



FLEXIBLE SPENDING ACCOUNT
2024 Plan Year

WARREN CONSOLIDATED SCHOOLS

Plan Year 1/01/2024-12/31/2024

Benefits include: Medical FSA / Dependent Day Care

\$3,050 maximum \$60.00 per year minimum

\$5,000 maximum \$60.00 per year minimum

Use pre-tax dollars to pay for Dependent Care Services for dependent children through age 12 and elderly dependents!

Dependent FSA- Elect up to \$5,000 maximum. Reimburses for day care for children up through age 12 (includes pre-school tuition) for children, latch key, day camps and elder care needed for older adults (IRS allows \$5,000 per family per calendar year) Reimbursements made by check or direct deposit.

You may submit claims for reimbursement via USPS mail or scan and email. Reimbursement is made by check or direct deposit.

Please submit completed enrollment form to Molly Christiansen in the HR Benefits Department by November 17, 2023 at 4:30 PM

*IRS 2 ½ month extension allows for eligible expenses to be incurred through March 15, 2025 and submitted by March 30, 2025.



**WARREN CONSOLIDATED SCHOOLS
REIMBURSEMENT ACCOUNT ELECTION FORM**
Plan Year January 1, 2024-December 31, 2024

Employee Name: _____
(Please Print)

Employee Number _____ Social Security Number _____

Date of Birth _____ / _____ / _____ Gender: Male/Female
Please Circle

Address: _____
(Please Print) Street City State Zip

Email address (required) District or Home _____
Please Circle

Home Phone: (_____) _____ Work Phone: (_____) _____

REIMBURSEMENT ACCOUNTS Effective Date: **January 1, 2024**
Please Circle

- A. Employer Ceded \$1,500.00 Single Contract
Employer Ceded \$3,000.00 2 Person / Family Contract

B. Medical Reimbursement \$ _____ Annual..... \$3,050 Maximum \$60 Minimum per year

C. Dependent Care \$ _____ Annual..... \$5,000 Maximum \$60 Minimum per year

I UNDERSTAND THAT I CANNOT CHANGE MY ELECTION AND PAY REDUCTIONS UNLESS I EXPERIENCE A CHANGE IN MY FAMILY STATUS. My employer and I agree that my salary will be reduced by the amount(s) listed above for the benefit option(s) I have elected under the Flexible Spending Plan. I hereby acknowledge that I have read the Understanding of Agreements on the reverse side of this form.

Further, I hereby consent to the use of my personal identifiable information, which I have voluntarily provided on this form. I also hereby consent to the use of any protected health information I have furnished on my behalf, for the sole use of providing benefits, services or any information I have requested.

This agreement is subject to the terms of the Warren Consolidated Schools Flexible Compensation Plan, as amended from time to time, and revokes any prior election and compensation reduction agreement relating to such plan.

Employee Signature Date _____

Employer Signature Date _____

PLEASE SUBMIT TO THE HR BENEFITS DEPARTMENT
BY FRIDAY, NOVEMBER 17, 2023 BY 4:30 PM

TERMS AND CONDITIONS

I have received the printed material explaining the Plan and my options under the Plan, and, I understand that by signing this form, I am making an election which may not be changed for this Plan Year other than as permitted by law and the Plan. Further, I understand that if I do not incur expenses this Plan Year in the amount which I have elected for each benefit, the law requires that I forfeit unused amounts, resulting in a loss of take-home pay.

I authorize the reductions of these amounts from my paychecks and acknowledge that these amounts are to be credited to my Flexible Compensation accounts. I authorize the Administrator to draw upon my accounts to reimburse me for eligible expenses incurred by me during the Plan Year. I understand that requests for reimbursement from the reimbursement plan(s) will only be processed if I comply with the terms and conditions of the applicable plan. I also understand that the Plan Administrator and Third Party Claims Administrator may establish rules and procedures from time to time, which also govern processing reimbursement requests. In addition, the Plan Administrator may establish rules and procedures regarding payment of remaining reimbursement contributions upon termination of employment in accordance with the applicable Flexible Benefit Plan Document(s). The Employer and Plan Administrator may take appropriate legal action to assure that reimbursements are made in accordance with the terms and conditions of the reimbursement plan(s).

DEPENDENT CARE REIMBURSEMENT

I understand that, for this Plan Year, I may be reimbursed for dependent care expenses up to the maximum of (1) Five Thousand Dollars (\$5000) (Two Thousand Five Hundred Dollars (\$2500) if married filing separate), (2) my spouse's earnings, if applicable, or (3) 50% of my earnings, whichever is least. I also understand that in order to receive reimbursement, I must submit receipts or other evidence that indicate who was cared for, dates of service, the actual amount paid along with the name, address and social security/tax identification number for the provider of these services. I understand that I or my spouse, if applicable, may not elect to receive the tax credit for the dependent care expenses that I have been reimbursed for under the Plan.

HEALTH REIMBURSEMENTS

I understand that, for this Plan Year, I may be reimbursed for expenses incurred for my medical care and the medical care of my spouse and dependents which are not covered by medical insurance or other plans up to the maximum amount deemed by the Plan. The "dependent" relationship must exist when the charges were incurred. If I claim reimbursement for these expenses under the Plan, the amount of the reimbursement will be tax free.
(Maximum cannot exceed Three Thousand and Fifty Dollars (\$3,050.00) per Plan Year.

Eligible medical expenses include any expenses incurred for diagnosis, cure, treatment, mitigation, or prevention of disease, or for the purpose of affecting any bodily function or structure, prescription drugs or insulin.

PLAN YEAR 01/01/23 – 12/31/23

Medical Reimbursement Account	\$3,050.00 Annual Maximum
Dependent Care Account	\$5,000.00 Annual Maximum

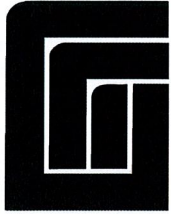
DEPENDENT CARE BENEFIT:

IRS extension amendment included allows 2 ½ months grace period for
Dependent Care Reimbursement Claims incurred by March 15, 2024 and submitted by March 30, 2024.

MEDICAL FSA BENEFIT:

All expenses must occur on or before 12/31/23.
ALL PAPER CLAIMS MUST BE SUBMITTED TO EBC BY (NOON) 12:00 PM 12/31/23
ALL DEBIT CARD SWIPES / TRANSACTIONS MUST BE DONE BY (NOON) 12:00 PM 12/31/23.

YOU ARE CAUTIONED TO BE CONSERVATIVE!! It is better to UNDERESTIMATE your needs than to overestimate them. Remember, you can only change your cafeteria plan once each year. Once selections are made; you must live with them for the next 12 months!



GROUP RESOURCES®

Employee Benefit Concepts, Inc.
a Group Resources® Company

Mailing Address:
● P.O. Box 511046 Livonia MI 48151
Phone (248) 855-8040

email: flexclaims@groupresources.com

**Employee/Participant Flexible Benefit Plan
Authorization for Direct Deposit of Reimbursement Claims
ACH (Automatic Clearing House)**

Company Name: _____

Employee/Participant Name: _____

Employee/Social Security Number _____

Phone Number _____

Email Address _____

NEW PARTICIPANT

CHANGE TO ACCOUNT INFORMATION

I hereby authorize Employee Benefit Concepts, Inc. to deposit any FSA Claim monies due me to the Financial Institution account listed and if necessary, any adjustments for deposits performed in error to my account.

CHECKING ACCOUNT

SAVINGS ACCOUNT

Indicated below and the depository named below (Depository) to credit the same to such account.

**Please note: Before the ACH option takes effect, a pre-notification transaction needs to be sent to the bank for approval, therefore the next disbursement after this election will still come in the form of a check. The remaining payments will then be made via ACH. Any ACH transactions stopped by the bank will cancel your ACH election until corrections can be made.

****An actual voided check must be attached****

Staple voided check here

This form will not be processed without a voided check

Account Number: _____

Depository (Financial Institution): _____ Branch: _____

City: _____ State: _____

Bank ACH Transit Routing Number _____

This authority will remain in full force and in effect until Employee Benefit Concepts, Inc. has received written notification from you of its termination in such time and in such manner as to afford Employee Benefit Concepts, Inc. a reasonable opportunity to act on it. Employee Benefit Concepts, Inc. is not responsible for any bank fees related to expenditures made before an actual ACH deposit is in your account. It is your responsibility to verify that the funds are in your account before you expend them.

Signature _____ Date _____



**GROUP
RESOURCES**[®]
Employee Benefit Concepts, Inc.
A Group Resources Company

Employee Benefit Concepts, Inc.

Not just insurance, but total assurance

Mailing Address • P.O. Box 511046 Livonia MI 48151

Phone 248-855-8040

Qualified expenses – Child Day Care Assistance

Child Day Care assistance expenses that DO qualify for reimbursement

Child daycare expenses that qualify must allow you and your spouse, if you are married, to work, look for work or attend school:

- Nanny, babysitter, housekeeper and nurse's fees thru age 12, for services provided inside your home, are eligible to the extent they are attributable to child care expenses and expenses of incidental household services.
- Dependent care expenses incurred for services outside your home, providing they are incurred for the care of a qualifying dependent that regularly spends at least 8 hours per day in your home.
- Registration fees to a daycare facility are eligible as long as the fees are allocable to actual care and not described as materials or other fees.
- Pre-school, Pre-K or nursery school expenses are eligible, even if the school also furnishes lunch and educational services. The cost of transportation furnished by a dependent care provider to or from a place where care is provided, a day camp, or an after-school program not on school premises.
- Before and after school care thru age 12
- Day camp expenses thru age 12 are eligible if the day camp's main purpose is the dependent child's well-being and protection.
- Expenses paid to a relative (e.g. child, parent, or grandparent of participant) are eligible. However, the relative cannot be under age 19 or a tax dependent of the participant.
- FICA and FUTA payroll taxes of the daycare provider.

Child Day Care assistance expenses that DO NOT qualify:

- Kindergarten fees are almost always an education expense and should never be reimbursed under a dependent care plan.
- Elementary school expenses for a child in first grade or higher.
- Overnight Camp.
- Food, and incidental expenses (diapers, activities, etc.) are not eligible if charged separately from dependent care expenses.
- Expenses paid to a housekeeper, maid, cook, etc. are not eligible, except where incidental to child care.
- Mass transit and parking.

How does this plan compare to the credit on my Form 1040?

Whether or not to participate in the Dependent Care Benefit (DCB) or to take the tax credit when you file your taxes depends on your income, filing status, number of dependents, and annual daycare expenses.

Maximum payments allowed by the IRS

Limitations: Child dependent care expenses may not exceed the smaller of the following limits:

- The maximum allowed under the plan.
- \$5,000 (if you are married and filing a joint tax return or are filing as single, head of household) and \$2,500 if you are married and separate returns are filed.
- Your taxable compensation (after all compensation reduction elections). If you are married, your spouse's actual or deemed earned income.
- Eligible expenses include daycare costs for dependent children under the age of 13, or a child who is physically or mentally incapable of self care.
- The child must spend at least 8 hours a day in your household.

Limitation on qualified expense

Your plan may restrict the reimbursement of one or more of these items. Check with your plan administrator. The total amount of all qualified expenses paid may not exceed the maximum allowed under the plan. Please review your Summary Plan Description or see your plan administrator for more information.

Email: flexclaims@groupresources.com

(248) 855-8040

CARES Act of 2020 Update

Over-the-counter (OTC) medications are now reimbursable under FSAs without requiring a prescription or completing a Letter of Medical Necessity Form. This provision is retroactive to January 1, 2020. Menstrual care products are now reimbursable as eligible expenses, including tampons and pads.

Eligible Health FSA Expenses

Acupuncture
Alcoholism treatment
Allergy medication, nasal sprays
Ambulance
Analgesics, fever reducers, pain reducers (aspirin, ibuprofen, acetaminophen)
Antacids and heartburn relief
Antibiotic ointments
Anti-itch creams and hydrocortisone creams
Arthritis pain relieving creams
Athlete's foot treatment, anti-fungal creams
Artificial teeth/dentures
Bandages
Birth control
Blood pressure monitors
Braces
Braille-books and magazines
Breast pumps and lactation supplies
Cancer screening
Chiropractors
Chondroitin
Co-insurance amount you pay
Cold/hot packs
Cold medicines, tablets, syrups, cough drops & lozenges
Co-pay amount you pay
Compression hose (30-40 mmHg or higher)
Condoms
Contact lenses and eyeglasses
Contact lens solutions
Cost of medically necessary operations and related treatments
Crutches
Deductible medical coverage (amounts you pay)
Dental fees
Diabetic supplies
Diaper rash ointment
Dietary supplements
Drug addiction treatment
Ear wax removal kits

Eye exams, eye surgery
Eye glasses (protection plans/ warranties are NOT eligible expenses)
Eczema treatments
Feminine hygiene products
Fertility treatments (in vitro fertilization, surgery)
First-aid cream
Glucosamine
Hearing devices and batteries
Hemorrhoid treatments
Hospital services
Incontinence products
Infertility treatments
Insulin
Laboratory fees
Lactose intolerance tablets
Lamaze classes
Latex gloves
Laxatives
Medical alert bracelets
Medical information plan
Menstrual pain relievers
Mentally handicapped persons cost of special home care
Mineral supplements
Motion sickness pills
Nasal spray and strips
Nicotine gum, patches
Nurses fees (including nurses' board and social security tax paid by you)
Obstetrical expenses
Orthotics
Over-the-counter medications
Oxygen
Petroleum jelly
Prosthesis
Pregnancy tests
Prenatal vitamins
Psychiatrists' and psychologists' fees
Radial keratotomy and lasik eye surgery
Routine physical & other non diagnostic services or treatments
Sinus medication
Smoking cessation programs
Speech therapy
Special education for the blind
Special plumbing for handicapped
Sterilization (i.e., tubal ligation, vasectomy) and reversal
Stomach and digestive relief items
Sunburn cream (Solarcaine)
Surgical fees
Telephone, special for hearing impaired

Eligible Health FSA Expenses contin..

Television audio display equipment for hearing impaired
Therapeutic care for drug and alcohol addiction received as medical treatment
Thermometers
Toothache and teething pain relievers
Transportation expenses for person to receive medical care
Urinary pain relief medication
Vaccines
Walkers
Wart removal, i.e., W Freeze Off (certain wart medicines may require a prescription)
Wheelchair
X-rays
Yeast infection medication

Eligible Health FSA Expenses Only with a Letter of Medical Necessity Form

Compression hose (20-30 mmHg)
Exercise programs or equipment
Fiber supplements
Humidifier
Hypnosis
Infertility treatments
Lead-base paint removal
Massage therapy
Occupational therapy
Orthopedic shoes (*Reimbursement is permitted for the cost difference between orthopedic shoes and regular shoes.*)
Scooter, electric
Service animal (guide dogs are eligible without a LOMN)
Tuition/meals/lodging for special needs schooling
Varicose vein, treatment of
Vitamins

Never Eligible

Concierge service
Cosmetic products and cosmetic surgery (unless to remediate damage from an illness or injury)
Disposable diapers
Diet program foods
Electric toothbrush
Electrolysis
Hair transplants
Hand sanitizer
Household help
Maternity clothes
Teeth whitening

Eligible Dependent Care FSA Expenses

Babysitters
Daycare centers
Nursery schools
After-school programs
Day camp
Eldercare
(Overnight camps are NOT eligible)



Welcome to the Warren Consolidated School's Flexible Spending Account benefit plan. Group Resources, Inc is looking forward to working with you, as the Administrator of your plan. You may register for online access to your benefits account at

Groupresources.summitfor.me

Once you are registered for online access, you will have access to:

- Account balance
- Transaction activity
- Receipt requirements
- Plan information
- Several other useful resources and tools

You may also use your personal portal to upload receipts that have been requested and submit new claims for reimbursement.

For account access on the go, download the free mobile app today for your Android or Apple device. Search for "Data Path Summit" and select the Summit app to download.

Information you will need to register for online portal access, mobile access and card activation (for applicable plans):

TPA ID: 137

Employer ID: WEA

Participant ID: Last four of your SSN

If you should have any questions, a Group Resources, Inc representative is always happy to help and can be reached by calling **(248) 855-8040**

Sincerely,
Group Resources, Inc