



Union Local 1346 and 1815

Cafeteria Plan provided by Warren Consolidated School District

Plan Year 1/1/23 – 12/31/23

Benefits include: Employer Ceded (District) Provided
Employer Ceded Full Time
Employer Ceded Part Time

Employee May Select Optional Employee Contributed FSA

Unreimbursed Medical \$ 3,050 maximum \$60.00 per year minimum
Dependent Day Care \$ 5,000 maximum \$60.00 per year minimum
Use pre-tax dollars to pay for items needed throughout the year

Medical FSA - Elect up to \$3,050.00 maximum. Reimburses for deductibles, co-pays, dental, orthodontic, vision, LASIK, weight loss programs (with a note of medical necessity) smoking cessation and some over the counter items for you and your eligible dependents. Reimbursements made by check or direct deposit.

Effective 1-1-20 the Cares Act includes certain OTC medical products as qualified medical expenses. The law allows FSAs to reimburse over-the-counter medicines and drugs without a prescription and permits menstrual care products as a permitted expense.

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.

Enrollment is allowed only once per year. If you miss this opportunity you will need to wait until next year unless there is a qualifying event.

Don't miss out! Sign up for your FSA during open enrollment!
Please submit completed enrollment form to the Employee Benefits Department

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.



**WARREN CONSOLIDATED SCHOOLS
REIMBURSEMENT ACCOUNT ELECTION FORM**

Plan Year January 1, 2023-December 31, 2023 Union Local: 1346/1815

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: _____
(For Office Use Only)

A. Employer Ceded \$ _____ (Full time)
Employer Ceded \$ _____ (Part time who pay 50% of medical insurance premium)

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 EMPLOYEE BENEFITS DEPARTMENT.



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):

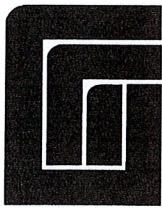
TPA ID: 137

Employer ID: WCSMC

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



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 _____

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)