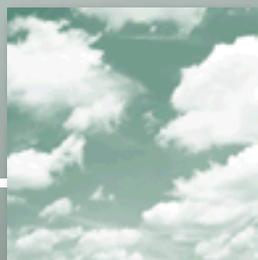


# 2006-2007 FLEXIBLE SPENDING ACCOUNTS



THE STATE OF ILLINOIS

# Employee Benefits Resource Directory

EMPLOYER	QUESTIONS CONCERNING	HOURS	PHONE /WEB ADDRESS
State of Illinois	Enrollment, Qualifying Change in Status, Payroll Discrepancies	Mon - Fri, 8:30 a.m. - 5 p.m. CT	1-800-442-1300 www.benefitschoice.il.gov

COMPANY	QUESTIONS CONCERNING	HOURS	PHONE /WEB ADDRESS
<b>FBMC</b> (Flexible Spending Accounts)	Claims Eligibility and Status, Reimbursement Checks, EZ REIMBURSE® MasterCard® Card, Monthly Statements, Account Balance	Mon - Fri, 6 a.m. - 9 p.m. CT 24 hours a day (automated information line)	1-800-342-8017 1-800-865-FBMC (3262) www.myfbmc.com
<b>EZ REIMBURSE® MasterCard® Card</b>	Lost or Stolen Card		1-800-689-0821
<b>EZ REIMBURSE® Card Pharmacy Help Desk</b>		24 hours a day	1-800-361-4542



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## Important Enrollment Information

- Your FY2007 Plan Year is July 1, 2006, through June 30, 2007.
- **When submitting a reimbursement request, be sure to send all information and documentation directly to FBMC. Do not send this information to the State of Illinois, FSA Unit.**
- Remember, if you experience a mid-year qualifying change in status, your period of coverage may change and expenses incurred are connected to that same time period.
- FBMC offers the EZ REIMBURSE® Card as a Medical Care Assistance Plan (MCAP) enhancement. There is a \$20, **non-refundable** annual fee when you elect to receive the card. See Page 8 for further details.
- **A split period of coverage may occur if you make a mid-year change due to a qualifying change in status. See Page 16 for further details.**
- Direct Deposit is a reimbursement option for both MCAP and DCAP.
- Over-the-Counter (OTC) items are eligible for reimbursement. See Page 12 for further information.
- Orthodontic services can be paid for with the EZ REIMBURSE® MasterCard® Card when services are rendered. **The entire amount of orthodontic services is eligible to be reimbursed in full.** See Page 8 for information about documentation needed for reimbursement.
- Return your completed Enrollment Form to your Group Insurance Representative (GIR) before the Benefit Choice deadline of May 31, 2006.

## Making Your Benefits Work for You— It's Easy.

- Once you review the FSA guidelines and become familiar with how the program works, you'll determine how you and your family can save a significant amount of tax money — if you understand the governing IRS rules. See Page 7 for FSA guidelines.
- When necessary, remember to submit your supporting documentation, billing statements or invoices along with your EZ REIMBURSE® Card Receipt Transmittal Cover Sheet when using your EZ REIMBURSE® MasterCard® Card for medical services. FBMC will send you a Monthly Statement, indicating in BLUE which medical expenses require further documentation.
- Visit **www.myfbmc.com** to view a list of EZ REIMBURSE® Card participating pharmacies in your area.
- You must check the box on your MCAP Enrollment Form to request the EZ REIMBURSE® Card.
- You may visit FBMC's Web site at **www.myfbmc.com** or e-mail **webcustomerservice@fbmc-benefits.com** for more information. You may also contact FBMC Customer Service at 1-800-342-8017.

## IMPORTANT DATES TO REMEMBER

**Your Period of Coverage\* dates are:  
July 1, 2006, through June 30, 2007.**

**FSA Run-out Period due date:  
September 30, 2007**

*\* may differ if you have a mid-year qualifying change in status*

# Getting Answers

## TO YOUR QUESTIONS

Getting answers to many of your benefit questions is now easier than ever. FBMC Customer Service offers you a variety of resources to make inquiries on your Flexible Spending Account, including information from the FBMC Web site, Interactive Voice Response system or Customer Service.

## FBMC Web Site

FBMC's Web site provides information regarding your benefits and comprehensive details on your FSAs.

By entering **www.myfbmc.com** into your Internet browser, you will open FBMC's home page. Answers to many of your benefit questions can be obtained by using the navigational tabs located along the top portion of the home page. You'll be prompted to enter your Social Security number (SSN) and Personal Identification Number (PIN). After this login, you can access the following benefit information.

### Benefits

You may check your benefit status, read benefit descriptions, check out our tax calculator and much more.

### FSA Claims

Not only can you check the status of your claim, but you may also download forms and get more information about mailing and faxing your claim to FBMC.

### Accounts

View your account balance and contributions. You may also view monthly statements and review your transaction history.

### EZ REIMBURSE® MasterCard® Card

You may download a card fact sheet or transmittal form, read detailed instructions on proper use and open our pharmacy locator to maximize card convenience.

### Profile

Change the e-mail address we have on file, complete your online registration or select a new PIN.

### Resources

Peruse our extensive resource library, including benefit materials, surveys, Over-the-Counter drug listings and benefit tips.

### Forms

Download applicable forms for claim submission and reimbursement.

## FBMC Interactive Benefits

FBMC's 24-hour automated phone system, Interactive Voice Response (IVR), can be reached by calling 1-800-865-FBMC (3262). This system allows you to access your benefits any time. By following the voice prompts, you can find out a great deal of information about your benefits.

- Current Account Balance(s)
- Claim Status
- Mailing Address Verification
- Obtain FSA Reimbursement Request Claim Forms
- Change Your PIN

### Personal Identification Number (PIN)

To access both the FBMC Web site and the Interactive Voice Response (IVR) system, all you need is your Social Security number (SSN). The last four digits of your SSN will be your first PIN, whether using the Web site or the IVR system. After your initial login, you will be asked to register and select your own confidential PIN to access both systems in the future. Your new PIN cannot be the last four digits of your SSN.



#### Record PIN here.

Remember, this will be your PIN for both Web and IVR access.

If you forget your PIN, click the "Need Help?" link for help or send an e-mail to a Customer Service Representative at **webcustomerservice@fbmc-benefits.com**.

**Note:** Please be sure to keep this Reference Guide in a safe, convenient place, and refer to it for benefit information.

## ***Who is eligible to participate in the Flexible Spending Account (FSA) program?***

To participate in the Medical Care Assistance Plan (MCAP), you must be:

- a State of Illinois employee working full-time or part-time 50% or greater
- receiving a paycheck from which deductions can be taken
- eligible to participate in the state employees' group insurance health plan.

To participate in the Dependent Care Assistance Plan (DCAP), you must be:

- a State of Illinois employee working full-time or part-time 50% or greater
- receiving a paycheck from which deductions can be taken
- if you are married, your spouse must also be gainfully employed, a full-time student, disabled and incapable of self-care or seeking employment and have income for the fiscal year.

## ***How does termination of employment or leave of absence affect my FSA?***

If you terminate employment or go on unpaid leave, your eligibility for either or both FSAs may change. While your DCAP cannot be continued following termination or the start of unpaid leave, **you may be able to change or continue your MCAP election upon completion of the appropriate forms and requirements.** To make this change or to continue coverage, contact your Group Insurance Representative (GIR) within 60 days of the event.

## ***May I continue to file MCAP claims for the period of time I am off payroll due to a leave of absence?***

You must complete an MCAP COBRA form in order to continue participation in the Program while off payroll. You will need to send direct payments to the FSA Unit until you return to payroll. If you elect this option, you may continue to file claims for the period of time you are off payroll.

## ***Can I continue to participate in MCAP after I terminate employment or retire?***

You may continue participation in MCAP if you complete an MCAP COBRA form prior to, or at the time of, termination or retirement. If you elect this option, you are required to continue participation throughout the end of the plan year. You should contact your GIR prior to termination or retirement for any available options.

## ***My spouse recently became unemployed.***

### ***May I continue to participate in DCAP?***

No. Expenses incurred while you and/or your spouse are not actively at work or are not actively looking for work are ineligible for DCAP reimbursement.

## ***May I continue to participate in DCAP if I go off payroll due to a leave of absence, termination of employment or retirement?***

No. The purpose of the DCAP is to enable participants to be reimbursed for daycare expenses while they are actively working.

# Flexible Spending Accounts

## What is a Flexible Spending Account?

Fringe Benefits Management Company (FBMC) provides you with IRS tax-favored Flexible Spending Accounts (FSAs) to stretch your medical-expense and dependent-care dollars.

Flexible Spending Accounts feature:

- IRS-approved reimbursement of eligible expenses tax free
- per-pay-period deposits from your pre-tax salary
- savings on income and Social Security taxes and
- security of paying anticipated expenses with your FSA.

## Is an FSA right for me?

If you spend \$240 or more on recurring eligible expenses during your plan year, you may save money by paying for them with an FSA. A portion of your salary is deposited into your FSA each pay period.

- You decide the amount you want deposited.
- You are reimbursed for eligible expenses before income and Social Security taxes are deducted.
- You save income and Social Security taxes each time you receive wages.

Use the Tax Savings Analysis at [www.myfbmc.com](http://www.myfbmc.com) to determine your potential tax savings.

## What types of FSAs are available?

Your employer offers you a Medical Expense FSA as well as a Dependent Care FSA. If you incur both types of expenses during a plan year, you can establish both types of FSAs.

### Medical Expense FSAs

Medical expenses not covered by your insurance plan may be eligible for reimbursement using your Medical Expense FSA, including:

- birth control pills
- eyeglasses
- orthodontia and
- Over-the-Counter items.

### Dependent Care FSAs

Dependent care expenses, whether for a child or an elder, include any expense that allows you to work, such as:

- day care services
- in-home care
- nursery and preschool and
- summer day camps.

Refer to the *Medical Expense FSA* and *Dependent Care FSA* sections of this Reference Guide for specifics on each type of FSA.

## Receiving Reimbursement

Your reimbursement will be processed within two business days from the time FBMC receives your properly completed and signed FSA Reimbursement Request Form. To avoid delays, follow the instructions for submitting your requests located in the FSA materials you will receive following enrollment.

## Direct Deposit

Enroll in Direct Deposit to expedite the time of your reimbursement.

- FSA reimbursement funds are automatically deposited into your checking or savings account.
- There is no fee for this service.
- You don't have to wait for postal service delivery of your reimbursement (however, you will receive notification that the claim has been processed).

To apply, complete the Direct Deposit Enrollment Form available from your **GIR**, visit [www.myfbmc.com](http://www.myfbmc.com) or call FBMC Customer Service at 1-800-342-8017. Please note that processing your Direct Deposit enrollment may take between four to six weeks.

## Where can I get information about FSAs?

If you have specific questions about FSAs, contact FBMC Customer Service.

- Visit [www.myfbmc.com](http://www.myfbmc.com).
- E-mail [webcustomerservice@fbmc-benefits.com](mailto:webcustomerservice@fbmc-benefits.com).
- Call **1-800-342-8017** (Monday - Friday, 6 a.m.-9 p.m. CT).

Please note that due to FBMC's Privacy Policy, we will not discuss your account information with others without your verbal or written authorization.

### FSA Savings Example\*

\$31,000	Annual Gross Income	\$31,000
- 5,000	FSA Deposit for Recurring Expenses	- 0
\$26,000	Taxable Gross Income	\$31,000
- 5,889	Federal, Social Security Taxes	-7,021
\$20,111	Annual Net Income	\$23,979
- 0	Cost of Recurring Expenses	-5,000
\$20,111	Spendable Income	\$18,979

**By using an FSA to pay for anticipated recurring expenses, you convert the money you save in taxes to additional spendable income. That's a potential annual savings of**

**\$1,132!**

\* Based upon a 22.65% tax rate (15% federal and 7.65% Social Security) calculated on a calendar year

## ***FSA Guidelines:***

1. The IRS does not allow you to pay your medical or other insurance premiums through either type of FSA. Refer to the "Written Certification" portion of the *Beyond Your Benefits* section of this Reference Guide for more specifics.
2. You cannot transfer money between FSAs or pay a dependent care expense from your Medical Expense FSA or vice versa.
3. You have a 90-day run-out period (until September 30, 2007) at the end of the plan year for reimbursement of eligible FSA expenses incurred during your period of coverage and any applicable grace period within the FY2007 Plan Year.
4. You may not receive insurance benefits or any other compensation for expenses which are reimbursed through your FSAs.
5. You cannot deduct reimbursed expenses for income tax purposes.
6. You may not be reimbursed for a service which you have not yet received.
7. Be conservative when estimating your medical and/or dependent care expenses for the FY2007 Plan Year. IRS regulations state that any unused funds which remain in your FSA after a plan year and any applicable grace period ends, and all reimbursable requests have been submitted and processed, cannot be returned to you nor carried forward to the next plan year.

## ***What documentation of expenses do I need to keep?***

The IRS requires FSA customers to maintain complete documentation, including keeping copies of statements, invoices or bills for reimbursed expenses, for a minimum of one year.

## ***How do I get the forms I need?***

To obtain forms you will need after enrolling in either a Medical Expense or Dependent Care FSA, such as an FSA Reimbursement Request Form, Letter of Medical Need or Direct Deposit Form, you can visit FBMC's Web site, **[www.myfbmc.com](http://www.myfbmc.com)**, or call FBMC Customer Service at 1-800-342-8017. For more information, refer to the *Getting Answers* section of this Reference Guide.

## ***Will contributions affect my income taxes?***

Salary reductions made under a cafeteria plan, including contributions to one or both FSAs, will lower your taxable income and taxes. These reductions are one of the money-saving aspects of starting an FSA. Depending on the state, additional state income tax savings or credits may also be available. Your salary reductions will reduce earned income for purposes of the federal Earned Income Tax Credit (EITC).

To help you choose between the available taxable and tax-free benefits, or a combination of both, consult your tax advisor and/or the IRS for additional information.

# EZ REIMBURSE® MasterCard® Card



## What is the EZ REIMBURSE® MasterCard® Card?

The EZ REIMBURSE® Card is a stored-value card. It is a convenient Medical Expense FSA reimbursement option which allows FBMC to electronically approve some eligible expenses under your employer's plan and IRS guidelines. Your annual Medical Expense FSA contribution is available to you at the beginning of your plan year. When you use your EZ REIMBURSE® Card to pay for eligible expenses, funds are electronically deducted from your Medical Expense FSA.

## What are the EZ REIMBURSE® Card advantages?

The advantages of using your EZ REIMBURSE® Card include:

- instant reimbursements for eligible co-payments and deductibles for health care expenses
- instant approval of certain prescription, vision and dental expenses and
- easy access to your Medical Expense FSA funds.

**Note:** You **cannot** use your EZ REIMBURSE® Card for Over-the-Counter expenses, cosmetic dental expenses or eye glass warranties.

## What does it cost to use the EZ REIMBURSE® Card?

**There is a \$20 non-refundable, annual fee for using the card. This amount will be deducted from your MCAP account on July 1, 2006.** Remember, if you elect to receive the EZ REIMBURSE® Card, the amount eligible for reimbursement will be \$20 less than the annual deduction amount you enrolled in MCAP. The maximum deduction amount is still \$4,999.92, even if you elect the card.

## How do I use my EZ REIMBURSE® Card?

For eligible medical expenses, simply swipe your EZ REIMBURSE® Card like you would with any other debit or credit card. **You cannot swipe your EZ REIMBURSE® Card at your pharmacy for prescription expenses.** For prescription expenses, present your EZ REIMBURSE® Card to your pharmacist so it can be entered much like a "secondary payer." More specifics on using your EZ REIMBURSE® Card at your health care providers and pharmacies will be sent with your EZ REIMBURSE® Cards.

**Your EZ REIMBURSE® Card is not for use with mail order prescriptions.**

## When do I send in documentation for an EZ REIMBURSE® Card expense?

You must send in documentation for any EZ REIMBURSE® Card transaction that is **not** a known co-payment (as outlined in your health plan's Schedule of Benefits) or prescription expense. **If you have waived insurance coverage with the State of Illinois, you will need to send documentation for all EZ Card transactions, except pharmacy expenses when a participating pharmacy is used.**

Documentation for an EZ REIMBURSE® Card expense is a statement or bill showing:

- name of the patient
- name of the service provider
- date of service
- type of service and
- total amount of service.

**Note:** This documentation must be sent with an **EZ REIMBURSE® Card Transmittal Sheet** and cannot be processed without it. Like all other FSA documentation, you must keep your EZ REIMBURSE® Card expense documentation for a minimum of one year, and submit it to FBMC when requested. If you fail to send in the requested documentation for an EZ REIMBURSE® Card expense, you will be subject to:

- withholding of payment for an eligible paper claim to offset any outstanding EZ REIMBURSE® Card transaction
- suspension of your EZ REIMBURSE® Card privileges
- salary deduction or involuntary withholding through the Office of the Comptroller for the amount of any outstanding EZ REIMBURSE® Card transactions (as permitted by law) and
- the reporting of any outstanding EZ REIMBURSE® Card transaction amounts as income on your W-2 at the end of the tax year.

As an FSA participant, you will receive a Monthly Statement from FBMC. Your statement will include an **Outstanding EZ REIMBURSE® Card Transactions** section. If a transaction appears in this section, you must submit your proper expense documentation to FBMC.

## What agreement am I making when I use the EZ REIMBURSE® Card?

By using the EZ REIMBURSE® Card, you are agreeing to the "Written Certification" portion of the *Beyond Your Benefits* section of this Reference Guide.

**Visit [www.myfbmc.com](http://www.myfbmc.com) for a list of participating pharmacies.**

The EZ REIMBURSE® MasterCard® Card is issued by MetaBank.

## How do I get an EZ REIMBURSE® Card?

You must elect to receive an EZ REIMBURSE® Card on your Enrollment Form when you start a Medical Expense FSA. If you are new to the program, two cards will be sent to you in the mail; one for you, and one for your spouse or eligible dependent. During the plan years in which you have a Medical Expense FSA, your cards will remain active until their expiration date. If you currently participate in the EZ REIMBURSE® Card program, hold on to your cards and elect the option again on your enrollment form.

## Automatic Adjudication

Automatic adjudication is a procedure in which certain EZ REIMBURSE® Card transactions are substantiated without the need of an Explanation of Benefits (EOB) or documentation. FBMC is able to do this by matching

known co-payments from an employee's medical plan to the merchant from which service was received. For example, a doctor's office visit may have a standard co-payment of \$15 per visit during normal office hours. When a transaction is received at FBMC, the co-payment amount is recognized and the transaction can be automatically substantiated. If you do not participate in your employer's medical plan, automatic adjudication is not possible for co-payments.

To assist employees in knowing when documentation is needed and when it is not, FBMC will send you a monthly statement outlining which transactions were processed and which are outstanding. Outstanding transactions that require documentation appear in **blue**.

## Co-payments Automatically Adjudicated

### HMO

Benefit Description	Co-pay
Doctors & Physicians	\$15
	\$100
	\$200
	\$250
Nursing & Personal Care Facilities	\$20
Hospitals	\$100
	\$150
	\$200
	\$250
Medical Services & Health Practitioner	\$10
	\$100
	\$150
	\$200

### Quality Care Health Plan (QCHP)

Benefit Description	Co-pay
Doctors & Physicians	\$200
	\$300
Hospitals	\$200
	\$300
Medical Services & Health Practitioner	\$200
	\$300

### Open Access Plan (OAP) Tiers 1 and 2

Benefit Description	Co-pay
Doctors & Physicians	\$15
	\$100
	\$200
	\$250
Nursing & Personal Care Facilities	\$20
Hospitals	\$100
	\$150
	\$200
	\$250
Medical Services & Health Practitioner	\$10
	\$100
	\$150
	\$200

### Vision Plan

Benefit Description	Co-pay
Optometrists and Ophthalmologists	\$10
Opticians, Optical Goods & Eyeglasses	\$10

# Medical Care Assistance Plan (MCAP)

**Minimum Deposit: \$20 monthly (\$240 annually)**

**Maximum Deposit: \$416.66 monthly\*  
(\$4,999.92 annually)**

\* \$555.54 per month for university employees paid over 9 months.

## What is the MCAP?

The MCAP is an IRS tax-favored account you can use to pay for your eligible medical expenses not covered by your insurance or any other plan. These funds are set aside from your salary before taxes are deducted, allowing you to pay your eligible expenses tax free. A partial list of these eligible expenses can be found on this page.

## Whose expenses are eligible?

Your Medical Expense FSA may be used to reimburse eligible expenses incurred by:

- yourself
- your spouse
- your qualifying child or
- your qualifying relative.

An individual is a **qualifying child** if they:

- are a U.S. citizen, national or a resident of the U.S., Mexico or Canada
- have a specified family-type relationship to you
- live in your household for more than half of the taxable year
- are 18 years old or younger (23 years, if a full-time student) at the end of the taxable year and
- have not provided over one-half of their own support during the taxable year.

An individual is a **qualifying relative** if they are a U.S. citizen, national or a resident of the U.S., Mexico or Canada and:

- have a specified family-type relationship to you, are not someone else's qualifying child and receive over one-half of their support from you during the taxable year **or**
- if no specified family-type relationship to you exists, are a member of and live in your household (without violating local law) for the entire taxable year and receive over one-half of their support from you during the taxable year.

**Note:** There is no age requirement for a qualifying child if they are physically and/or mentally incapable of self care.

## When are my funds available?

Once you sign up for the MCAP and decide how much to contribute, the maximum annual amount of reimbursement for eligible health care expenses will be available throughout your period of coverage.

Since you do not have to wait for the cash to accumulate in your account, you can use it to pay for your eligible health care expenses the first day of your eligibility period.

## Partial List of Medically Necessary Eligible Expenses\*

Acupuncture  
Ambulance service  
Birth control pills and devices  
Chiropractic care  
Contact lenses (corrective)  
Dental fees  
Diagnostic tests/health screening  
Doctor fees  
Drug addiction/alcoholism treatment  
Drugs  
Experimental medical treatment  
Eyeglasses  
Guide dogs  
Hearing aids and exams  
In vitro fertilization  
Injections and vaccinations  
Nursing services  
Optometrist fees  
Orthodontic treatment  
Over-the-Counter items  
Prescription drugs to alleviate nicotine withdrawal symptoms  
Smoking cessation programs/treatments  
Surgery  
Transportation for medical care  
Weight-loss programs/meetings  
Wheelchairs  
X-rays

**Note:** Budget conservatively. No reimbursement or refund of Medical Expense FSA funds is available for services that do not occur within your plan year.

\* IRS-qualified expenses are subject to federal regulatory change at any time during a tax year. Certain other substantiation requirements and restrictions may apply, and will be supplied to you following enrollment.

## ***Are prescriptions eligible for reimbursement?***

Yes, most filled prescriptions are eligible for MCAP reimbursement, as long as you properly substantiate the expense. Proper submission of the reimbursement request is needed to ensure that the drug is eligible for reimbursement. The IRS requires that the complete name of all medicines and drugs be obtained and documented on pharmacy invoices, along with the prescription number. This information must be included when submitting your request to FBMC for reimbursement.

## ***Can travel expenses for medical care be reimbursed?***

Travel expenses primarily for, and essential to, receiving medical care, including health care provider and pharmacy visits, may be reimbursable through your MCAP. With proper substantiation, eligible expenses can include:

- actual round-trip mileage (\$0.18 per mile)
- parking fees
- tolls and
- transportation to another city.

## ***Is orthodontic treatment reimbursable?***

Orthodontic treatment designed to treat a specific medical condition is reimbursable if the proper documentation is attached to the initial FSA Reimbursement Request Form each plan year:

- a written statement from the treating dentist/orthodontist showing the type and date the service incurred, the name of the eligible individual receiving the service and the cost for the service and
- a copy of the patient's contract with the dentist/orthodontist for the orthodontia treatment.

Reimbursement of the full or initial payment amount may only occur during the plan year in which the braces are first installed.

## ***Should I claim my expenses on IRS Form 1040?***

With MCAP, the money you set aside for health care expenses is deducted from your salary before taxes. If you are enrolled in MCAP, then you cannot claim these expenses on your 1040. It is always tax free, regardless of the amount. By enrolling in the MCAP, you guarantee your savings.

Itemizing your health care expenses on your IRS Form 1040 may give you a different tax advantage, depending on the percentage of your adjusted gross income. You should consult a tax professional to determine which avenue is right for you.

## ***Are some expenses ineligible?***

Expenses not eligible for reimbursement through your MCAP include:

- insurance premiums
- vision warranties and service contracts and
- cosmetic surgery not deemed medically necessary to alleviate, mitigate or prevent a medical condition.

## ***When do I request reimbursement?***

You may use your MCAP to reimburse eligible expenses after you have sought (and exhausted) all means of reimbursement provided by your insurance and any other appropriate resource. Also keep in mind that some eligible expenses are reimbursable on the date available, not the date ordered.

## ***How do I request reimbursement?***

Requesting reimbursement from your MCAP is easy. Simply mail or fax a correctly completed FSA Reimbursement Request Form along with the following:

- a receipt, invoice or bill from your health care provider listing the date you received the service, the cost of the service, the specific type of service and the person for whom the service was provided and
- an Explanation of Benefits (EOB)\* from your health insurance provider that shows the specific type of service you received, the date and cost of the service and any uninsured portion of the cost or
- a written statement from your health care provider indicating the service was medically necessary if those services could be deemed cosmetic in nature, accompanied by the receipt, invoice or bill for the service.

**Mail to:** Fringe Benefits Management Company  
P.O. Box 1810  
Tallahassee, FL 32302-1810

**Fax to:** 850-514-5817

\* EOBs are not required if your medical coverage is through a HMO.

**Visit [www.myfbmc.com](http://www.myfbmc.com) for a list of frequently asked questions.**

**You must keep your documentation for a minimum of one year and submit to FBMC upon request.**

# OTC Category Reimbursement

## Over-the-Counter Expenses

Your Over-the-Counter (OTC) items, medicines and drugs may be reimbursable through your Medical Expense FSA! Save valuable tax dollars on certain categories of OTC items, medicines and drugs. You may be reimbursed for OTCs through your Medical Expense FSA if:

- the item, medicine or drug was used for a specific medical condition for you, your spouse and/or your dependent(s)
- the submitted receipt clearly states the purchase date and name of the item, medicine or drug
- the reimbursement request is for an expense allowed by your employer's Medical Expense FSA plan and IRS regulations and
- you submit your reimbursement request in a timely and complete manner already described in your benefits enrollment information.

**Note:** OTC items, medicines and drugs, including bulk purchases, must be used in the same plan year in which you claim reimbursement for their cost. The list of eligible OTC categories will be updated on a quarterly basis by FBMC. It is your responsibility to remain informed of updates to this listing, which can be found at [www.myfbmc.com](http://www.myfbmc.com). As soon as an OTC item, medicine or drug becomes eligible under any of the categories below, it will be reimbursable retroactively to the start of the then current plan year.

Newly eligible OTC items, medicines and drugs are not considered a valid change in status event that would allow you to change your annual Medical Expense FSA election or salary reduction amount. Be sure to maintain sufficient documentation to submit receipts for reimbursement. You may resubmit a copy of your receipt from your records if a rejected OTC expense becomes eligible for reimbursement later in the same plan year.

## Eligible Expense Categories

### Allergy

Antihistamines  
Nasal sprays

### Antacids

Heartburn medicines

### Cold Remedies

Cough drops  
Decongestants  
Nasal strips  
Nasal sprays  
Sinus medications  
Throat lozenges

### Pain Relief

Bug bite medication  
Fever reducers  
First aid creams (diaper, fever blister, poison ivy)  
Menstrual cycle products for pain and cramp relief  
Products for muscle or joint pain  
Special ointments or creams for sunburn  
Topical creams

### Other Medical Remedy Items

Anti-diarrheals  
Anti-fungals  
Antibiotics  
Asthma medications  
Bandages, gauze pads, rubbing alcohol, liquid adhesives

Carpal tunnel wrist supports  
Cold/hot packs for injuries  
Corn/callus removers  
Eye products (including reading glasses, contact lens cleaning solutions)  
First aid kits  
Hemorrhoid treatments  
Laxatives  
Motion sickness treatments  
Nicotine gum or patches for smoking cessation purposes  
Thermometers  
Wart removers

## Items Requiring Special Documentation\*

Botanicals/herbals  
Feminine hygiene products  
Hormones  
Minerals  
Nasal sprays for snoring  
Sunscreens  
Vitamins  
Weight-loss drugs to treat a specific disease

## Ineligible OTC Expenses

Cosmetics  
Toiletries  
OTC items primarily for general health and well-being

\* Contact FBMC Customer Service at [webcustomerservice@fbmc-benefits.com](mailto:webcustomerservice@fbmc-benefits.com) or call FBMC Customer Service at 1-800-342-8017 for more information. To obtain a sample Letter of Medical Need, Personal Use Statement or other forms, visit [www.myfbmc.com](http://www.myfbmc.com).

**Note:** Your EZ REIMBURSE® MasterCard® Card cannot be used for Over-the-Counter expenses.

# Dependent Care Assistance Plan (DCAP)

**Minimum Deposit: \$20 monthly (\$240 annually)**

**Maximum Deposit: The maximum contribution depends on your tax filing status as the list to the right indicates, not to exceed \$416.66 per month\*.**

\* \$555.54 per month for university employees paid over 9 months.

## What is the DCAP?

The DCAP is an IRS tax-favored account you can use to pay for your eligible dependent care expenses to ensure your dependents (child or elder) are taken care of while you and your spouse (if married) are working. These funds are set aside from your salary before taxes are deducted, allowing you to pay your eligible expenses tax free. A partial list of these eligible expenses can be found on this page.

## Whose expenses are eligible?

You may use your DCAP to receive reimbursement for eligible dependent care expenses for **qualifying individuals**.

A qualifying individual includes a **qualifying child**, if they:

- are a U.S. citizen, national or a resident of the U.S., Mexico or Canada
- have a specified family-type relationship to you
- live in your household for more than half of the taxable year
- are 12 years old or younger and
- have not provided more than one-half of their own support during the taxable year.

A qualifying individual includes your **spouse**, if they:

- are physically and/or mentally incapable of self care
- live in your household for more than half of the taxable year and
- spend at least eight hours per day in your home.

A qualifying individual includes your **qualifying relative**, if they:

- are a U.S. citizen, national or a resident of the U.S., Mexico or Canada
- are physically and/or mentally incapable of self care
- are not someone else's qualifying child
- live in your household for more than half of the taxable year
- spend at least eight hours per day in your home and
- receive more than one-half of their support from you during the taxable year.

**Note:** Only the custodial parent of divorced or legally-separated parents can be reimbursed using the Dependent Care FSA.

## What is my maximum annual deposit?

- If you are married and filing separately, your maximum annual deposit is \$2,500.
- If you are single and head of household, your maximum annual deposit is \$5,000.
- If you are married and filing jointly, your maximum annual deposit is \$5,000.
- If either you or your spouse earn less than \$5,000 a year, your maximum annual deposit is equal to the lower of the two incomes.
- If your spouse is a full-time student or incapable of self-care, your maximum annual deposit is \$3,000 a year for one dependent and \$5,000 a year for two or more dependents.

## When are my funds available?

Once you sign up for the DCAP and decide how much to contribute, the funds available to you depend on the actual funds in your account. Unlike the MCAP, the entire maximum annual amount is not available during the plan year, but rather after your payroll deductions are received.

## Should I claim tax credits or exclusions?

Since money set aside in your DCAP is always tax free, you guarantee savings by paying for your eligible expenses through your IRS tax-favored account. Depending on the amount of income taxes you are required to pay, participation in DCAP may produce a greater tax benefit than claiming tax credits or exclusions alone.

Remember, you cannot use the dependent care tax credit if you are married and filing separately. Further, any dependent care expenses reimbursed through your DCAP cannot be filed for the dependent care tax credit, and vice versa.

To help you choose between the available taxable and tax-free benefits, or a combination of both, consult your tax advisor and/or the IRS for additional information. You may also visit [www.myfbmc.com](http://www.myfbmc.com) to complete a tax savings analysis.

## Partial List of Eligible Expenses\*

After school care  
Baby-sitting fees  
Day care services  
In-home care/au pair services  
Nursery and preschool  
Summer day camps

**Note:** Budget conservatively. No reimbursement or refund of Dependent Care FSA funds is available for services that do not occur within your plan year.

\* IRS-qualified expenses are subject to federal regulatory change at any time during a tax year. Certain other substantiation requirements and restrictions may apply, and will be supplied to you following enrollment.

# Dependent Care Assistance Plan (DCAP)

CONTINUED

## ***Are some expenses ineligible?***

Expenses not eligible for reimbursement through the DCAP include:

- kindergarten
- books and supplies
- child support payments or child care if you are a non-custodial parent
- health care or educational tuition costs, registration fees, deposits
- services provided by your dependent, your spouse's dependent or your child who is under age 19.

## ***Will I need to keep any additional documentation?***

To claim the income exclusion for dependent care expenses on IRS Form 2441 (Child and Dependent Care Expenses), you must be able to identify your dependent care provider. If your dependent care is provided by an individual, you will need their Social Security number for identification, unless he or she is a resident or non-resident alien who does not have a Social Security number. If your dependent care is provided by an establishment, you will need its Taxpayer Identification Number.

If you are unable to obtain a dependent care provider's information, you must compose a written statement that explains the circumstances and states that you made a serious and earnest effort to get the information. This statement must accompany your IRS Form 2441.

**Be certain you obtain and submit all needed information when requesting reimbursement from your Dependent Care FSA. This information is required with each request for reimbursement.**

**A properly completed request will help speed along the process of your reimbursement, allowing you to receive your check or Direct Deposit promptly.**

## ***When do I request reimbursement?***

You can request reimbursement from your DCAP as often as you like. However, your approved expense will not be reimbursed until the last date of service for which you are requesting reimbursement has passed. Also, remember that for timely processing of your reimbursement, your payroll contributions must be current.

## ***How do I request reimbursement?***

Requesting reimbursement from your DCAP is easy. Simply mail or fax a correctly completed FSA Reimbursement Request Form along with receipts showing the following:

- the name, age and grade of the dependent receiving the service
- the cost of the service
- the name and address of the provider and
- the beginning and ending dates of the service.

Be certain you obtain and submit the above information when requesting reimbursement from your DCAP. This information is required with each request for reimbursement.

**Mail to:** Fringe Benefits Management Company  
P.O. Box 1810  
Tallahassee, FL 32302-1810

**Fax to:** 850-514-5817

**Note:** If you elect to participate in the DCAP, or if you file for the Dependent Care Tax Credit, you must attach IRS Form 2441, reflecting the information above, to your 1040 income tax return. Failure to do this may result in the IRS denying your pre-tax exclusion.

To figure out how much to deposit in your FSA, refer to the following worksheets. Calculate the amount you expect to pay during the plan year for eligible, uninsured, unreimbursed out-of-pocket medical and/or dependent care expenses. This calculated amount cannot exceed established IRS and FSA plan limits. (Refer to the individual FSA descriptions in this FSA Booklet for limits.)

**Be conservative in your estimates since any money remaining in your accounts cannot be returned to you or carried forward to the next plan year.**

## MCAP WORKSHEET

Estimate your eligible, uninsured out-of-pocket medical expenses for the plan year. All services must be medically necessary.

### UNINSURED MEDICAL EXPENSES

Health insurance deductibles	\$ _____
Coinsurance or co-payments	\$ _____
Vision care	\$ _____
Dental care	\$ _____
Prescription drugs	\$ _____
Over-the-Counter (OTC) items	\$ _____
Travel costs for medical care	\$ _____
Other eligible expenses	\$ _____
EZ REIMBURSE® MasterCard® Card annual, non-refundable fee (\$20.00)	\$ _____

**TOTAL** Remember, your total contribution cannot exceed IRS and FSA limits for the plan year, calendar year and/or per pay period basis. \$ \_\_\_\_\_

**DIVIDE** by the number of paychecks you will receive during the plan year.\* \$ \_\_\_\_\_

**This is your pay period contribution.** \$ \_\_\_\_\_

\* If you are a new employee enrolling after the plan year begins, divide by the number of pay periods remaining in the plan year.

## DCAP WORKSHEET

Estimate your eligible dependent care expenses for the plan year. Remember that your calculated amount cannot exceed the calendar year limits established by the IRS.

### CHILD CARE EXPENSES

Day care services	\$ _____
In-home care/au pair services	\$ _____
Nursery and preschool	\$ _____
After school care	\$ _____
Summer day camps	\$ _____

### ELDER CARE SERVICES

Day care center	\$ _____
In-home care	\$ _____

**TOTAL** Remember, your total contribution cannot exceed IRS and FSA limits for the plan year, calendar year and/or per pay period basis. \$ \_\_\_\_\_

**DIVIDE** by the number of paychecks you will receive during the plan year.\* \$ \_\_\_\_\_

**This is your pay period contribution.** \$ \_\_\_\_\_

\* If you are a new employee enrolling after the plan year begins, divide by the number of pay periods remaining in the plan year.

**At your request, your FSA reimbursement checks may be deposited into your checking or savings account by enrolling in direct deposit.**

# Changing Your Coverage

Under some circumstances, you may make a mid-plan year election change to your FSA election, depending on the qualifying event and requested change.

## ***How do I make a change?***

You can change your FSA election(s), only under limited circumstances as provided by established IRS guidelines. A partial list of permitted and not permitted qualifying events appear on the following page. Election changes must be consistent with the event.

**To Make a Change:** Within **60 days** of an event that is consistent with one of the events on the following pages, you must complete and submit a MCAP and/or DCAP Change in Status Form to your GIR. Contact your GIR to obtain this form or access the Benefits Web site at [www.benefitschoice.il.gov](http://www.benefitschoice.il.gov). Documentation supporting your election change may be requested. Upon the approval and completion of processing your election change request, your existing FSA(s) elections will be stopped or modified (as appropriate). Mid-plan year, pre-tax election changes can only be made prospectively, no earlier than the first payroll after your election change request has been received by your GIR.

You may not change or stop your pre-tax elections unless you experience a qualifying Change in Status (CIS) event.

## ***What is my Period of Coverage?***

Your period of coverage for incurring expenses is your full plan year, unless you make a permitted mid-plan year election change. For a Medical Expense FSA, a mid-plan year election change will result in split periods of coverage, creating more than one period of coverage within a plan year with expenses reimbursed from the appropriate period of coverage. Money from a previous period of coverage can be combined with amounts after a permitted mid-plan year election change. However, expenses incurred before the permitted election change can only be reimbursed from the amount of the balance present in the Medical Expense FSA prior to the change. Mid-plan year election changes are approved only if the extenuating circumstances and supporting documentation are within your employer's Medical Expense FSA plan and the IRS regulations governing the plan.

**Split periods of coverage do not apply to Dependent Care FSAs.**

## ***What are the IRS Special Consistency Rules governing Changes in Status?***

1. **Loss of Dependent Eligibility**– If a change in your marital or employment status involves a decrease or cessation of your spouse's or dependent's eligibility requirements for coverage due to: your divorce, or annulment from your spouse, your spouse's or dependent's death or a dependent ceasing to satisfy eligibility requirements, you may decrease or cancel coverage only for the individual involved. You cannot decrease or cancel any other individual's coverage under these circumstances.
2. **Gain of Coverage Eligibility Under Another Employer's Plan**– If you, your spouse or your dependent gains eligibility for coverage under another employer's plan as a result of a change in marital or employment status, you may cease or decrease that individual's coverage if that individual gains coverage, or has coverage increased under the other employer's plan.
3. **Dependent Care Expenses**– You may change or terminate your Dependent Care FSA election when a Change in Status (CIS) event affects (i) eligibility for coverage under an employer's plan, or (ii) eligibility of dependent care expenses for the tax exclusion available under IRC § 129.

## Changes in Status:

<b>Marital Status</b>	A change in marital status includes marriage, death of a spouse, divorce or annulment (legal separation is not recognized in all states).
<b>Change in Number of Tax Dependents</b>	A change in number of dependents includes the following: birth, death, adoption and placement for adoption. You can add existing dependents not previously enrolled whenever a dependent gains eligibility as a result of a valid CIS event.
<b>Change in Status of Employment Affecting Coverage Eligibility</b>	Change in employment status of the employee, or a spouse or dependent of the employee, that affects the individual's eligibility under an employer's plan includes commencement or termination of employment.
<b>Gain or Loss of Dependents' Eligibility Status</b>	An event that causes an employee's dependent to satisfy or cease to satisfy coverage requirements under an employer's plan may include change in age, student, marital, employment or tax dependent status.
<b>Change in Residence*</b>	A change in the place of residence of the employee, spouse or dependent that affects eligibility to be covered under an employer's plan includes moving out of an HMO service area.

## Some Other Permitted Changes:

<b>Coverage and Cost Changes*</b>	Your employer's plans may permit election changes due to cost or coverage changes. You may make a corresponding election change to your Dependent Care FSA benefit whenever you actually switch dependent care providers. However, if a relative (who is related by blood or marriage) provides custodial care for your eligible dependent, you cannot change your salary deduction amount solely on a desire to increase or decrease the amount being paid to that relative.
<b>Open Enrollment Under Other Employer's Plan*</b>	You may make an election change when your spouse or dependent makes an Open Enrollment Change in coverage under their employer's plan if they participate in their employer's plan and: <ul style="list-style-type: none"> <li>• the other employer's plan has a different period of coverage (usually a plan year) or</li> <li>• the other employer's plan permits mid-plan year election changes under this event.</li> </ul>
<b>Judgment/Decree/Order†</b>	If a judgment, decree or order from a divorce, legal separation (if recognized by state law), annulment or change in legal custody requires that you provide accident or health coverage for your dependent child (including a foster child who is your dependent), you may change your election to provide coverage for the dependent child. If the order requires that another individual (including your spouse and former spouse) covers the dependent child and provides coverage under that individual's plan, you may change your election to revoke coverage only for that dependent child and only if the other individual actually provides the coverage.
<b>Medicare/Medicaid†</b>	Gain or loss of Medicare/Medicaid coverage may trigger a permitted election change.
<b>Family and Medical Leave Act (FMLA) Leave of Absence</b>	Election changes may be made under the special rules relating to changes in elections by employees taking FMLA leave. Contact your employer for additional information.

\* Does not apply to a Medical Expense FSA plan.

† Does not apply to a Dependent Care FSA plan.

# Beyond Your Benefits

## TERMS AND CONDITIONS

### Social Security

Social Security consists of two tax components: the FICA or OASDI component (the tax for old-age, survivors' and disability insurance) and the Medicare component. A separate maximum wage to which the tax is assessed applies to both tax components. There is no maximum taxable annual wage for Medicare. The maximum taxable annual wage for FICA is subject to federal regulatory change. If your annual salary after salary reduction is below the maximum wage cap for FICA, you are reducing the amount of taxes you pay and your Social Security benefits may be reduced at retirement time.

However, the tax savings realized through the Flexible Benefits Plan generally outweigh the Social Security reduction. Call FBMC Customer Service at 1-800-342-8017 for an approximation.

### FBMC Privacy Notice

4/14/03

This notice applies to products administered by Fringe Benefits Management Company and its wholly-owned subsidiaries (collectively "FBMC"). FBMC takes your privacy very seriously. As a provider of products and services that involve compiling personal—and sometimes, sensitive—information, protecting the confidentiality of that information has been, and will continue to be, a top priority of FBMC. This notice explains how FBMC handles and protects the personal information we collect. Please note that the information we collect and the extent to which we use it will vary depending on the product or service involved. In many cases, we may not collect all of the types of information noted below. FBMC's privacy policy is as follows:

- I. We collect only the customer information necessary to consistently deliver responsive services. FBMC collects information that helps serve your needs, provide high standards of customer service and fulfill legal and regulatory requirements. The sources and types of information collected generally varies depending on the products or services you request and may include:
  - Information provided on enrollment and related forms - for example, name, age, address, Social Security number, e-mail address, annual income, health history, marital status and spousal and beneficiary information.
  - Responses from you and others such as information relating to your employment and insurance coverage.
  - Information about your relationships with us, such as products and services purchased, transaction history, claims history and premiums.
  - Information from hospitals, doctors, laboratories and other companies about your health condition, used to process claims and prevent fraud.
- II. Under HIPAA, you have certain rights with respect to your protected health information. You have rights to see and copy the information, receive an accounting of certain disclosures of the information and, under certain circumstances, amend the information. You also have the right to file a complaint with the Plan in care of FBMC's Privacy Officer or with the Secretary of the U.S. Department of Health and Human Services if you believe your rights under HIPAA have been violated.

Additional information that describes how medical information about you may be used and disclosed and how you can get access to this information is provided electronically on our Web site: [www.myfbmc.com](http://www.myfbmc.com). You have a right to a paper copy at any time. Contact FBMC Customer Service at 1-800-342-8017.

- III. We maintain safeguards to ensure information security. We are committed to preventing unauthorized access to personal information. We maintain physical, electronic and procedural safeguards for protecting personal information. We restrict access to personal information to those employees, insurance companies and service providers who need to know that information to provide products or services to you. Any employee who violates our Privacy Policy is subject to disciplinary action.

- IV. We limit how, and with whom, we share customer information. We do not sell lists of our customers, and under no circumstances do we share personal health information for marketing purposes. With the following exceptions, we will not disclose your personal information without your written authorization. We may share your personal information with insurance companies with whom you are applying for coverage, or to whom you are submitting a claim. We also may disclose personal information as permitted or required by law or regulation. For example, we may disclose information to comply with an inquiry by a government agency or regulator, in response to a subpoena or to prevent fraud.

We will provide our Privacy Notice to current customers annually and whenever it changes. If you no longer have a customer relationship with us, we will still treat your information under our Privacy Policy, but we will no longer send notices to you. In this notice of our Privacy Policy, the words "you" and "customer" are used to mean any individual who obtains or has obtained an insurance, financial product or service from FBMC that is to be used primarily for personal or family purposes.

### Notice of Administrator's Capacity

PLEASE READ: This notice advises Flexible Spending Account participants of the identity and relationship between the State of Illinois and its Contract Administrator, Fringe Benefits Management Company (FBMC). FBMC is not an insurance company. FBMC has been authorized by your employer to provide administrative services for the Flexible Spending Account plans offered herein. FBMC will process claims for reimbursement promptly. In the event there are delays in claims processing, you will have no greater rights in interest or other remedies against FBMC than would otherwise be afforded to you by law.

### Written Certification

When enrolling in either or both FSAs, written notice of agreement with the following will be required:

- I will only use my FSA to pay for IRS-qualified expenses eligible under my employer's plan, and only for me and my IRS-eligible dependents
- I will exhaust all other sources of reimbursement, including those provided under my employer's plan(s) before seeking reimbursement from my FSA
- I will not seek reimbursement through any additional source and
- I will collect and maintain sufficient documentation to validate the foregoing.



**Section D - Change in Status Code Chart**

01	Birth or adoption of dependent	11	Employee returns to payroll (from being on a leave of absence)
02	Marriage	13	Employee changes employment status from Part-time less than 50% to Full-time
03	Divorce, legal separation or annulment *	15	Spouse or dependent terminates employment
07	Change of county of residence/worksites for employee or spouse *	17	Spouse or dependent changes employment status from Full-time to Part-time
08	Judgment, decree or court order *	20	Spouse enters leave of absence and loses FSA enrollment
10	Employee commences employment	24	Coordination of spouse's annual benefit election period

\* Reviewed case-by-case

**Section E – Certification Statement (Please read carefully before signing)**

I understand and certify that:

- I may not change or stop my account deposits during the plan year unless I experience a qualifying change in status.
- I will forfeit any unclaimed amount remaining in my account at the end of the run-out period (September 30, 2007).
- I understand that deductions must continue during any paid leave of absence.
- I intend to participate in MCAP for the entire plan year. I do not anticipate terminating state service, retiring or going on an unpaid leave of absence.
- I will refund to CMS any incorrect reimbursements or ineligible payments. If I do not repay the debt, the State may take whatever steps necessary to collect the amount owed.
- I understand that services incurred after my payroll deductions or direct monthly payments (as a result of COBRA) cease, are ineligible for reimbursement.
- If my payroll deductions cease for any reason, I understand my participation in the program will terminate on the last day of the pay period for which a check was issued, unless I elect to continue my participation through direct payments to the FSA Unit.
- To the best of my knowledge, the information on this form is accurate. I am responsible for any discrepancies that may affect my status with the Internal Revenue Service.

**Employee Signature:** \_\_\_\_\_ **Date** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Please return the signed, completed form to your agency Group Insurance Representative.**

**Section F – Agency Approval (To be completed by Group Insurance Representative)**

Effective Date: ____/____/____	Deduction Start Date: ____/____/____
	If University, Enter End Date of Last Deduction: ____/____/____
Organizational Processing Code: _____	Pay Code: _____
GIR Signature: _____	Date: ____/____/____
Telephone ( ) _____ - _____	
<b>GIR Instructions:</b>	
<ul style="list-style-type: none"> <li>• Use the FSA Inquiry Screen option 1, Deduction What If Screen – Benefits Choice Enrollment; or option 2, Deduction What If Screen – Mid-Year Enrollment, to determine the correct Effective Date and Deduction Start Date. If a university, also enter the End Date of the last expected deduction.</li> <li>• Forward the original to the FSA Unit at CMS and retain one copy of the form in the member's file.</li> </ul>	

## DEPENDENT CARE ASSISTANCE PLAN ENROLLMENT FORM FY2007

### Section A – Type of Enrollment

<input type="checkbox"/> Benefits Choice Enrollment	
-----	
<input type="checkbox"/> New Hire	Date of Hire _____ / _____ / _____
-----	
<input type="checkbox"/> Mid-Year Enrollment	<b>Qualifying Change in Status Code Required</b> (see chart in Section D) _____
<i>I certify that the above eligible change in status event occurred on _____ / _____ / _____</i>	

### Section B – Employee Information

<hr/> <i>Social Security Number</i>	<hr/> <i>Last Name</i>	<hr/> <i>First</i>	<hr/> <i>Initial</i>	
			(    )	
<hr/> <i>Street Address</i>	<hr/> <i>City</i>	<hr/> <i>State</i>	<hr/> <i>Zip Code</i>	<hr/> <i>Home Phone</i>
				(    )
<hr/> <i>Agency</i>				<hr/> <i>Home Phone</i>

### Section C – Deduction Information

**Deduction Information and Authorization - I authorize the State of Illinois to deduct the amount indicated below from each paycheck for my DCAP account.**

The number of deductions for semi-monthly or bi-weekly payrolls is 24.  
The number of deductions for monthly payrolls is 12 (could be less for university employees).

\$ _____	X	_____	=	\$ _____
Deduction Amt Per Pay		Number of Deductions		Total Annual DCAP Expenses (Minimum = \$240.00; Maximum = \$5,000.00)

### Section D - Change in Status Code Chart

01	Adoption of dependent *	13	Employee changes employment status from Part-time less than 50% to Full-time
02	Marriage	14	Spouse commences employment
03	Divorce, legal separation or annulment *	16	Spouse returns from leave of absence
08	Judgment, decree or court order *	18	Spouse changes employment status from Part-time to Full-time
10	Employee commences employment	21	Change in the cost of care
11	Employee returns to payroll (from being on a leave of absence)	24	Coordination of spouse's annual benefit election period

\* Reviewed case-by-case

**Section E – Certification Statement (Please read carefully before signing)**

I understand and certify that:

- I may not change or stop my account deposits during the plan year unless I experience a qualifying change in status.
- I will forfeit any unclaimed amount remaining in my account at the end of the run-out period (September 30, 2007).
- I intend to participate in DCAP for the entire plan year. I do not anticipate terminating state service, retiring or going on an unpaid leave of absence.
- I will refund to CMS any incorrect reimbursements or ineligible payments. If I do not repay the debt, the State may take whatever steps necessary to collect the amount owed.
- I understand that services incurred after my payroll deductions or direct monthly payments (as a result of COBRA) cease, are ineligible for reimbursement.
- To the best of my knowledge, the information on this form is accurate. I am responsible for any discrepancies that may affect my status with the Internal Revenue Service.

**Employee Signature:** \_\_\_\_\_ **Date** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Please return the signed, completed form to your agency Group Insurance Representative.**

**Section F – Agency Approval (To be completed by Group Insurance Representative)**

Effective Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Deduction Start Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

If University, Enter End Date of Last Deduction: \_\_\_\_/\_\_\_\_/\_\_\_\_

Organizational Processing Code: \_\_\_\_\_

Pay Code: \_\_\_\_\_

GIR Signature: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Telephone (    ) \_\_\_\_\_ - \_\_\_\_\_

**GIR Instructions:**

- Use the FSA Inquiry Screen option 1, Deduction What If Screen – Benefits Choice Enrollment; or option 2, Deduction What If Screen – Mid-Year Enrollment, to determine the correct Effective Date and Deduction Start Date. If a university, also enter the End Date of the last expected deduction.
- Forward the original to the FSA Unit at CMS and retain one copy of the form in the member's file.



Contract Administrator  
Fringe Benefits Management Company  
P.O. Box 1878 • Tallahassee, Florida 32302-1878  
Customer Service 1-800-342-8017 • 1-800-955-8771 (TDD)  
[www.myfbmc.com](http://www.myfbmc.com)

**FBMC**  
*proven benefit solutions*

Information contained herein does not constitute an insurance certificate or policy.  
Certificates will be provided to participants following the start of the plan year, if applicable.