Regional School District #13

Section 125 Flexible Spending Plan Highlights and Enrollment Instructions

Start Date:	• July 1, 2023
Plan Year:	• July 1 to June 30
Eligibility:	• 20 hours per week (regularly scheduled) • First of the month following 30 days of employment.

You do not have to be enrolled in your employer's group health plan to enroll in this Flex Spending plan.

Annual Elections:	• Health Care (HCR): $250.00 minimum/ $3,050.00 maximum • Dependent Care (DCR): $200.00 minimum/ $5,000.00 maximum
Limited Health Care: IRS HSA minimum deductible is $1,500.00 single / $3,000.00 family	• Limited HCR: For you or your spouse enrolled in an HSA. Submit vision & dental claims until the IRS HSA minimum deductible is met. Once deductible is met all customary HCR expenses are eligible.
2 ½ Month Grace Period*: *The 2 ½ Month Grace Period & Year End Run-off Period Run Concurrently	• Eligible HCR & DCR expenses can be incurred up to 2 ½ months following the end of the plan year and applied to any remaining account balance in the prior plan year.
Year End 90 Day Run-off Period*:	• Reimbursements can be submitted up to 90 days following the end of the plan year.
Claim Reimbursement:	• Processed weekly ($20.00 minimum reimbursement)
Reimbursement Type(s):	• Check / Direct Deposit /Debit Card (A fee is charged by the debit card company for replacement of lost or stolen cards. The fee is the responsibility of the card holder and paid for from your account.)
Plan Year Payroll Deductions:	• 20
Date of 1st Deduction:	• September 15, 2023
Your ABS Account Manager is:	• Quinisha at ext. 428 (quinisha@abs125.com)

Here's How to Enroll in Your Section 125 Plan
Follow these simple steps:

1. If you meet the eligibility requirements, please complete the Enrollment Form.
2. Estimate your annual reimbursable health-care/dependent-care related expenses using the worksheet on the back of the enrollment form or the FSA calculator on the ABS website.
3. If you use the Dependent Care Auto-Affidavit a new form must be completed for the new Plan Year.

***Send completed enrollment form to Melinda Torgerson by June 2, 2023.** **Enrollment information submitted less than 30 days prior to the start of the new Plan Year may not have cards reloaded or created by the start date.*

Questions? Need Help? First, read the "How to Save on Medical & Child Care Expenses" employee handbook. If you do not have one, contact Human Resources, visit us on the web at www.abs125.com, check out the ABS Mobile App or call 1-877-732-8125 from 8:00am to 5:00pm E.S.T. Monday through Friday.

ABS Quick Tips

ABS HEALTH BENEFITS DEBIT CARD:

- Two debit cards will be issued to each first time plan participant.
- Upon receipt of your cards follow the included instructions for activation.

Direct Deposit: Get your money quickly and easy.

- Go to www.abs125.com and click Logins
- Click **Tools & support**
- Under the **How Do I** menu
- Click **Change Payment Method**
- Add your bank routing and account number

ABS Mobile App – Information on the go! Download app from Apple Store or Google Play.

- Log in with the same user ID and password you use for the Consumer Portal (www.abs125.com).
- View your account balance/s and submit claims.
- Consumers can simply scan a product bar code right in their ABS mobile app to help determine eligibility as a qualified medical expense.

GET IT ON Google Play

Download on the App Store

RESOURCES:

1. ABS Mobile App- (Search abs125 on the App Store or Google Play)
2. ABS Consumer Portal- (www.abs125.com)
3. Toll Free- (1-877-732-8125)
4. FAX - (860-675-2207)
5. Mail- 30 Mill Street, Unionville, CT 06085
6. Claims@abs125.com

ABS Advanced Benefit Strategies
Your Flexible Benefits Specialists

Sec. 125
HCR & DCR with Limited HCR Enrollment **IRS Section 125**

Advanced Benefit Strategies
Your Flexible Benefit Specialists

Health Care Reimbursement (HCR) Account & Dependent Care Reimbursement (DCR) Account

I. Employer Name

Your Name (last, first, middle)	Social Security Number		Date of Birth	Gender	Marital Status
Mailing Address	City	State	Zip	( ) Day Time Phone Number	
email address:					

II. List Dependents *(If any)*

Spouse's name (last, first, middle)	Date of Birth	Dependent's name (last, first, middle)	Date of Birth
Dependent's name (last, first, middle)	Date of Birth	Dependent's name (last, first, middle)	Date of Birth

III. Enrollment Election *(check which plans you want and complete information)*

☐ Yes, I elect to participate in a Dependent Care Reimbursement (DCR) Account: Annual Election: $_____

☐ No, I do not elect to participate.

Name of Dependent Care Provider: | Tax ID # or SS #

☐ Yes, I elect to participate in a Health Care Reimbursement (HCR) Account: Annual Election: $_____ **OR**

☐ Yes, I elect the **LIMITED** Health Care Reimbursement (LMT). I **or my spouse** are eligible to contribute to an HSA bank account OR I am part time, not eligible to enroll in my employers group health plan but eligible to enroll in this LMT Plan: Annual Election: $_____

☐ No, I do not want to participate.

IV. Certification

I certify that all the information on this form is correct. I understand that: Any amount remaining in my Health Care Reimbursement (HCR) and/or Dependent Care Reimbursement (DCR) and/or Limited Health Care Reimbursement (LMT) accounts at year end will be forfeited in accordance with current plan provisions and the IRS tax laws; and that all plan deductions are in effect for the full plan year and cannot be changed or stopped unless I experience a change in family or employment status.

Employee's Signature: _____ Date: _____

Return completed Enrollment Form to your Benefit Department

Employer Use REQUIRED	Date of Hire: / /	Effective Date: / /	# of Paychecks remaining this Plan Year:
Payroll Cycle: ☐ Weekly ☐ Bi-Weekly ☐ Semi-Monthly ☐ Monthly			Pay Date of First Deduction: / /
Health Care Deduction Per Pay Period $		Dependent Care Deduction Per Pay Period $	

☐ Mid-Year Status Change (See plan document for list of qualifying events) Explain:

Note to employer Representative: Please retain the original copy of this form for you records and provide a photocopy to ABS.

30 Mill Street Unionville, Connecticut 06085
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