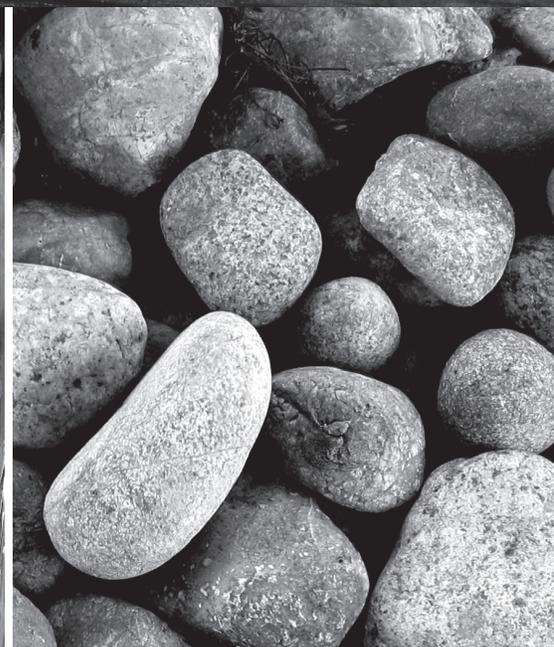


# Flexible Benefits Plan

*State of New Jersey*  
**2008**



**Tax\$ave**

**REFERENCE GUIDE**

# Employee Benefits Resource Directory

## **Fringe Benefits Management Company**

*FBMC Customer Service*

Mon - Fri, 7 a.m. - 10 p.m. ET

1-800-342-8017

## **Flexible Spending Accounts**

*Automated Services*

24 hours a day

1-800-865-FBMC (3262)

[www.myFBMC.com](http://www.myFBMC.com)

## **EZ REIMBURSE® MasterCard® Card**

*Lost or Stolen Card*

24 hours a day

1-800-689-0821

*Dispute Line*

FBMC Customer Service

Mon - Fri, 7 a.m. - 10 p.m. ET

1-800-342-8017

*Activation Line*

24 hours a day

1-866-300-7624

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## **Important Dates to Remember**

Your Open Enrollment dates are:  
**October 1, 2007, through October 31, 2007.**

Your Period of Coverage dates are:  
**January 1, 2008, through December 31, 2008.**

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# Enrollment at a Glance

## What's New

- The EZ REIMBURSE® MasterCard® Card, a convenient Unreimbursed Medical FSA option which allows FBMC to electronically approve and deduct funds from your Unreimbursed Medical FSA for your eligible medical expenses, is now available to you. You may now use it like any other credit card by simply swiping it at your health care provider or at your drugstore, and the amount of your eligible expenses will be automatically deducted from your Unreimbursed Medical FSA. You may also use your EZ REIMBURSE® Card for your eligible Over-the-Counter expenses. For more information, please refer to the EZ REIMBURSE® MasterCard® Card section beginning on Page 11 of this Reference Guide.
- You can use your EZ REIMBURSE® Card for both prescription and Over-the-Counter (OTC) medicines. Walgreens and Wal-Mart will automatically complete the adjudication of these claims with no further paperwork required.

## Important Enrollment Information

- Open Enrollment is October 1, 2007, through October 31, 2007.
- Complete an Enrollment Form by October 31, 2007, to enroll in an FSA plan with FBMC.
- Your 2008 Plan Year is January 1, 2008, through December 31, 2008.
- Return your completed Enrollment Form to FBMC.
- For more information, contact Fringe Benefits Management Company (FBMC) Customer Service at 1-800-342-8017, Monday - Friday, 7 a.m.- 10 p.m. ET.
- Enrollment will be available:

On the web at [www.myFBMC.com](http://www.myFBMC.com),

Over the phone through the Interactive Voice Response (IVR) system by calling 1-800-865-FBMC (3262),

Or by completing an Enrollment Form and submitting it to:

**Mail to:** Fringe Benefits Management Company  
Enrollment Processing  
P.O. Box 1800  
Tallahassee, FL 32302-1800

**Fax Toll Free to:** 1-888-800-5217

## Making your benefits work for you – it's easy!

- FBMC specializes in tax-saving benefits administration, including Flexible Spending Accounts (FSAs), which may save you a significant amount of your annual income.
- FBMC provides you with convenient ways to track your benefit transactions, including online review, telephone tracking and monthly statements.
- Before you sign up for an FSA please review the FSA guidelines and become familiar with how the program works. For more information, refer to the Flexible Spending Accounts section beginning on Page 7 of this Reference Guide.
- Remember to submit your supporting documentation, billing statements or invoices along with your **EZ REIMBURSE® Card Transmittal Sheet** when using your EZ REIMBURSE® Card.
- Submit your supporting documentation and completed reimbursement request form (for paper claims) to FBMC for reimbursement processing. Once the plan year ends, you have a 120 day run-out period to submit your supporting documentation.
- Your contributions to the Flexible Benefits Plan do not reduce your future benefits or contribution to your New Jersey State-administered retirement system. Any salary directed to your Flexible Benefits Plan is included in the compensation reported to the retirement system.
- You may visit FBMC's Web site at [www.myFBMC.com](http://www.myFBMC.com) for more information. You may also contact FBMC Customer Service at 1-800-342-8017.

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 benefits and Flexible Spending Accounts (FSAs), 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.

### Claims

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

### 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 drugstore listings to maximize card convenience.

### Profile

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

### Resources

Review 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, cannot be longer than eight digits and must be greater than zero.

#### 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 you may call Customer Service at **1-800-342-8017**.

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

# Eligibility Requirements

## Who is Eligible?

Medical and Dependent Flexible Spending Accounts (FSAs) are available to State employees through the State Employees Tax Savings Program, *Tax\$ave*, a benefit program available under Section 125 of the Federal Internal Revenue Code.

An eligible employee is any employee of the State, a State college or university, or other State agency who is eligible to participate in the State Health Benefits Program except those part-time employees made eligible under Chapter 172, P.L. 2003.

Additional information about *Tax\$ave* and the State Health Benefits Program is available from your employer or by contacting the New Jersey Division of Pensions and Benefits.

## Civil Union and Domestic Partnerships

The IRS does not recognize New Jersey civil union partners or same-sex domestic partners as dependents for tax purposes in the same way it recognizes a spouse or the dependent children of an employee. As a result, a civil union partner or same-sex domestic partner must be able to qualify as a "tax dependent" of the employee for federal tax filing purposes — under Internal Revenue Code Section 152 — before an out-of-pocket medical expense incurred by the partner can be reimbursed under the Unreimbursed Medical FSA or Dependent Care FSA. The same applies to receiving the benefit of paying premiums on a pre-tax basis.

## How does termination or leave affect my FSA?

If you terminate employment or go on unpaid leave, your eligibility for either or both FSAs may change. While your Dependent Care FSA cannot be continued following termination or the start of unpaid leave, you may be able to change or continue your Medical Expense FSA election upon completion of the appropriate forms and requirements. To make this change or to continue coverage, contact FBMC Customer Service within 30 days of the event by calling 1-800-342-8017.

Specific guidelines about your employer's termination and leave policies can be obtained from your employer. In addition, the Family and Medical Leave Act (FMLA) may affect your rights to continue coverage while on leave. Please contact your employer for further information.

## Appeal Process

If you have a request for a mid-plan year election change, FSA reimbursement claim or other similar request denied, in full or in part, you have the right to appeal the decision by sending a written request within 30 days of the denial for review to:

**Mr. Tim McMullen, Plan Administrator**  
**Tax\$ave**  
**NJ Division of Pensions and Benefits**  
**PO Box 295**  
**Trenton, NJ 08625-0299**

### Your appeal must include:

- the name of your employer
- the date of the services for which your request was denied
- a copy of the denied request
- the denial letter you received
- why you think your request should not have been denied and
- any additional documents, information or comments you think may have a bearing on your appeal.

Your appeal will be reviewed upon receipt of it and its supporting documentation. You will be notified of the results of this review within 30 business days from receipt of your appeal. In unusual cases, such as when appeals require additional documentation, the review may take longer than 30 business days. If your appeal is approved, additional processing time is required to modify your benefit elections.

**Note:** Appeals are approved only if the extenuating circumstances and supporting documentation are within your employer's, insurance provider's and the IRS' regulations governing the plan.

# 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 \$100 or more on 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.
- Determine your potential savings with a Tax Savings Analysis by visiting the "Tax Calculators" link at [www.myFBMC.com](http://www.myFBMC.com).

## What types of FSAs are available?

Your employer offers you a Unreimbursed Medical 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.

### Unreimbursed Medical FSAs

Medical expenses not covered by your insurance plan may be eligible for reimbursement using your Unreimbursed Medical 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:

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

Refer to the *Unreimbursed Medical 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 five 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 within 48 hours of your claim approval.
- 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 at [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).
- Call **1-800-342-8017** (Monday - Friday, 7 a.m. - 10 p.m. ET).

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\*

(With FSA)		(Without FSA)
\$31,000	Annual Gross Income	\$31,000
<u>- 5,000</u>	FSA Deposit for Eligible Expenses	<u>- 0</u>
\$26,000	Taxable Gross Income	\$31,000
<u>- 5,889</u>	Federal, Social Security Taxes	<u>-7,021</u>
\$20,111	Annual Net Income	\$23,979
<u>- 0</u>	Cost of Eligible Expenses	<u>-5,000</u>
\$20,111	Spendable Income	\$18,979

**By using an FSA to pay for anticipated eligible 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.

# Flexible Spending Accounts

## Continued

### FSA Guidelines:

1. The IRS does not allow you to pay your medical or other insurance premiums through either type of FSA.
2. You cannot transfer money between FSAs or pay a dependent care expense from your Unreimbursed Medical FSA or vice versa.
3. You have a 120-day run-out period (until April 30, 2009) 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 2008 Plan Year.
4. You may not receive insurance benefits or any other compensation for expenses that are reimbursed through your FSAs.
5. You cannot deduct reimbursed expenses for income tax purposes.
6. You may not be reimbursed for a service that you have not yet received.
7. Be conservative when estimating your medical and/or dependent care expenses for the 2008 Plan Year. IRS regulations state that any unused funds that 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 or carried forward to the next plan year.
8. 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.

### 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 Unreimbursed Medical 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?

Contributions made 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 your state of residence, 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 adviser and/or the IRS for additional information.

### FSA Grace Period

The IRS permits a "grace period" of two months and 15 days following the end of your 2008 Plan Year (December 31, 2008) for an Unreimbursed Medical FSA or Dependent Care FSA. This grace period ends on March 15, 2009. **During the grace period, you may incur expenses and submit claims for these expenses.** Funds will be automatically deducted from any remaining dollars in your 2008 Unreimbursed Medical FSA or Dependent Care FSA.

You should not confuse the grace period with the plan's "run-out period." The run-out period extends until April 30, 2009. This is a period for filing claims incurred anytime during the 2008 Plan Year, as well as claims incurred during the grace period mentioned above.

Any expenses incurred during the 2007 grace period (January 1, 2008 - March 15, 2008) may be submitted to either Horizon Healthcare or Fringe Benefits Management Company (FBMC) for reimbursement depending on if funds are still available for reimbursement with Horizon Healthcare. If you have no remaining funds available in your FSA with Horizon Healthcare you may submit your expenses to FBMC for reimbursement through your FBMC FSA.

Claims will be processed in the order in which they are received by FBMC, and your accounts will be debited accordingly. This is true for both online and paper claims only, EZ REIMBURSE® Card claims are not eligible for reimbursement during the grace period. If you have funds remaining in an account for the prior plan year, these funds will be used first until exhausted. Then, subsequent claims will be debited from your new plan year account balance.

# Unreimbursed Medical FSA

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<b>Minimum Annual Deposit:</b>	<b>\$100</b>
<b>Maximum Annual Deposit:</b>	<b>\$2,500</b>

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## What is a Unreimbursed Medical FSA?

An Unreimbursed Medical FSA 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 the next page.

## Whose expenses are eligible?

Your Unreimbursed Medical 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 not someone else's qualifying child and:

- 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 more than 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 more than 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 more than 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. An eligible child of divorced parents is treated as a dependent of both, so either or both parents can establish a Medical Expense FSA.

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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.

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## 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 Unreimbursed Medical FSA. With proper substantiation, eligible expenses can include:

- actual round-trip mileage
- parking fees
- tolls and
- transportation to another city.

## Are prescriptions eligible for reimbursement?

Yes, most filled prescriptions are eligible for Medical Expense FSA 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 the complete name of all medicines and drugs be obtained and documented on pharmacy invoices (including prescription number, date(s) of service and total dollar amount). This information must be included when submitting your request to FBMC for 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, such as: allergy treatments, antacids, cold remedies, first-aid supplies and pain relievers. For a more comprehensive list of eligible OTC items, please visit [www.myFBMC.com](http://www.myFBMC.com).

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, 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.

# Unreimbursed Medical FSA

## Continued

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

Orthodontic treatment designed to treat a specific medical condition is reimbursable through your Unreimbursed Medical FSA if the proper documentation is provided:

- a written statement, bill or invoice from the treating dentist/orthodontist showing the type and date the service was incurred, the name of the eligible individual receiving the service, the cost for the service and
- a copy of the patient's contract with the dentist/orthodontist for the orthodontia treatment (only required if a participant requests reimbursement for the total program cost spread over a period of time).

Reimbursement of the full or initial payment amount may only occur during the plan year in which the braces are first installed. For reimbursement options available under your employer's plan, including care that extends beyond one or more plan years, refer to the information provided following your enrollment, or call FBMC Customer Service at 1-800-342-8017.

### **When are my funds available?**

Once you sign up for a Medical Expense FSA 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 don't have to wait for the cash to accumulate in your account, you can use it to pay for your eligible health care expenses at the start of your deductions.

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

With an Unreimbursed Medical FSA, the money you set aside for health care expenses is deducted from your salary before taxes. It is always tax-free, regardless of the amount. By enrolling in an Unreimbursed Medical FSA, you guarantee your savings.

Itemizing your health care expenses on your IRS Form 1040 may give you a different tax advantage, depending on their 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 Unreimbursed Medical FSA 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 Unreimbursed Medical FSA to reimburse eligible expenses after you have sought (and exhausted) all means of reimbursement provided by your employer 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 Unreimbursed Medical FSA is easy. Simply mail, submit online or fax a correctly completed FSA Reimbursement Request Form along with the following:

- an 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 or
- 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 and
- 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 invoice or bill for the service.

Please note that cancelled checks or credit card receipts (or copies) listing the cost of eligible expenses are **not** valid documentation for Unreimbursed Medical FSA reimbursement.

**Mail to:** Fringe Benefits Management Company  
Enrollment Processing  
P.O. Box 1800  
Tallahassee, FL 32302-1800

**Fax Toll Free to:** 1-888-800-5217

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

### **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 and grace period.

\* 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.

# EZ REIMBURSE® MasterCard® Card

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



## 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 that allows FBMC to electronically reimburse eligible expenses under your employer's plan and IRS guidelines. Your annual Unreimbursed Medical 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 Unreimbursed Medical FSA.

## What are the EZ REIMBURSE® Card advantages?

You can use your EZ REIMBURSE® Card for your eligible Over-the-Counter (OTC) expenses at drugstores. Other advantages include:

- instant **reimbursements** for health care expenses, including prescriptions, co-payments and mail-order prescription services
- instant **approval of some** medical, prescription, vision and dental expenses (others require documentation)
- transactions for eligible expenses at Walgreens, Wal-Mart and Sam's Club do not require further documentation
- no out-of-pocket expense and
- easy access to your Medical Spending Account funds.

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

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

You will automatically receive an EZ REIMBURSE® Card when you start a Medical Expense FSA. Two cards will be sent to you in the mail; one for you, and one for your spouse or eligible dependent. You should keep your cards to use each plan year until their expiration date.

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

For eligible expenses, simply swipe your EZ REIMBURSE® Card like you would with any other credit card. Whether at your health care provider or at your drugstore, the amount of your eligible expenses will be automatically deducted from your Unreimbursed Medical FSA.

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

You must send in documentation for certain EZ REIMBURSE® Card transactions, such as those that are **not** a known office visit or prescription co-payment (as outlined in your health plan's Schedule of Benefits). When requested, you must send in documentation for these transactions. 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 (including prescription name) 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.

As an FSA participant, you should go to [www.myFBMC.com](http://www.myFBMC.com) to see your account information and check for any outstanding Card transactions. If an outstanding transaction appears in **red** on the Web site or in **blue** in the Outstanding EZ Reimburse Transactions requiring Documentation section of your monthly statement, you must submit the proper expense documentation to FBMC.

## 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
- the reporting of any outstanding EZ REIMBURSE® Card transaction amounts as income on your W-2 at the end of the tax year.
- Payback through payroll

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

By using the EZ REIMBURSE® Card, you are agreeing to the "FSA Guidelines" portion of this reference guide (on page 8). For more information about the EZ Reimburse Card see the Cardholder Agreement that accompanies it.

Currently, the EZ REIMBURSE® Card can only be used in stores that utilize the correct IAS coding in their payment systems. At this time, many grocery and discount store pharmacies are not programmed to accept the card. For an updated list of stores that accept the card please go to the Web and click on *Drugstore Listings* under the Resources dropdown.

# Dependent Care FSA

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**Minimum Annual Deposit:** \$250  
**Maximum Annual Deposit:** The maximum contribution depends on your tax filing status as the list below indicates.

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## What is a Dependent Care FSA?

A Dependent Care FSA 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 Dependent Care FSA 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 a Dependent Care FSA and decide how much to contribute, the funds available to you depend on the actual funds in your account. 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 Dependent Care FSA 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 a Dependent Care FSA 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 Dependent Care FSA 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 adviser 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  
Daycare services  
In-home care/au pair services  
Nursery and preschool  
Summer day camps

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**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.

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

Expenses not eligible for reimbursement through your Dependent Care FSA include:

- books and supplies
- child support payments or child care if you are a non-custodial parent
- health care or educational tuition costs and
- 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 provide 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.

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

You can request reimbursement from your Dependent Care FSA 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 Dependent Care FSA is easy. Simply mail or fax a correctly completed FSA Reimbursement Request Form along with documentation 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 Dependent Care FSA. This information is required with each request for reimbursement. Cancelled checks or credit card receipts (or copies) listing the cost of eligible expenses are **not** valid documentation for Dependent Care FSA reimbursement.

**Mail to:** Fringe Benefits Management Company  
Enrollment Processing  
P.O. Box 1800  
Tallahassee, FL 32302-1800

**Fax Toll Free to:** 1-888-800-5217

**Note:** If you elect to participate in the Dependent Care FSA, 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.

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**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.**

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# FSA Worksheets

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 out-of-pocket medical and/or dependent care expenses. This calculated amount cannot exceed established IRS and plan limits. (Refer to the individual FSA descriptions in this Reference Guide 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.**

## **UNREIMBURSED MEDICAL FSA WORKSHEET**

Estimate your eligible, uninsured out-of-pocket medical expenses for the plan year.

### **UNINSURED MEDICAL EXPENSES**

Health insurance deductibles \$ \_\_\_\_\_

Coinsurance or co-payments \$ \_\_\_\_\_

Vision care \$ \_\_\_\_\_

Dental care \$ \_\_\_\_\_

Prescription drugs \$ \_\_\_\_\_

Travel costs for medical care \$ \_\_\_\_\_

Other eligible expenses \$ \_\_\_\_\_

**TOTAL ANNUAL AMOUNT** Remember, your total contribution cannot exceed \$2,500 for the plan year and calendar year. \$ \_\_\_\_\_

**This is your annual contribution.** \$ \_\_\_\_\_

## **DEPENDENT CARE FSA 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**

Daycare services \$ \_\_\_\_\_

In-home care/au pair services \$ \_\_\_\_\_

Nursery and preschool \$ \_\_\_\_\_

After school care \$ \_\_\_\_\_

Summer day camps \$ \_\_\_\_\_

### **ELDER CARE SERVICES**

Daycare center \$ \_\_\_\_\_

In-home care \$ \_\_\_\_\_

**TOTAL ANNUAL AMOUNT** Remember, your total contribution cannot exceed IRS limits for the plan year and calendar year. \$ \_\_\_\_\_

**This is your annual contribution.** \$ \_\_\_\_\_

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

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## ***Am I permitted to make mid-plan year election changes?***

Under some circumstances, your employer's plan(s) and the IRS may permit you to make a mid-plan year election change to your Flexible Spending Account (FSA) election, or vary a salary reduction amount, depending on the qualifying event and requested change.

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

You can change your FSA election(s), or vary the salary reduction amounts you have selected during the plan year, only under limited circumstances as provided by your employer's plan(s) and established IRS guidelines. Partial lists of permitted and not permitted qualifying events under your employer's plan(s) appear on the following page. Election changes must be consistent with the event. FBMC will in its sole discretion, review on a uniform and consistent basis, the facts and circumstances of each properly completed and timely submitted mid-plan year election change form.

**To Make a Change:** Within **30 days** of an event that is consistent with one of the events on the following page, you must complete and submit a Change in Status/Enrollment Form to FBMC. Contact FBMC to obtain this form. Upon the approval and completion of processing your election change request, your existing FSA(s) elections will be stopped or modified (as appropriate). Generally, 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 FBMC, unless otherwise provided by law. If your FSA election change request is denied, you will have **30 days**, from the date you receive the denial, to file an appeal with your employer. For more information, refer to the "Appeal Process" section on Page 6.

## ***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 Unreimbursed Medical FSA or Dependent Care 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 the new amounts anticipated 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 Unreimbursed Medical FSA or Dependent Care FSA prior to the change. Mid-plan year election changes are approved only if the extenuating circumstances are within your employer's Unreimbursed Medical FSA or Dependent Care FSA plan and the IRS regulations governing the plan.

## ***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.

# Changing Your Coverage

## Continued

<b>Changes in Status:</b>	
<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.

<b>Some Other Permitted Changes</b>	
<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 reduction 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.

## Important Continuation Coverage Information

### **What is continuation coverage?**

Federal law requires that most group health plans, including Medical Flexible Spending Accounts (Unreimbursed Medical FSAs), give employees and their families the opportunity to continue their health care coverage when there is a “qualifying event” that would result in a loss of coverage under an employer’s plan. “Qualified beneficiaries” can include the employee covered under the group health plan, a covered employee’s spouse and dependent children of the covered employee.

Each qualified beneficiary who elects continuation coverage will have the same rights under the plan as other participants or beneficiaries covered under the plan, including special enrollment rights. Specific information describing continuation coverage can be found in the summary plan description (SPD), which can be obtained from your employer.

### **How long will continuation coverage last?**

#### **For Unreimbursed Medical FSAs:**

If you fund your Unreimbursed Medical FSA entirely, you may continue your Unreimbursed Medical FSA (on a post-tax basis) only for the remainder of the plan year in which your qualifying event occurs, **if** you have not already received, as reimbursement, the maximum benefit available under the Unreimbursed Medical FSA for the year. For example, if you elected an Unreimbursed Medical FSA benefit of \$1,000 for the plan year and have received only \$200 in reimbursement, you may continue your Unreimbursed Medical FSA for the remainder of the plan year or until such time that you receive the maximum Unreimbursed Medical FSA benefit of \$1,000.

### **How much does continuation coverage cost?**

For Unreimbursed Medical FSAs, the cost for continuation of coverage is a monthly amount calculated and based on the amount you were paying via pre-tax salary reductions before the qualifying event.

### **When and how must payments for continuation coverage be made?**

#### **First Payment for Continuation Coverage**

If you elect continuation coverage, you do not have to send any payment for continuation coverage with the COBRA Election Form. However, you must make your first payment for continuation coverage **within 45 days after the date of your election**. (This is the date the Election Notice is post-marked, if mailed.) If you do not make your first payment for continuation coverage within that 45 days, you will lose all continuation coverage rights under the Plan.

Your first payment must cover the cost of continuation coverage from the time your coverage under the Plan would have otherwise terminated up to the time you make the first payment. You are responsible for making sure that the amount of your first payment is enough to cover this entire period. You may contact your employer to confirm the correct amount of your first payment. Instructions for sending your first payment for continuation coverage will be shown on your COBRA Election Notice/Form.

#### **Periodic Payments for Continuation Coverage**

After you make your first payment for continuation coverage, you will be required to pay for continuation coverage for each subsequent month of coverage. Under the Plan, these periodic payments for continuation coverage are due on the **first day of each month**. Instructions for sending your periodic payments for continuation coverage will be shown on your COBRA Election Notice/Form.

#### **Grace Periods for Periodic Payments**

**Although periodic payments are due on the dates shown above, you will be given a grace period of 30 days to make each periodic payment.** Your continuation coverage will be provided for each coverage period as long as payment for that coverage period is made before the end of the grace period for that payment. If you pay a periodic payment later than its due date but during its grace period, your coverage under the Plan will be suspended as of the due date and then retroactively reinstated (going back to the due date) when the periodic payment is made. This means that any claim you submit for benefits while your coverage is suspended may be denied and may have to be resubmitted once your coverage is reinstated. If you fail to make a periodic payment before the end of the grace period for that payment, you will lose all rights to continuation coverage under the Plan.

#### **For More Information**

This *COBRA Q&A* section does not fully describe continuation coverage or other rights under the Plan. More information about continuation coverage and your rights under the Plan is available from your employer. You can get a copy of your summary plan description from the State of New Jersey.

For more information about your COBRA rights, the Health Insurance Portability and Accountability Act (HIPAA) and other laws affecting group health plans, contact the U.S. Department of Labor’s Employee Benefits Security Administration (EBSA) in your area or visit the EBSA Web site at [www.dol.gov/ebsa](http://www.dol.gov/ebsa).

# Beyond Your Benefits

## **Deferred Compensation (457 Plan)**

Participating in the Flexible Benefits Plan may affect your maximum annual contribution to the 457 plan. That is, Flexible Benefits Plan contributions reduce includible compensation\* from which the maximum deferrable amount is computed. You should contact the Deferred Compensation vendor or the Tax Deferred Annuity (TDA) provider about the specific effect of the Flexible Benefits Plan.

\* Includible compensation is the gross income shown on your W-2 form.

## **Notice of Administrator's Capacity**

This notice advises Flexible Spending Account participants of the identity and relationship between your employer 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.

## **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.





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)

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.



Department of the Treasury  
Division of  
Pensions and Benefits

