending Accounts (FSAs) Plan Booklet 2016

Open Enrollment Period: November 2, 2015 through November 30, 2015

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ONLINE

Self-Service

www.mi.gov/selfserv

Note: Self-Service is only compatible with Internet Explorer (IE) 9.0 through 11.0. IE 10.0 and 11.0 users may experience issues when not using the compatibility view.

CALL

MI HR Service Center

877-766-6447

Monday - Friday
8:00 a.m. - 5:00 p.m. EST
Fax: 517-241-5892
Michigan Relay: 711
(Individuals with hearing loss)

- - -

MI HR Service Center is available to answer all enrollment questions



Important Dates

-2015-

November 2

2016 FSA Open Enrollment Begins

November 30

2016 FSA Open Enrollment Ends

December 31

2015 FSA Plan Year Ends

-2016-

January 1

2016 FSA Plan Year Begins

March 15

2015 FSA Grace Period Ends

May 31

2015 FSA Documentation
Deadline

December 31

2016 FSA Plan Year Ends

-2017-

March 15

2016 FSA Grace Period Ends

May 31

2016 FSA Documentation
Deadline

Customer Service Contact Information

Claims Processing

WageWorks® Claims Processing

Claims Administrator
P.O. Box 14053
Lexington, KY 40512
Fax: 877-353-9236

Eligibility, Claims, & More

WageWorks®

Phone: 877-924-3967
Monday - Friday
8:00 a.m. - 8:00 p.m. EST
www.wageworks.com

Life Events

Employee Benefits Division

Phone: 800-505-5011
Monday - Friday
8:00 a.m. - 5:00 p.m. EST
Fax: 517-373-3174

Flexible Spending Accounts (FSAs) Overview

How FSAs Work



The State of Michigan's Flexible Spending Accounts (FSAs) allow you to set aside **pre-tax dollars** to pay for eligible out-of-pocket expenses for health care and dependent care. The total amount you contribute for the year for each plan is called your "Annual Goal." The State offers two types of FSAs:

Health Care FSAs: These allow you to put aside payroll-deducted pre-tax dollars for health care expenses not covered by any medical, dental, or vision care plan. These expenses are allowed for you and qualifying individuals. See [Page 6](#) for a list of eligible Health Care FSA expenses.

Dependent Care FSAs: These allow you to put aside payroll-deducted pre-tax dollars to cover child and/or elder care expenses for your eligible dependents, so you can attend work, find work, or attend school. See [Page 10](#) for a list of eligible Dependent Care FSA expenses.

Annual FSA Open Enrollment



You must enroll each year, even if you wish to elect the same annual contributions. Enrollments expire every year on December 31st of the current plan (calendar) year and do not automatically carry over or renew. 2016 enrollment must be completed between November 2, 2015 and November 30, 2015. There are two easy ways to enroll:

- Online: MI HR Self-Service
www.mi.gov/selfserv
- Contact MI HR Service Center:
Call: 877-766-6447
MI Relay: 711 (Individuals with hearing loss)
Monday - Friday, 8:00 a.m. - 5:00 p.m.

Once the enrollment process is complete, you will receive a confirmation statement. **You must retain this statement for your records. This confirmation statement is your only proof of successful enrollment.**

At the end of December, you will receive correspondence from WageWorks®, confirming your Annual Goal contribution and the plan(s) in which you enrolled. Verify the accuracy of your contribution amount on your first pay warrant of the year.

New Employee/ Mid-Year Enrollment



New employees must contact the MI HR Service Center within 31 days of hire to enroll in an FSA. If you do not enroll during this initial eligibility period, you must wait until the next annual FSA Open Enrollment or until you experience a qualifying life event as described on [Page 7](#) and [10](#).

Note: Contributions to all plans, regardless of employer, cannot exceed the annual federal statutory limits.

Advantages of FSAs



Lower Taxable Income: Your FSA contributions are deducted from your bi-weekly pay warrant on a pre-tax basis, before Federal taxes, Social Security taxes (FICA), and State taxes have been deducted. For example, if you earn \$32,000 and contribute \$2,000 to your Health Care FSA, you will only pay taxes on \$30,000. To estimate your potential savings, access the WageWorks® [FSA Savings Calculator](#).

Increased Tax Savings: On your federal income tax return, you can only deduct medical expenses that exceed 10% of your adjusted gross income. Amounts up to \$2,550 can be contributed to a Health Care FSA and are reimbursable even for small amounts such as co-pays, prescription expenses, and other medical, dental, and vision eligible expenses.

Eligibility



All State of Michigan Employees can participate in FSAs, with the exception of non-career and special personal services (SPS) employees. Employees with an existing Health Savings Account (HSA) are not eligible for the Health Care FSA. Seasonal employees must ensure that the number of deductions elected does not exceed the number of pay periods you expect to be employed during the year. Additionally, each employee must have sufficient earnings to cover the amount he or she chooses to contribute to an account.

Claims



Reimbursements may only be made for claims incurred during the period of coverage. Expenses are incurred when the health care or dependent care is provided, not when you are billed or pay for the care. A period of coverage runs from January 1 through March 15 of the following year.

Providing documentation is the only way to validate a claim. Save all for claims you request reimbursement for.

FSA Grace Period



The IRS allows employers to provide a grace period; the State of Michigan has a grace period from January 1st through March 15th, following the end of a current plan year. Balances remaining in either type of 2016 FSA plan may be used to reimburse eligible expenses incurred during this period. Claims must be submitted by May 31, 2017 to be applied to your 2016 account balance. See [Page 7](#) for more info.

The State of Michigan does not currently offer a Health Care FSA carryover option due to the grace period option being offered.

Flexible Spending Accounts (FSAs) Overview

Pre-Enrollment Information



Your 2016 FSA enrollment is effective through **December 31, 2016**. Once you enroll, you cannot stop or change your deductions during the plan year, unless you experience a qualifying life event (refer to [Page 7](#) for Health Care FSA or [Page 10](#) for Dependent Care FSA). You can only be reimbursed for eligible expenses incurred from the effective date of your enrollment through March 15th of the following year. See [Page 2](#) for more on this Grace Period.

Different rules apply to Health Care FSAs and Dependent Care FSAs. For eligible Health Care FSA expenses, refer to [Page 6](#). The Health Care FSA can be used by you and qualifying individuals (see right column) for eligible health, prescription, vision, or dental expenses remaining *after* claims have been paid by any insurance plan. **It does not replace your insurance plan.**

For eligible Dependent Care FSA expenses, refer to [Page 10](#). If your employment terminates before December 31, 2016, refer to [Page 7](#) for options to continue your Health Care FSA. Dependent Care FSAs cannot be continued if your employment terminates.

Dependent Care FSAs are not Health Care FSAs for your dependents. Dependent Care FSAs are for eligible expenses incurred for the care of qualifying individuals, not a separate FSA for their health care expenses. You are able to add qualifying individuals to your Health Care FSA. See the qualifying individuals section to the right for more information.

Funds are not transferable between your Dependent Care and Health Care FSAs. Also, you cannot transfer funds between your account and your spouse's account.

Estimate your expenses carefully. Do not contribute more than you can reasonably expect to spend on eligible expenses for the year. **The IRS requires that you forfeit any funds left in your account after the reimbursement deadlines have expired.** You will not be reimbursed for any remaining funds in your account after all eligible expenses, incurred by March 15, 2017 and submitted by May 31, 2017, have been processed.

Your Contributions will lower your Social Security Wage Base. Your FSA contributions will lower your Social Security taxes. Since your Social Security taxes will be calculated after your FSA contributions are subtracted, your Social Security benefits may be slightly lowered.

Your State benefits are not affected. FSA contributions lower your taxable income, but they do not lower the amount of salary used to calculate benefits, such as your Retirement Plan, Long Term Disability Insurance, or Group Life Insurance.

Calculating Contributions



Each year, you will need to estimate the amount of out-of-pocket health care and/or dependent care expenses you expect to incur in the next calendar year. These amounts are your Annual Goal for each plan. Health Care FSAs and Dependent Care FSAs have different Annual Goal maximum contribution amounts; see [Page 5](#) and [9](#) for more information.

The Annual Goal you decide upon will be deducted from your pay warrants incrementally, at a rate you select. To calculate what your pay-period contribution amounts will be, decide how many pay periods you wish to use to meet your Annual Goal (1 to 26). Divide your Annual Goal amount by the number of pay periods you wish to use to determine your bi-weekly contribution, as shown in this example:

Annual Goal	# of Pay Periods (PP)	PP Contribution
\$2,550	÷ 25	= \$102.00
\$780	÷ 26	= \$30.00

If you elect to contribute toward your Annual Goal in fewer than 26 pay periods, the number of pay period deductions you elect will be taken consecutively at the start of the year. E.g.: If you elect 15 pay period deductions, your contribution will be deducted from your first 15 pay warrants of the year.

Qualifying Individuals



Qualifying individuals under Health Care FSAs include your legal spouse and your child/children age 26 and under. 26-year-old children are only eligible to be considered qualifying individuals up to the last day of the month in which they turn 26.

A qualifying individual also includes your parent or other individual as defined in IRS Code Section 105(b), such as one who is physically or mentally unable to care for him or herself and is claimed by you as a dependent on your taxes.

Other Eligible Adult Individuals (OEAs) and their dependents are not qualifying individuals for FSAs.

Rehires / Recalls



Employees rehired or recalled within 30 days of their departure and within the same plan year, who had an FSA, must maintain their original Annual Goal, unless there is a qualifying life event; there will be no lapse in coverage. Contributions will be recalculated.

Employees rehired or recalled after 30 days from their departure and within the same plan year, who had an FSA, will not be able to enroll until the next plan year. (Seasonal employees excluded.)

Employees rehired or recalled who were not previously enrolled in the current plan year FSA(s), may contact the MI HR Service Center within 31 days of their rehire or recall date to enroll.

Flexible Spending Accounts (FSAs) Overview

Layoff or Leave of Absence



If you complete the 2016 FSA Open Enrollment and experience a leave of absence or seasonal layoff, prior to January 1, 2016, your enrollment will be void for both Health Care FSAs and Dependent Care FSAs. If you return to work, either before or after January 1, 2016, and wish to re-enroll, you must submit a [Mid-Year Enrollment Form](#) to the Employee Benefits Division within 31 days of your return to work date.

If you miss the 2016 FSA Open Enrollment period due to a leave of absence or seasonal layoff, you will still be able to enroll in a Health Care FSA and/or Dependent Care FSA. To do so, submit a [Mid-Year Enrollment Form](#) to the Employee Benefits Division within 31 days of your return to work date.

Appeals Process for Denied Claims



If the claim is denied, you will receive notification in writing no later than 30 days after the receipt of the claim. If you disagree with the decision, you may file a written appeal with WageWorks® no later than 180 days after receipt of the denial letter. If you still disagree with their decision, you may file a written appeal with the Employee Benefits Division within 28 calendar days from the date of the most recent appeal denial.

Enrollment



If you are a current employee and you enroll during FSA Open Enrollment this year (2015), your plan is effective starting January 1 through December 31.

If you are a newly hired employee, your coverage is effective the first day of the pay period after your enrollment is processed, and ends December 31st of the current plan year.

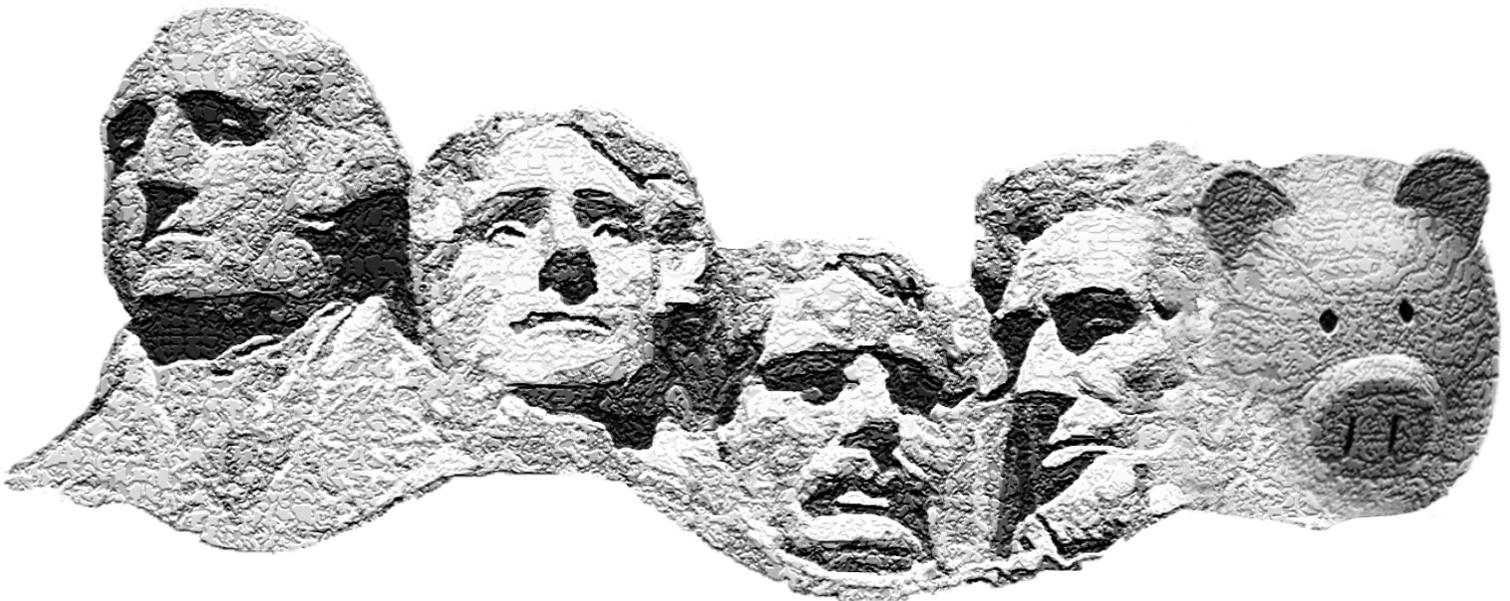
If you have a qualifying life event and submit a [Mid-Year Enrollment Form](#) within 31 days of that life event, your coverage is effective the first day of the pay period after your enrollment is processed, and ends December 31st of that current plan year.

FSA Plan Differences



You have access to the full amount of your Health Care FSA Annual Goal immediately after the start of the new plan year on January 1, 2016.

Dependent Care FSAs require that a sufficient amount of funds be in your account before a claim can be reimbursed. You do **not** have full access to your Dependent Care FSA Annual Goal upon the start of the new plan year, only what you've contributed up to a given point.



Health Care FSAs Plan Overview

Payment Options



1) WageWorks® Health Care Card

Present your Card to your health care provider to pay for office or prescription co-pays and other eligible expenses, at the time of service. Using this option, you may be asked to verify purchases by submitting substantiation documentation. Substantiation documentation may include an itemized bill or receipt showing the patient name, provider name, type of service, date of service, and amount you were charged.

2) Pay Me Back Claim

Submit a Health Care FSA Pay Me Back Claim online by logging into your account at www.wageworks.com and selecting “Submit Receipt or Claim.”

You also have the option to mail or fax a [claim form](#) to WageWorks®.

Along with the claim form, you must submit a provider-supplied itemized bill or receipt showing the following:

- **Patient name**
- **Provider name**
- **The type of service**
- **The date(s) services were provided**
- **The amount you were charged**

Account statements must include the previously stated detail above for each expense if they are to be used in lieu of a receipt.

For OTC drug prescriptions, the receipt must also include the prescription number. If not included, a copy of the prescription must accompany the receipt instead. Certain [eligible expenses](#) also require a Letter of Medical Necessity, signed by your doctor, in order to receive reimbursement.

Note: FSA plans must be reimbursed for any improperly paid claims or unsubstantiated expenses.

3) Pay My Provider

Use this payment option to submit a claim to make a payment directly to your provider. You can request a one-time payment or recurring monthly payment for eligible services (e.g., chiropractic, orthodontia, etc.).

Mobile Apps

Participants with a smartphone can download the WageWorks® [EZ Receipts](#) app for free. The app will allow you to take a photo of an itemized receipt and submit it along with your claim. With the EZ Receipts app you can easily manage all your WageWorks® benefits. Download the app to your smartphone, log in to your account, and check your balances, submit claims, snap photos of receipts, and receive alerts by text or email when you're on-the-go.

No “Double Deductions”



Health care and dependent care expenses can be reimbursed through your FSA, or, taken on your tax return as a medical deduction or dependent care tax credit, but they cannot be taken in both places. Check with your tax advisor to see if a Health Care FSA or Dependent Care FSA may be more advantageous than taking a credit on your tax return.

Max Health Care Contribution



For the 2016 Health Care FSA plan year, the maximum annual contribution amount is \$2,550 per employee.

Eligible Health Care Expenses



IRS code 213(d) defines eligible Health Care FSA expenses as costs incurred to diagnose, treat, or prevent a specific medical condition, or for purposes of affecting any function or structure of the body.

This also includes prescription drugs and some over-the-counter items. However, medical expenses for vitamins, nutritional supplements, or cosmetic purposes are not eligible without approved documentation of medical necessity. See [Page 6](#) for more information and a link to a complete list of eligible expenses. You cannot be reimbursed for expenses paid in advance, except for orthodontics. Pre-payment of orthodontics must occur in the same plan year that you request reimbursement.

Claims Substantiation



WageWorks® will notify you via mail or email if documentation is required. Substantiating documentation is not required when:

- The Health Care Card payment matches the co-pay amount under your medical plan
- The Card payment matches your insurance carrier's electronic file (if applicable)



If an itemized receipt is not provided, your Card will be deactivated and you will be required to pay back the amount you were reimbursed.

You are strongly encouraged to regularly monitor your WageWorks® account online to track and manage your claims.

Health Care FSAs Plan Overview

OTC Meds & Drugs Requiring Prescriptions: Examples



This is an **abbreviated list** of OTC medications requiring a doctor's prescription:

- Allergy and sinus medications
- Anti-diarrheal medications
- Cold, cough, and flu products
- Hemorrhoid remedies
- Pain relief products

OTC Supplies and Equipment



Medically-necessary OTC supplies and equipment are eligible expenses and do not require a prescription, but may require a Letter of Medical necessity, signed by your doctor.

This is an **abbreviated list** of supplies and equipment:

- Crutches
- Contact lens solutions
- Band-aids
- First aid kits

For a complete list of eligible and ineligible expenses, refer to the WageWorks® website for [FSA Eligible Expenses](#).

Travel Expenses



Expenses for out-of-town travel for health care are eligible. This includes expenses for parking fees, tolls, airfare, lodging, rental cars, and mileage for use of a privately-owned vehicle. However, you cannot be reimbursed for a trip or vacation taken for a change in environment, improvement of morale, or general improvement of health, even if you make a trip on the advice of a doctor.

Parking Fees and Tolls: A receipt for the parking fee and/or toll is required to substantiate the claim.

Airfare: A receipt for the airfare is required to substantiate the claim.

Lodging: You may submit a claim for the cost of lodging not provided in a hospital or similar institution. Lodging is reimbursable for a person traveling with the eligible dependent receiving medical care. The reimbursable amount allowed for lodging cannot be more than \$50 per night, per person.

Mileage: Mileage can be reimbursed for trips to and from your health care provider. A visit to your pharmacy will be treated as a visit to your local health care provider. You may calculate the mileage at the rate of \$0.19 per mile. This rate is subject to subsequent IRS revisions.

Over-the-Counter (OTC) Medicines and Drugs



Health Care FSAs can only be used for OTC medicines and drugs, other than insulin, if they are prescribed by your health care provider.

You may use your WageWorks® Health Care Card to purchase OTC medicines at an Inventory Information Approval System (IIAS) approved pharmacy. You will need to present the prescription and the OTC medicine to the pharmacist, who will dispense the OTC medicine as a prescription.

If an OTC purchase is made at a non-IIAS pharmacy, you can pay for the OTC medication and submit the itemized receipt and prescription with a WageWorks® [Pay Me Back Claim Form](#) for reimbursement to WageWorks®.

Eligible Expenses: Examples



This is an abbreviated list of **eligible** expenses:

- Co-payments, co-insurances, and deductibles
- Bandages
- Dental care
- Diabetic supplies and insulin
- Eye exams and glasses
- Laser eye surgery
- Orthodontia (*with copy of contract*)
- Over-the-counter (OTC) medications with a prescription
- Wigs for hair loss due to a disease



[Complete list of eligible expenses](#)

Ineligible Expenses: Examples



This is an abbreviated list of **ineligible** expenses:

- Cosmetic expenses
- Expenses reimbursed by other insurance companies
- Insurance premiums
- Illegal or experimental treatments, operations, or drugs
- Late payment fees
- Teeth whitening or bleaching
- Vitamins/nutritional supplements, unless prescribed by your physician to treat a specific medical condition
- Weight reduction programs for general well-being

(This list is not all-inclusive)

Health Care FSAs Plan Overview

Time Frame for Claim Reimbursement



Reimbursements for eligible expenses will be made within 5 business days after the claim is processed. All claims must be incurred prior to March 15, 2017 and must be submitted by the end of the run-out period, May 31, 2017, to be eligible for reimbursement.

Layoffs, Leave of Absence, Departures, & Retirees



The Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA) allows you to continue a Health Care FSA with pre-tax or after-tax contributions after retiring or separating from State employment. Your continuation under COBRA allows your account to remain active for the remainder of the plan year and corresponding grace period.

The advantage of COBRA is to extend the time period for which Health Care FSA funds may be used. Without COBRA, claims incurred after your last day worked would not be eligible. You may choose to pay the remainder of your Annual Goal, therefore allowing your expenses to be eligible throughout the remainder of the plan year and corresponding grace period.

You may choose to have your remaining contributions deducted (pre-tax) from your last pay warrant by completing the [Health Care Flexible Spending Account Continuation of Coverage Form](#) (CS-1814) or pay your contributions after-tax via personal check.

You must submit the form or contact the Employee Benefits Division one month prior to your last day worked to request either of these options.



Qualifying Life Events



Qualifying life events are listed below:

Legal Marital Status: Change in your marital status, including marriage, legal separation, annulment, divorce or death of spouse.

Qualifying Individuals: Change in the number of your qualifying individuals including the birth or adoption of a child, gain or loss of custody, foster care, or death.

Employment Status: Changes that affect eligibility of the employee or the employee's spouse or qualifying individual, such as commencement or termination of employment, a change from full-time to part-time employment, or loss or gain of coverage.

Judgments, Decrees, Court Orders or Change in Legal Custody: Requirement by one of these legal documents to either add or terminate coverage for your dependent.

Eligibility for Medicare or Medicaid: Becoming eligible or losing eligibility for Medicare or Medicaid.

Qualifying Life Event Changes



If you experience a qualifying life event, the IRS allows you to change your Health Care FSA Annual Goal.

This would result in more than one period of coverage within a plan year with eligible expenses being reimbursed from the appropriate period of coverage. Money from a previous period of coverage can be combined with amounts after a permitted mid-year election change, however, expenses incurred before the election change can only be reimbursed from the amount of the balance present in the Health Care FSA prior to the change.

IRS rules also require that contribution changes during the plan year be made consistent with the qualifying life event. The [Flexible Spending Accounts Life Event/Election Change Form](#) (CS-1784) must be submitted with supporting documentation to the Employee Benefits Division within 31 days of the qualifying life event. The deduction change will be reflected in the pay period following the approval.

Heroes Earnings Assistance & Relief Tax Act of 2008



Under the *Heroes Earnings Assistance and Relief Tax Act of 2008* (H.R. 6081), employees called to active military duty for a period of at least six months would be allowed to receive a taxable distribution of the Health Care FSA funds to avoid forfeiture.

Health Care FSAs Plan Overview

Using the Health Care Card



Use of the WageWorks® Health Care Card is voluntary and allows you to pay for purchases directly from your Health Care FSA account. The Card:

- Works like a credit card, except the funds are deducted from your Health Care FSA
- Allows you easy access to your account funds when costs are incurred

The Card can be used at medical and dental offices, and also at retail establishments and pharmacies where an IIAS has been implemented. A listing of participating retailers can be found at www.wageworks.com.

You must request and retain itemized receipts for all purchases made with your Card. WageWorks® may request a copy of your receipt to substantiate a claim. IRS regulations require you to save your itemized receipts for tax purposes.

Note: The Card is not available for Dependent Care FSAs.

Health Care Card



WageWorks® will issue a Health Care Card for those who are newly enrolled and when existing cards expire. Health Care Cards for additional eligible qualifying individuals can be requested through your WageWorks® online account, or by calling WageWorks® customer service.

You must use the last four digits of your Employee ID# to activate the Card. Cards for additional eligible qualifying individuals are activated by using the last four digits of their Social Security Number (SSN), not the employee's SSN.

Automatic Card Deactivation



The WageWorks® Health Care Card will be automatically deactivated if:

- Employment or coverage terminates, or;
- You do not provide appropriate documentation that substantiates your claim when requested by WageWorks®, or;
- The Card is used for an ineligible expense under the program

Card Holder Agreement



In order to use the Card, you must agree to abide by the terms and conditions of the Plan, as set forth in the [Cardholder Agreement](#). This includes the limitations on Card usage, and the Plan's right to withhold and offset for ineligible claims.

When you activate your Card, the [Cardholder Agreement](#) becomes a part of the terms and conditions of your Plan.

Reporting Lost Cards or Requesting Additional Cards



You may report a lost or stolen card or request additional cards for your spouse or qualifying individuals (over age 18) by calling the WageWorks® Customer Service Center at (877) 924-3967, Monday through Friday, 8 a.m. to 8 p.m. EST, or through your online account on the WageWorks® website at www.wageworks.com. Once logged into your account, select "Card Center" located at the top of the page to complete the online request.

Note: There is no charge for additional or replacement cards.

Leave of Absence or Lost Time and Your Card



If you are placed on an unpaid leave of absence or experience "lost time," your Card will remain available for your use while you are off.

You will be required to make-up all of your missed contributions when you return to work. This is calculated by taking your Annual Goal prior to your leave then dividing the balance by the number of remaining pay periods in the plan (calendar) year.

If you return to work after the end of the 2016 plan (tax) year, the State will collect the remaining amount from your pay warrant on an after-tax basis due to it being in a different taxable year. This will also occur if there are not enough pay periods remaining in the plan year to make-up your missed contributions.



Dependent Care FSAs Plan Overview

How Dependent Care FSAs Work



A Dependent Care FSA can be used to pay for day care expenses while you or your spouse are at work, looking for work, or at school. It can also be used for expenses such as elder care and day care expenses for any incapacitated person you are eligible to claim on your income taxes. **The Dependent Care FSA may not be used for medical expenses.** You must have sufficient funds in your Dependent Care FSA before a claim can be reimbursed.

The Annual Goal you decide upon will be deducted from your pay warrants incrementally, at a rate you select. To calculate what your pay-period contribution amounts will be, decide how many pay periods you wish to use to meet your Annual Goal (1 to 26). Divide your Annual Goal amount by the number of pay periods you wish to use to determine your bi-weekly contribution, as shown in this example:

<u>Annual Goal</u>	<u># of Pay Periods (PP)</u>	<u>PP Contribution</u>
\$2,550	÷ 25	= \$102.00
\$780	÷ 26	= \$ 30.00

If you elect to contribute toward your Annual Goal in fewer than 26 pay periods, the number of pay period deductions you elect will be taken consecutively at the start of the year. E.g.: If you elect 15 pay period deductions, your contribution will be deducted from your first 15 pay warrants of the year.

Max Contribution Amounts



Federal tax laws place limitations on the amount you can contribute to a **Dependent Care FSA** each plan year. You may choose an annual contribution up to the maximum family amount for which you qualify. Your max contribution depends upon your annual earnings, your tax filing status, your spouse's annual earnings, and several other factors.

The contribution maximums are:

- \$5,000 per year if you are married and filing jointly or a single parent
- \$2,500 per year if you are married and filing a separate income tax return
- \$5,000 per year if you are filing single
- The lower of your two incomes, if either you or your spouse earns less than \$5,000 per year
- \$3,000 for one dependent or \$5,000 for two dependents if your spouse is a full-time student or incapable of self-care

It is your responsibility to ensure your annual contributions do not exceed the maximum amount allowed by the IRS.

Qualifying Individuals



A qualifying individual is:

- An individual age 12 or under who (a) lives with you; (b) does not provide over half of his/her own support; and (c) is your son, daughter, grandchild, step-child, brother, sister, niece, or nephew
- A spouse or other tax dependent (as defined in IRS Code Section 152) who is physically or mentally incapable of caring for himself or herself and who resides with you more than half of the year

Typically, if you are divorced or separated, your child must be your dependent for whom you can claim an exemption on your tax return in order to be a qualifying individual.

Note: There is a separate rule for children of divorced parents. If you are divorced, the child is only a qualifying individual of the "custodial" parent [as defined in IRS Code Section 152(e)].

If you are the *custodial parent*, you can treat your child as an eligible dependent even if you cannot claim the child as an exemption on your tax return. If you are the *non-custodial parent*, you cannot treat your child as a qualifying individual, even if you can claim the child as an exemption on your tax return. See IRS guidelines for further details on this exception to the rule.

Other Eligible Adult Individuals (OEAs) and their dependents are not qualifying individuals for FSAs.

Federal Tax Reporting



Amounts you contribute to a Dependent Care FSA are reported on your W-2 form. However, this does not mean you are taxed on your reimbursement. This notifies the IRS that the taxpayer should also be filing IRS Form 2441. This form requires you to list the name and taxpayer identification number or Social Security Number of the dependent care provider(s) you used during the calendar year.

Eligible dependent care expenses can be claimed on your income tax return or reimbursed from your FSA, but not both.

Time Frame for Claim Reimbursement



Reimbursements for eligible expenses will be made within 5 business days after the claim is processed. All claims must be submitted by the end of the run-out period, May 31, 2016, to be eligible for reimbursement.

Payment Options



Dependent Care FSA enrollees may use the same payment options outlined on [Page 5](#) for Health Care FSAs **except** for the WageWorks® Health Care Card.

There is no card-based payment method for Dependent Care FSAs at this time.

Dependent Care FSAs Plan Overview

Eligible Dependent Care Expenses



Eligible expenses can only be incurred from your effective date of coverage through March 15, 2017. **Any expenses not claimed will be forfeited.**

Expenses must be incurred for the care of a qualifying individual (as described on Page 9) and incurred to accommodate your ability to gain or maintain employment. Expenses for overnight stays or overnight camp are not eligible.

If daycare is provided outside the home and expenses are incurred for the care of a qualifying individual who is age 13 or older, said dependent must regularly spend at least 8 hours per day in your home.

Eligible Expenses: Examples



This is an abbreviated list of eligible expenses.

- Home-based licensed day care
- Licensed day care center (elder or child care)
- Nursery school
- Private babysitter in your home or theirs
- Private preschool program
- Providers of care for disabled dependents
- Public or private summer day camps

You may seek reimbursement for day care expenses you pay to your child, age 19 or older, or any other individual you do not claim as a dependent on your income tax return. Immigrants who have a U.S. Social Security Number can also be reimbursed if they have filed for and are waiting for their green card.

[Complete list of eligible expenses](#)

Ineligible Expenses: Examples



This is an abbreviated list of ineligible expenses.

- Babysitting for social events
- Late payment fees
- Care provided by your child under age 19 or any other person you claim as a dependent on your income tax return
- Cost of food, clothing, and diapers
- Cost of specialty or educational programs before or after school
- Expenses for overnight camps
- Expenses for which a dependent care tax credit is taken or expenses which are reimbursed under a Health Care FSA
- Expenses for education
- Placement fees, fees for sports lessons, field trips or clothing

(This list is not all-inclusive)

Qualifying Life Events



Legal Marital Status: Change in your marital status, including marriage, legal separation, annulment, divorce, or death of spouse, where you have a change in the amount paid or number of dependents needing day care.

Qualifying Individuals: Change in the number of your qualifying individuals, including the birth or adoption of a child, gain or loss of custody, foster care, or death.

Care Modifications: Change in dependent care needs or number of dependents, dependent turning 13, or significant change in cost of dependent care.

Leave of Absence: Paid or unpaid leave of absence.

Employment Status: Changes that effect eligibility of the employee or employee's spouse, such as commencement or termination of employment, or a change from full-time to part-time employment, or loss or gain of coverage.

Qualifying Life Event Changes



If you experience a qualifying life event, the IRS allows you to change your Dependent Care FSA annual contribution.

IRS rules also require that contribution changes during the plan year be made consistent with the qualifying life event. This means that your annual contribution can be increased to add the costs for a new dependent for the remainder of the calendar year. However, the annual contribution cannot be increased for both the cost of the added dependent and to make-up costs incurred prior to the life event.

The [Flexible Spending Accounts Life Event/Election Change Form](#) (CS-1784) must be submitted with supporting documentation to the Employee Benefits Division within 31 days of the qualifying life event. The deduction change will be reflected in the pay period following the approval.

Layoffs, Leave of Absence, Departures, & Retirees



Your eligibility for the Dependent Care FSA ends on your last day of work. Expenses incurred while you are not actively at work will not be eligible for reimbursement.

If you return to work during the same calendar year, dependent care expenses incurred are again eligible for reimbursement. Your contributions will restart at the same bi-weekly contribution in place before you left, unless you request a change due to a qualifying life event.

Seasonal employees who are enrolled in a Dependent Care Spending Account that are laid off will have their account suspended. If returning to work in a different plan year, contact the Employee Benefits Division at 800-505-5011 or 517-373-7977.