

County of Pamlico

Group Number: **688**

Participant Portal Employer ID: **KBA066880**

# Section 125 Flexible Benefits Employee Information Packet

# FlexPro

Your **KEY** to Savings



Get the most out of your FSA qualified account by visiting

[FSASTore.com/FlexPro](https://FSASTore.com/FlexPro)

# Introduction

**County of Pamlico** has provided you with the opportunity to enroll in a Flexible Spending Benefit Plan. The information in this packet will help you decide if the **County of Pamlico** Flexible Spending Benefit Plan is right for you.

## **What are the advantages of enrolling in a Flexible Spending Plan. Below are just a few:**

- Increased take home pay
- Easy access to funds to help pay for Out-of-Pocket healthcare and dependent care expenses.
- Reduced federal and/or state taxes

## **Information you will find in this packet**

- Your Section 125 Plan Specifics
- What Is a Flexible Benefit Plan?
- How Much Can You Save?
- Type of Eligible and Non-Eligible Expenses
- Over-the-Counter Medicine Reimbursements
- Frequently Asked Questions
- Employee Experience
- Claims Procedures and the Flex Debit Card
- Forms:
  - Enrollment Form
  - Dependent Add / Card Request Form
  - Direct Deposit Authorization
  - Automatic Dependent Daycare Reimbursement Agreement
  - Dependent Care Claim Form
  - FSA Medical Claim Form

# Your Section 125 Plan Specifics

County of Pamlico - 688

Plan Year: 01/01/2023 - 12/31/2023

Premium Plan Option	Plan Maximums	Plan Minimums
Health FSA	\$ 500.00	
Dependent Care (DCA) FSA	\$ 5,000.00	
<b>Plan Maximum Totals</b>	\$ 5,500.00 Total Premiums	

**Eligibility Requirements:**

Employees must work 30 hours per week and will be eligible to participate the first of the month following date of hire

**Participation in the Premium Plan Option by New Hires:**

Upon Eligibility

**Participation in the FSA Plan Option by New Hires:**

Annual Open Enrollment

**Participation in the DCA Plan Option by New Hires:**

Annual Open Enrollment

**Participation by Terminated Employees in the FSA Plan:**

Terminated employees will be allowed 00 days to incur expenses and an additional 30 days to submit expenses.

**Participation by Terminated Employees in the DCA:**

Terminated employees will be allowed 00 days to incur expenses and an additional 30 days to submit expenses.

**Premium Deductions:**

Premiums will automatically be deducted as pre-tax without a signed Waiver of Participation form on file.

**Claims Submission:**

Claims must be received by noon EST Friday for checks issued Wednesday. Checks mailed to Employer for distribution. Weekly.

**Orthodontia Services:**

**NO**, Your Employer does not offer Up Front Orthodontia payments. At the time services begin, the initial down payment may be reimbursed. The remaining balance may only be reimbursed according to the monthly payment structure outline in the Orthodontia contract. A copy of the Orthodontic contract must be provided to Flexpro at the time of reimbursement.

**Runout Period: Flexible Spending (FSA), Dependent Care (DCA):**

Claims must be submitted no later than 30 days after the end of the Plan Year.

**Note:** Debit cards may not be used to pay for prior year expenses during the 30 day runout period. Paper claims should be submitted during this runout time.

**Notification Timeframe for Status Changes:**

Status changes must be submitted within 30 days of the qualifying event.

# What is a Flexible Benefit Plan?

FlexPro by KBA is the administrator for your employer-sponsored Flexible Benefit Plan. A Flexible Benefit Plan is approved under Section 125 of the Internal Revenue Code and enables you to pay for certain expenses with pre-tax dollars.

## Optional Benefits:

### Employee Paid Insurance Premiums

This account automatically allows you to pay for your portion of some insurance premiums with tax-free dollars. This may include premiums for medical, dental, vision, group term life, cancer coverage, etc.

### Health Care Flexible Spending Account (FSA)

Certain health care costs, including medical, dental, vision and hearing expenses that are not paid by insurance and other "Out-of-Pocket" expenses may be reimbursed by participating in a Health Care FSA. These expenses must be incurred within the plan year (or within the grace period if applicable) and may include but are not limited to, expenses for medical plan co-payments, deductibles, prescription drug co-payments and charges, physician office visits, chiropractic care, vision and dental and orthodontia care.

### Dependent Care Assistance Program (DCAP)

Certain dependent care costs may be reimbursed by participating in the Dependent Care Flexible Spending Account. Qualified expenses may include fees for adult and childcare centers, preschool and before/after school care. To be eligible, you and your spouse (if married) must be employed or a full-time student. Your dependent must be under age 13 or physically and/or mentally incapable of caring for themselves. As of each regular payroll deduction date established by your employer, your employer will credit an amount to your account. Eligible claims incurred during the plan year and submitted within the appropriate timeframe may be reimbursed up to the amount available in the account at the time of reimbursement. The maximum annual amount for the Dependent Care FSA is \$5,000 per family.

Dependent Care expenses may not be reimbursed while on Leave of Absence (LOA). However, there is an exception for short term, temporary absences of no more than 2 consecutive calendar weeks. A taxpayer who is gainfully employed is not required to allocate expenses during a short, term, temporary absence from work, such as a vacation or minor illness, provided that the care giving arrangement requires the taxpayer to pay for care during the absence.

## Is a Flexible Spending Account Right for You?

### Do any of the following Medical and Daycare expenses apply to you and your family?

If so, you can reduce the taxes you pay by participating in your Employer-Sponsored Flexible Benefits Plan and increase your take home pay!

- Medical: Copays, Deductible, Coinsurance, Other medical care expenses not covered by insurance
- Dental: Copays, Cleanings, Orthodontia, etc.
- Vision: Exams, Glasses, Contact Lenses, LASIK, etc.
- Dependent Care: expenses that allow you (and your spouse if applicable) to be gainfully employed or a full-time student
- Over-the-Counter Items: Household Medical Basics, Menstrual Products, Pain Reliever, Children's Medications – 2020 Changes - See the *Over-the-Counter Medicine Reimbursement* page for details.

## How Much Can You Save?


This illustration demonstrates how **a participating employee might save \$1,055** in taxes during the Plan Year by paying for eligible expenses with pre-tax dollars through the Flexible Benefits Plan. Note: This example is for illustrative purposes only. Savings may vary depending on each person's eligible expenses and benefit election.

	Without Flex	With Flex
Annual Income	\$30,000	\$30,000
Eligible Out-of-Pocket Pre-Tax Expenses	\$ 0	\$ 3,050
Remaining Income to Be Taxed	\$30,000	\$26,950
Estimated Taxes (estimate 30% including FICA, Federal and State)	\$ 9,000	\$ 8,085
Out-of-Pocket After-Tax Expenses	\$ 3,050	\$ 0
Take Home Pay	\$17,950	\$19,005
<b>Total Annual Savings</b>	<b>\$ 0</b>	<b>\$ 1,055</b>

**Use the below worksheet to figure how much you can save by participating in a Flexible Benefit Plan.**

<b>1. Health Care Expenses</b> - Enter your estimated family annual medical/dental/vision expenses <b>not covered</b> by insurance:		
Medical Insurance Copayments, Deductibles and Coinsurance		\$
Over-the-Counter medical products		\$
Over-the-Counter medicines (prescribed by a physician)		\$
Doctor Office Visits		\$
Physical Examinations		\$
Well-baby care		\$
Chiropractic Care		\$
Dental Exam Copayments and Dental Insurance Deductibles		\$
Orthodontia Care and Other Out-of-Pocket Dental Care		\$
Vision Exams		\$
Eyeglasses AND Contact Lenses		\$
Other Out-of-Pocket eye care (LASIK or contact solutions, etc.)		\$
Hearing Care		\$
Other Out-of-Pocket medical care (not covered by insurance)		\$
<b>Total Annual Medical, Dental and Vision Expenses</b>		<b>\$</b>
<b>2. Dependent Care Expenses</b> - Enter your estimated weekly dependent care expenses:		
Weekly expenses x 52 weeks = <b>Total Annual Dependent Care Expenses</b>		
<b>3. Total Flex Savings:</b>		
Total annual expenses from above Health Care and Dependent Care		\$
Multiply by an estimated tax savings of 30%		x 30%
<b>Your Estimated Annual Tax Savings</b>		<b>\$</b>

More take-home money to help pay for those eligible expenses!



# Types of Eligible and Non-Eligible Expenses

The following list, while not intended to be complete, illustrates expenses that may be reimbursed under the Flexible Spending Account. Some restrictions may apply.

See provided annual plan documents for details.

## Eligible Dental Expenses

Routine & Preventive Services & X-Rays, Restorative Services, Fillings, Extractions and Dentures, Orthodontia - *A treatment plan may be required---See Plan Specifics page for your plan's orthodontia guideline*

## Eligible Vision Expenses

Eye Exams, Prescription Eyeglasses & Sunglasses, Contact Lenses & Supplies, Corrective Surgery

## Diabetic Supplies

Insulin, Test strips, Lancets, Glucose Monitor

## Hearing Expenses

Testing, Hearing Aids & Hearing Aid Batteries & Repairs

## Medically Necessary Medical Equipment

Wheelchair, Crutches & Lifts, Oxygen Equipment & Supplies, Blood Pressure Monitor

## Physical Examinations

Annual Physical Exam, Prostrate Screening, Pap Smear & Mammogram, School & Work Physicals

## Counseling & Psychiatric Treatment

[Must be prescribed by doctor to treat a medical condition]  
*Doctor's statement may be required, Psychologists, Psychotherapists, Psychiatrists*

## Misc. Medical Fees & Services

Physicians, Surgeons, Anesthesiologists or OB/GYN Ambulance, Nursing (including room & board)

## Dependent Care FSA Eligible expenses

Expenses paid for the care of a dependent under the age of 13, Expenses paid for the care of a dependent who is physically or mentally incapable of caring for themselves, Expenses paid to an eligible dependent care provider, if you are divorced, your child must be in your custody for at least six (6) months out of the year

## Other Eligible Expenses

Orthotics & Orthopedic Shoes (*medically necessary*), Tuition at special schools for the handicapped, Therapy Treatments (*when prescribed by doctor*), Travel Necessary to Seek Medical Treatment, Including Mileage (*limitations apply*), Medical Supplies, Laboratory Fees, Acupuncture, Alcohol & Drug Rehabilitation Expenses, Prosthesis & Artificial Limbs, Organ Tissue Donation Expenses, Special equipment for those who are deaf and/or blind including books in Braille, Printed Material, Hearing Devices and Trained Guide Dogs,  
Weight Loss Programs & Drugs: Eligible **ONLY** with doctor's prescription as part obesity and/or specific condition treatment (*Doctors statement of diagnosis and treatment plan's medical necessity required*)

## Ineligible Expenses

Long Term Care Insurance, Treatments and or drugs used to improve your general health or well-being not as part of treatment for a medical condition, Hair Replacement Treatments & Drugs, Health Club Dues, Cosmetic treatments or surgeries even when performed by certified doctors or at medical facilities. (*certain exceptions apply*), Care for dependent that lives outside the employee's home, Field Trips, Lunches, Supplies and Transportation fees,  
Marriage & Family counseling, Nutritional Supplements/Vitamins to treat a specific medical treatment. (may be approved with letter of medical necessity from physician.), Vitamins to improve or to preserve general health are not eligible, Teeth Whitening, Toothbrushes,  
Vacations, Kindergarten or Overnight Camps, Registration Fees (if not required to hold child's spot)

**Get the most out of your FSA qualified account by visiting:**

**[FSAstore.com/FlexPro](https://www.FSAstore.com/FlexPro)**

# Over-the-Counter Medicine Reimbursement

Under the CARES Act signed March 27, 2020, the cost of Over-the-Counter medicines may now be reimbursed through a Health FSA, HRA, HSA. The bill does allow for feminine hygiene products and items that meet the definition in Code §213(d). \*Code §213(d) defines “medical care” to include amounts paid “for the diagnosis, cure, mitigation, treatment, or prevention of disease, or for affecting any structure or function of the body.” Items merely beneficial to your general health such as dietary, nutritional supplements, vitamins, toothpaste, etc. are not eligible.

## Examples of Eligible Expenses

The following list, while not intended to be complete, illustrates some Over-the-Counter expenses that may be reimbursed under the Health Care FSA; some restrictions may apply and may require a Letter of Medical Necessity (LMN) from a physician. Information is subject to additional guidance from the IRS.

**Get the most out of your FSA qualified account by visiting: [FSAstore.com/FlexPro](https://FSAstore.com/FlexPro)**

Eligible Expenses	
Band-Aids/Bandages	Carpal Tunnel Wrist Supports
First Aid Kits	Cold/Hot Packs for Injuries
Insulin	Contact Lens Cleaning Solution
Condoms	Thermometers – Ear or Mouth
Pregnancy Test Kits	Rubbing Alcohol
Incontinence Supplies	Reading Glasses
Antacids	Cold Medicines
Allergy Medicines	First Aid Cream
Cough Drops	Throat Lozenges
Pain Reliever	Laxatives
Calamine Lotion	Bug Bite Medicine - Oral
Anti-Diarrhea Medicine	Diaper Rash Cream
Hemorrhoid Medication	Sunburn Ointments/Cream
Sinus Medications	Nasal Sinus Sprays or Strips
Spermicidal Foam	Pedialyte - Child Dehydration
Menstrual Cycle Products for Pain and Cramp Relief	
Liquid Adhesive for Small Cuts	
Nicotine Gum or Patches for Smoking Cessation	
Sleeping Aids Used to Treat Occasional Insomnia	
Special Ointments/Creams and Rubs: for Sunburn Pain and Healing or Muscle & Joint Pain	

# Frequently Asked Questions

This packet is only a brief overview of benefits that may be eligible under your plan. You should consult your Summary Plan Description for specific information about your plan.

Create your Online Account at: <https://keybenefit.wealthcareportal.com/Page/Home>

## Who can participate in the Plan?

All employees meeting eligibility requirements established by their employer may participate in the Plan. To enroll in an FSA, you must be eligible based on the requirements in the Summary Plan Description. The IRS dictates that you must be eligible for your company's Health Insurance Plan, but you do not have to be enrolled in the Health Insurance Plan to have an FSA. Please note: This rule does not apply to Dependent Care.

## How do I sign up?

Assuming eligibility has been met, Employers will provide access to enrollment prior to each Plan Year.

## How do I determine how much money to allocate?

Be conservative! Consider your known expenses and not what *might* happen. For dependent care, allow for ineligible times such as vacations or when you will not be paying the dependent care provider. A list of eligible expenses and a worksheet in this packet may help you calculate expenses.

## Are there limits to what you may contribute to your FSA?

Yes, the maximum annual amount for the Health Care FSA and Dependent Care FSA is printed in your Summary Plan Description provided by your Employer and Plan Specific Page included in this packet.

## I went to the doctor before the plan year began, but I did not pay the expense until after the plan year started. May I include that expense?

No, date of Services determines eligibility not date of payment. Charges must be incurred within the plan year.

## Can I change my annual allocation anytime during the Plan Year?

You may change your annual allocation under criteria for eligible status changes as defined in your Employer's Plan. Examples of qualifying changes in status are, marriage or divorce, death of a spouse or dependent, birth or adoption of a child, and change in your employment or in your spouse's employment. Status changes must be consistent with the status change event. Please consult your Summary Plan Description for complete details.

## What happens if I do not use all my annual allocation?

The IRS has established a "use it or lose it rule." If you do not use all your annual allocation, you will forfeit any remaining amount. For example, if you allocate \$500 and only submit \$450 in expenses, you will lose the \$50. We recommend being conservative when you determine your annual allocation, especially at first.

## What expenses are eligible under the Flex Plan?

A summary of eligible and ineligible expenses is included in this packet. New rules for Over-the-Counter Medicines are also explained. See Next topic for details. Please pay special attention to the orthodontia claim submission requirements for your Plan which are listed on the Plan Specifics page.

## Are Over-the-Counter Medicines or Drugs eligible?

Over-the-Counter Medicines may not be reimbursed through an FSA, HRA, or HSA, unless the medicine is prescribed by a physician. The new bill does not apply to items that are not medicines, including equipment such as crutches, supplies such as bandages, and diagnostic devices such as blood sugar test kits. Such items may qualify as medical care if they otherwise meet the definition in Code §213(d). Code §213(d) defines "medical care" to include amounts paid "for the diagnosis, cure, mitigation, treatment, or prevention of disease, or for the purpose of affecting any structure or function of the body."

## Can I sign up for the Dependent Care Plan and still take the Dependent Care tax credit on my annual tax return?

(DCA Eligible Groups Only) The amount you pledge towards Dependent Care account reduces the amount you can claim as a tax credit, dollar for dollar. Most employees, depending on your family income, will experience a higher tax savings with the Dependent Care Plan. You should consult with your accountant to see which option works best for your situation.

## What happens if I terminate my employment?

You may still submit eligible receipts for expenses incurred within the time frames established by your Employer. Also, you may be eligible to continue coverage under the Health Care FSA option, through federal COBRA regulations.

## How do I submit a claim for reimbursement?

### For Health Care FSA expenses:

The quickest way to receive payment is to submit claims through your online account or mobile app, registration may be required (See Employee Experience for more information).

If you choose to manually submit a claim, copies of receipts for Health Care FSA expenses must be submitted along with a signed claim form. Manual claims may be emailed, faxed or mailed or to the address listed on the claim form.

All receipts must be independent third-party receipts showing the name of the provider, date of service, type of service, amount of the service and the patient's name. If your insurance company covers the expense, please submit the receipt to the insurance company first. You may then forward a copy of the Explanation of Benefits (EOB) from the insurance company along with the signed claim form to FlexPro. Cancelled checks and credit card receipts (unless itemized) are not eligible as receipts for Health Care FSA expenses.

### For Dependent Daycare FSA Expenses (For DCA Eligible Groups Only):

There are three ways to request reimbursement.

1. You may complete the Automatic Dependent Daycare Reimbursement Agreement included in this packet. Automatic DCA reimbursement allows you to fill out just one claim form for your reoccurring daycare expense and be reimbursed each week this amount automatically, or up to the amount available in your daycare account balance.
2. You may log into your account (See top of the page) and request reimbursement. Reimbursement of expenses incurred during the Plan Year shall not exceed the balance of your Plan Year Account at the time of the reimbursement.
3. If you choose to manually submit a claim, the form you must be signed and included statements or receipts that show the daycare provider's name & tax ID, the date of service, the amount of the service and the dependent's name. If you prefer, you may also complete the dependent care section of the claim form and have the provider sign and fill out their section. Reimbursement of expenses incurred during the Plan Year shall not exceed the balance of your Plan Year Account at the time of the reimbursement. Manual claims may be emailed, faxed or mailed to the address listed on the claim form.

## Will I receive information throughout the year telling me where I stand on my account?

Yes, you will receive periodic reports via email showing what has been credited to your account. You may also access your personal account online at any time (See Employee Experience for more information).

## Will my participation in the Flex Plan Affect My Social Security?

You will not pay Social Security taxes on the money you contribute to the Flex Plan. Therefore, your future Social Security benefits may be slightly reduced. However, the tax savings you receive from this plan should be more than any reduction in your Social Security benefits.



# Employee Experience

## FlexPro Website

The Employee web access is available 24 hours a day, 7 days a week. Employees can review their accounts online for pending or ineligible transactions. Unresolved, pending, or ineligible transactions may result in the temporary deactivation of Flex Benefit cards, where applicable, until the transactions are resolved. <https://keybenefit.wealthcareportal.com>

## Create Your Account

When you log in for the 1st time you will need to complete the setup steps. You will need to Create a Username. If you receive a message that the one you want is already in use, add numbers or letters to make your Username unique in the FlexPro system. You will also choose your own secure password to log in for the first time. Complete the fields for your demographics: name, email address, preferred email, mobile phone number and Employee ID. FlexPro uses your SSN with no extra spaces or characters as your Employee ID – Example: 666456789. You will need your Employer ID for your registration ID or, if your Employer offers a debit card and you have that in hand, your debit card number. Complete the final fields and follow the instructions to complete the set up.

➤ Your Employer ID is "**KBA066880**"

## Manage Your Account

After you create your account, you have access to additional online account management tools such as: View Your PIN (Debit Card, View PIN), View your Account Balances, View your Pending Claims. You can make any changes to your personal information. Making sure your current physical address and contact information is up to date will ensure that FlexPro is able to reach you quickly with important information.

## FlexPro Upload Feature

Upload claims for reimbursement and receipts for pending transactions directly from a PC, tablet or your smartphone. Some tablets and phones do require the mobile app to present all available features. FlexPro is mobile optimized, but carrier and phone version may interfere. You can check your claim history, find any unresolved transactions and upload directly to that transaction any required documentation. You can also download forms from your account, including a claim form.

## Mobile Phone Alerts

Use your online account to set up SMS text alerts for common communications. Find out when the claim you submitted has been entered or set your annual plan reminders to avoid missing the plan deadlines for turning in claims. You will need to have an online account to set this up. Some charges may apply depending on your phone provider. With a mobile phone number receiving alerts via text message, you can text "Bal" to 97487 to receive your current balance. The text balance feature requires you have a phone number on file with KBA.

## E-Mail Alerts

Entering your preferred email address into your account allows FlexPro the ability to send you notices regarding your account submissions etc. Once logged in, you can customize the notifications you wish to receive by email. Many notices are also sent directly to the participant portal. Options for notices are for situations occurring with your account: confirmation of an email or address change and when we have received claims you have submitted. You will also be sent regular notices which are important for the plan and your account balance throughout the plan year.

## Virtual Client Representative & Web Chat

Use the FlexPro customer service number to call anytime, day or night. Listen to the prompts and follow the steps. You will be provided a list of current options available. If you call during regular business hours you can opt out to speak with FlexPro staff by calling [800-558-5553](tel:800-558-5553) (8am - 5pm EST). No time for a phone call? Have Flex questions while at work? No problem! Just open the FlexPro website and look for the [FlexPro Chat](#) link on the left side. Click, then begin chatting with FlexPro staff any time during normal business hours (8am-5pm | Monday - Friday). <https://keybenefit.wealthcareportal.com>

## Email or FAX FlexPro

While uploading your claim to the website is quickest, you can also email or fax your requests for reimbursement and resolutions for pended transactions. Submitting in this way will direct your claim information and substantiation documents directly to the online portal for processing. NOTE: For emails, please send anything other than text as an attachment rather than pasting to the body of the message to prevent system errors reading the data.

[FlexPro@KeyBenefit.com](mailto:FlexPro@KeyBenefit.com) | Fax: 866-241-1488

## Flexible Benefits Debit Card

The Flex Benefits Debit card is a MasterCard offered to enhance Flexible Spending Accounts. The Flex Card is for use at qualifying healthcare providers or merchants that accept MasterCard and offer eligible goods or services under your Flexible Spending Account. The card provides instant access to available FSA account funds by transferring funds for qualified expenses directly from your available Flexible Spending Account to the provider. You no longer have to pay out of pocket, file a manual claim and wait for reimbursement.

## Direct Deposit

Your employer has chosen the Direct Deposit Reimbursement option. This feature allows employees who elect it to receive their Flexible Spending Account reimbursements as a direct deposit (or ACH) directly into their bank account.

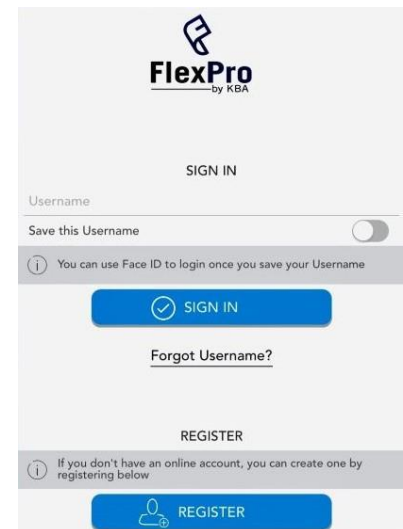
Employees can either submit the Direct Deposit Authorization form (attached below) to **FlexPro@KeyBenefit.com** (see Direct Deposit form for submission details) or set up their direct deposit through [www.mywealthcareonline.com/FlexPro](http://www.mywealthcareonline.com/FlexPro). Once your direct deposit is set up, any future claims submitted for payment would be processed using this feature (it will not apply to claims prior to the date the account was set up).

You will receive an email confirmation when the reimbursement is generated and the money will be deposited directly into your bank account within 2-3 business days from the time of the email. You do not have to wait for your check to be delivered in the mail and do not have to go to the bank to deposit or cash your reimbursement.

<https://keybenefit.wealthcareportal.com>

## FlexPro Mobile

Employees can download the app from the App Store or Play Store by searching "FlexPro Mobile." Employee accounts must be registered with <https://keybenefit.wealthcareportal.com> in order to use this application on mobile devices. Once installed, Employees can log in with the ID information used in their registered account. Check your balance, add dependents, request new cards, update your address and more from your phone or tablet. See the Upload feature for a quick way to submit documentation for unresolved transactions and to submit new claims.



# Claims Procedures and the Flex Benefit Card

You may use your Flex Benefits Card (issued by Alegeus Technologies) for eligible FSA expenses such as co-pays, deductibles, Out-of-Pocket expenses, and other expenses that are not eligible under your medical, dental or vision plan.



## What is the FlexPro Benefits Card?

The Benefits Card (Flex Card) is a MasterCard offered to enhance your Flexible Spending Account by providing instant access to your FSA account.

The card is designed for use only at qualified providers or merchants that accept MasterCard and offer eligible goods or services for reimbursement under your Flexible Spending Account. Rather than paying Out-of-Pocket money for qualified expenses and waiting for reimbursement, your Flex Card transfers funds for qualified expenses directly from your available funds in your Flexible Spending Account to the provider. As a Flexible Spending Account participant, a Flex Card will be mailed to your home address.

## How does the FlexPro Card work?

The Flex Card is a debit card that allows you to pay for your eligible FSA expenses directly at the point-of-service. The Flex Card is treated like a credit card at a merchant or provider terminal and may require a personal identification (PIN) number before processing a transaction. There is no additional line of credit associated with the card, and no credit check will be performed.

## FlexPro Card and Over-the-Counter Medicines

IRS regulations state that the cost of Over-the-Counter Medicines may not be reimbursed through a Health FSA, HRA, HSA, unless the medicine is prescribed by a physician. This does not apply to items that are not medicines, including but not limited to, equipment or supplies such as crutches, bandages and diagnostic devices such as blood sugar test kits. Some items may qualify as eligible medical care expenses if they meet the definition stated in Section Code §213(d) of the IRS Regulations. Because of these regulations, you should be aware that you may not be able to use your Flex Card for certain Over-the-Counter medications and you may be required to send a manual claim for reimbursement. See the *Over-the-Counter Medicine Reimbursement* page for more information.

## Using the FlexPro Card at Retail merchants including Grocery Stores, Discount Stores, Pharmacies and Mail Order Pharmacies

An IRS ruling (2006-09 & 2007-2) requires that Grocery Stores, Discount Retail Stores, Mail Order Pharmacies and Retail Pharmacy Merchants comply with an Inventory Information Approval System (IIAS) and be certified as compliant. Implementation of this regulation allows expenses that qualify as eligible purchases outlined in the regulations to automatically be approved at the point-of-purchase. Your Flex Card complies with these regulations. Only eligible items are authorized at the point-of-sale against your available flexible spending account balance. Purchases that are automatically approved at the point-of-sale through this process may require substantiation after your purchase. You should also keep copies of all receipts in your records in case you are required to show them to the IRS.

Ineligible items will be denied at the point-of-sale. An alternate method of payment will be required for the purchase of an ineligible item. Purchases made with an alternate method of payment may be made at a Non-Certified IIAS Retail Merchant and may be reimbursed by submitting a completed claim form (see substantiation requirements).

Alternately, eligible purchases at certain Pharmacies and Mail Order Pharmacies will be approved at the point-of-sale if the merchant is registered each year as a 90% Rule Merchant. These are merchants who can show that 90% of their gross receipts of the last tax year consisted of items that qualified as medical expenses. This permits the use of your Flex Card at these merchant locations. You may, however, be required to submit substantiation for purchases approved at the point-of-sale at a 90% Rule merchant.

## Requests

Although the Flex Card provides direct access to your FSA dollars, it may not eliminate the need for FlexPro to verify the eligibility of the item(s) purchased, as requested by the IRS. In order to confirm the eligibility of all expenses charged to your Flex Card, you may be asked to provide supporting information about your purchase. FlexPro follows the IRS-defined Flexible Spending Account Flex Card audit guidelines. Please note: Cash register receipts or credit card receipts are not eligible unless the receipt includes the information outlined below.

# Flex Benefit Card and Claim Procedures (contd.)

## The following substantiation criteria may be required:

Name of Patient  
Date of Service or Date of Purchase  
Name of Provider or Merchant  
Type of Service or Supply  
Amount of Service or Supply  
Copy of prescription as required:  
(Over-the-Counter medicines, etc.)



## Substantiation and Claim Form Submission

You can submit responses to substantiation requests and claims for reimbursement in several different ways. Please be sure to include a signed claim form along with your detailed receipts and invoices when you are submitting substantiation or requesting a reimbursement. You will find a Claim Form at the end of this Packet. If you choose to manually submit a claim, copies of receipts for Health Care FSA expenses must be submitted along with a signed claim form. Manual claims may be emailed, faxed or mailed or to the address listed on the claim form.

All receipts must be independent third-party receipts showing the name of the provider, date of service, type of service, amount of the service and the patient's name. If your insurance company covers the expense, please submit the receipt to the insurance company first. You may then forward a copy of the Explanation of Benefits (EOB) from the insurance company along with the signed claim form to FlexPro. Cancelled checks and credit card receipts (unless itemized) are not eligible as receipts for Health Care FSA expenses. **\*Handwritten verification is not eligible unless signed by the service provider.**

## On-Line Submission

If applicable, substantiation information and requests for reimbursement may be uploaded directly to your personal account. Please see below for more information on setting up and using your online account.

**Note:** PDF and JPG format of the receipts is preferred. Links and Encrypted documents may not pass through security software.

Once you log into your account, select [Claims](#) | [My Claim Activity](#) | [Submit Claim](#). Our Claims Administrators will then review your submitted reimbursement request(s). Copies of receipts for Health Care FSA expenses must be uploaded with your request for reimbursement. In this reimbursement method, you will be asked to agree to the conditions for reimbursement therefore, eliminating the need for you to complete a claim form.

## Ineligible Expenses

Should your transaction detail show that your Flex Card purchase was for an ineligible expense, or if the required documentation for a 'pending' service was not provided to FlexPro in a timely manner, the transaction will be considered denied or ineligible. IRS rules require reimbursement to FlexPro for the amount charged to the Flex Card for ineligible expense(s); or you may submit other eligible medical expenses paid Out-of-Pocket (not with the Flex Card) to FlexPro for consideration as 'offsetting claims' to reduce the amount owed back to the account. Once a transaction has been deemed ineligible, however, the Flex Card will be temporarily deactivated until repayment or offsetting, eligible claims are received.

### Please Submit All Forms to:

Update your contact information online! Go to <https://keybenefit.wealthcareportal.com/Page/Home>

Toll-Free FAX: 866.241.1488

FlexPro Mobile

FlexPro@KeyBenefit.com

Mail: P.O. Box 1179  
Fort Mill, SC 29716

# Flexible Spending Account (FSA) – Enrollment Form (Page 1 of 2)

ALL Provided Employee Fields Marked * are REQUIRED for Enrollment and IRS Medicare Reporting. Please note that failure to provide all required information will result in delayed processing.			
<b>Employer*</b> County of Pamlico - 688	<b>Employee Effective Date*</b> / /	<b>Social Security Number*</b>	
<b>Employee Last Name*</b>	<b>Employee First Name*</b>	<b>Middle Initial</b>	<b>Date of Birth*</b> / /
<b>Home Address*</b>	<b>City*</b>	<b>State*</b>	<b>Zip Code*</b>
<b>Email Address</b>	<b>Day Time Phone*</b>	<b>Mobile Phone</b>	
<b>Payroll Deductions per Plan Year*</b>	<b>Payroll Schedule*</b>	<b>Plan Type/ID*</b>	<b>Department (if appl.)</b>

- No, I do not wish to participate in any Employer sponsored Flexible Spending Accounts.**
- Yes, I am eligible for enrollment in my employer’s Group Health Plan (GHP).** I understand IRS regulations require me to be eligible to enroll, however I am not required to participate in my employer GHP to participate in the Health Care FSA.
- Yes, I wish to participate in any Employer sponsored Flexible Spending Accounts.** See details below for my election. Pursuant to my Employer’s Flexible Benefits Plan (“Plan”), I elect to have my salary reduced by the total pre-tax amount specified below. I authorize my Employer to apply that amount toward those plan benefits listed on this form with the total to be distributed among each benefit as shown.
- Yes, I understand if my spouse participates in an HSA with their employer, I may not be able to participate in this general Health Care FSA.**

Health Care (FSA) Flexible Spending Accounts Expenses	Your Maximum Health Care FSA is \$ 500.00
Number of Deductions from the Effective Date	
Per Pay Period Health Care Expenses (not paid by insurance)	\$
Annual Health Care FSA Total	\$

- I am enrolled in an HDHP - HSA qualified plan and will be participating in a Health Savings Account (HSA) and would like to participate in the Limited Health Care FSA.** **Note about HSA:** Participants in a High-Deductible Health Plan (HDHP) participating in an HSA can only participate in the Limited Health Care FSA. See eligible items included on the Section 125 Plan Specifics and those medical expenses that are incurred after the minimum annual HDHP deductible has been satisfied. The HSA participant is solely responsible for filing only eligible FSA claims.
- I am enrolled in an HDHP - HSA qualified plan and will not be participating in a Health Savings Account (HSA) and would like to participate in the Health Care FSA.**

Dependent Day Care (DCA) Flexible Spending Account Expenses	Your maximum DCA is \$ 5,000.00
Number of Deductions from Effective Date	
Per Pay Period Dependent Care Expenses	\$
Annual Dependent Day Care Total	\$

**Employee Signature\*** \_\_\_\_\_ **Date\*** \_\_\_\_\_

My Signature indicates I have read, understood and agree to the following disclaimers on form page #2 of 2. *Form updated 8/26/2021.*

You are not required to return this page.  
Signing the bottom of Page #1 indicates you have read and understood the following plan specifications.

Understand and agree to the following:

- I cannot change or revoke my election until the next Plan Year unless my Status changes (as defined in my Employer's Plan). I understand my benefit elections may not be reduced below the amount that has been taken pre-tax as of the date of the status change.
- Any funds remaining in my reimbursement accounts at the end of the plan year will be forfeited by IRS regulations to my employer.
- If my employment terminates for any reason, I understand expenses must be incurred and submitted within the time frames set out in the Plan.
- I understand that any receipt I submit must be for an eligible expense incurred by me, my spouse or my qualified dependent(s) during the applicable Plan Year.
- Before the first day of each Plan Year, I will be offered the opportunity to modify my elections for the following Plan Year.
- My Employer may reduce or cancel the election of any non-taxable benefit or otherwise modify my election in accordance with the Plan if my Employer in its discretion, deems that action advisable to satisfy the requirements of the Internal Revenue code or the regulations there-under.
- Dependent Care expenses for the care of a qualifying individual that are for purpose of enabling the employee and the spouse, where applicable to be gainfully employed or attend school full-time are eligible. Dependent Care may not be reimbursed while on Leave of Absence (LOA). Exception for short, temporary absences. An absence of no more than 2 consecutive calendar weeks is considered a short, temporary absence. A taxpayer who is gainfully employed is not required to allocate expenses during a short, temporary absences from work, such as for vacation or minor illness, provided that the care given arrangement requires the taxpayer to pay for care during the absence.\*
- By signing and using the Flex Card, if so provided by my employer, I accept responsibility that all Card transactions will be solely for qualified expenditures incurred within the Plan Year. Each time I present the Card for payment, I will sign a receipt evidencing that the expense has been incurred and reaffirming that it is a qualified expenditure that has not been reimbursed, is not reimbursable from any other source, nor will any reimbursement be sought from any other source. Upon request, I will immediately submit any required documentation and/or transaction detail. I understand that if I use the Card for purchases other than qualified expenditures, I have violated this Agreement and my obligations under my Employer's Plan. I understand that, upon notification, I must immediately re-pay the expense to the Account and that my Card may be immediately suspended or revoked for such failure to comply. Should repayment for ineligible expenses not be remitted in a timely manner, I authorize my employer to deduct the amount from my paycheck.\*
- Individuals whose coverage ended, or who were denied coverage (or were not eligible for coverage), because the availability of dependent coverage of children ended before attainment of age 26 are eligible to be included in the enrollment. Individuals may request enrollment for such children for 30 days from the date of notice.

\* Subject to state/local laws.

# Dependent Add & Change / Card Request Form

ALL Provided Employee Fields Marked * are REQUIRED			
Employer* <b>County of Pamlico - 688</b>		<input type="checkbox"/> Check to indicate changes in your personal information	
Employee Last Name*	Employee First Name*	Middle Initial	
Social Security Number*			Date of Birth* / /
Home Address*	City*	State*	Zip Code*
Email Address	Main Phone (      )	Secondary Phone (      )	

**Employer Plans and Flex Benefit Cards:**

Employer Plan designs may prohibit the use of Benefit Cards for all or restrict Dependent access. All Employees and dependents will be enrolled according to the Plan and enrollment form. Card requests will be processed according to the Employer’s Plan regarding cards. **Cardholder must be age 18 or older** and considered as eligible to be a dependent under Employer Plans. Dependent funding will be determined by current Plan set up.

Dep.	Card Issue	First Name	Last Name	SSN	Date of Birth
Spouse	Y / N				
Child	Y / N				
Child	Y / N				
Child	Y / N				
Child	Y / N				
Child	Y / N				

Please Submit All Forms to:			
Update your contact information online! Go to <a href="https://keybenefit.wealthcareportal.com/Page/Home">https://keybenefit.wealthcareportal.com/Page/Home</a>			
Toll-Free FAX: 866.241.1488	FlexPro Mobile	FlexPro@KeyBenefit.com	Mail: P.O. Box 1179 Fort Mill, SC 29716

**I Understand and Agree that:**

- By completing and signing this form, I am requesting the listed dependents added to my employer sponsored Plan and when indicated to have a Card issued to them in their name. I accept responsibility for all Card transactions by any of the issued Cards for my Employer Sponsored Plan and confirm they are for expenditures incurred within the Plan Year.
- Each time the Flex Card is presented for payment, the signed receipt will evidence the expense has been incurred within the Plan year dates, is a qualified expenditure and has not been nor will be reimbursed in any other way.
- Upon request from FlexPro, I will immediately submit required documentation for the resolution of pending Card transactions.
- If Cards are used for unqualified expenditures as determined by FlexPro in administration of the Plan, I have violated this Agreement and my obligations under my Employer’s Plan. When requested by FlexPro on behalf of the Plan, I must immediately re-pay unqualified expense amounts back to the Account. Access to Cards may be immediately suspended or revoked for failure to comply. Form updated 8/25/2021

**Employee Signature\*** \_\_\_\_\_ **Date\*** \_\_\_\_\_

# Direct Deposit Authorization Form

ALL Provided Employee Fields Marked * are REQUIRED			
<b>Employer*</b> County of Pamlico - 688		<input type="checkbox"/> Check to indicate changes in your personal information	
<b>Employee Last Name*</b>	<b>Employee First Name*</b>	<b>Middle Initial</b>	
<b>Social Security Number*</b>		<b>Date of Birth*</b> / /	
<b>Home Address*</b>	<b>City*</b>	<b>State*</b>	<b>Zip Code*</b>
<b>Email Address</b>	<b>Main Phone</b> (      )	<b>Secondary Phone</b> (      )	

## Two Ways to Sign Up:

### Choice #1:

1. Log on to:  
<https://keybenefit.wealthcareportal.com/Page/Home> or open the FlexPro Mobile App.  
 (See page 3 in your Welcome Packet for details)
2. Select your Username and then under Profile select Edit Profile
3. Enter your bank information

### Choice #2: Complete, sign and return this form to:

**FlexPro@KeyBenefit.com** or **Toll-Free Fax: 866-241-1488.**

Please allow 5 business days for processing. \*\*You can also direct your deposit to a Savings Account. Please supply the savings account number and your bank routing number for this option. Submitting a form without a voided check will cause delays in processing. A letter from your bank that includes routing number, account type and number is also acceptable in place of a voided check.

<b>Type of account*</b>	<input type="checkbox"/> Checking <input type="checkbox"/> Savings**
<b>Financial Institution Name*</b>	
<b>Account Number*</b>	
<b>Transit Routing Number*</b>	
<b>Voided Check - Required</b>	

Please Submit All Forms to:			
Update your contact information online! Go to <a href="https://keybenefit.wealthcareportal.com/Page/Home">https://keybenefit.wealthcareportal.com/Page/Home</a>			
Toll-Free FAX: 866.241.1488	FlexPro Mobile	FlexPro@KeyBenefit.com	Mail: P.O. Box 1179 Fort Mill, SC 29716

### I Understand and Agree that:

- I may update my direct deposit information online anytime to bypass submitting this form.
- Claims processed before the direct deposit is set up will be paid by check
- Direct Deposit failures may assess a \$30.00 fee. This includes but is not limited to: Rejections due to bank changes not provided to FlexPro, Employee online entry errors resulting in failed deposits, Submitted documentation with incorrect account and/or routing data resulting in failed deposits. Form updated 8/24/2021.

**Employee Signature\*** \_\_\_\_\_ **Date\*** \_\_\_\_\_



# Automatic Dependent Daycare Reimbursement Agreement

ALL Provided Employee Fields Marked * are REQUIRED for Enrollment and IRS Medicare Reporting.			
<b>Employer*</b> <b>County of Pamlico - 688</b>	<b>Plan Effective Dates*</b>	<input type="checkbox"/>	<b>Check to indicate changes in your personal information</b>
<b>Employee Last Name*</b>	<b>Employee First Name* and Middle Initial</b>		<b>Employee Effective*</b> / /
<b>Social Security Number*</b>			<b>Date of Birth*</b> / /
<b>Home Address*</b>	<b>City*</b>	<b>State*</b>	<b>Zip Code*</b>
<b>Email Address</b>	<b>Main Phone</b> (      )	<b>Secondary Phone</b> (      )	

## Dependent Care Information

I request an automatic reimbursement of the amount listed below for Dependent Day Care to cover the amount of day care in an amount not to exceed my payroll deduction. All changes in amounts of automatic reimbursement will require a new form be completed and forwarded to the Flex Department.

<b>Day Care Provider*</b>			<b>Tax Identification Number*</b>		
<b>Day Care Provider Address*</b>			<b>Day Care Phone Number</b> (      )		
<b>City</b>		<b>State</b>	<b>Zip Code</b>		
<b>Dependent(s) Name:</b>	<b>Dependent Date of Birth</b>	<b>Date of Service: From</b>	<b>Date of Service: To</b>	<b>Fees for Service</b>	
				\$	
				\$	
				\$	
				\$	
<b>Dependent Care Provider Signature*</b>				<b>Date*</b>	

Please Submit All Forms to:			
Update your contact information online! Go to <a href="https://keybenefit.wealthcareportal.com/Page/Home">https://keybenefit.wealthcareportal.com/Page/Home</a>			
Toll-Free FAX: 866.241.1488	FlexPro Mobile	FlexPro@KeyBenefit.com	Mail: P.O. Box 1179 Fort Mill, SC 29716

**Reminder:**

- *Dependent Care expenses for the care of a qualifying individual that are for enabling the employee and the spouse, when applicable, to be gainfully employed or attend school full-time are eligible.*
- *Dependent Care may not be reimbursed while on Leave of Absence (LOA). Exception for short, temporary absences. An absence of no more than 2 consecutive calendar weeks is considered a short, temporary absence.*
- *A taxpayer who is gainfully employed is not required to allocate expenses during a short, temporary absence from work, such as for vacation or minor illness, provided that the care giving arrangement requires the taxpayer to pay for care during the absence.*

**I certify that:**

*These charges are eligible Dependent Day Care expenses under the Internal Revenue Code and that I will not request reimbursement from any other source. I also certify that these services will not be claimed as a credit on my personal income tax return. I understand that it is my responsibility to advise Key Benefit Administrators of any changes to my arranged day care fees in writing one week prior to the reimbursement date. Form updated 8/25/2021.*

**Employee Signature\*** \_\_\_\_\_ **Date\*** \_\_\_\_\_

# Dependent Care Plan Claim Form

ALL Provided Employee Fields Marked * are REQUIRED			
<b>Employer*</b> County of Pamlico - 688		<input type="checkbox"/> Check to indicate changes in your personal information	
<b>Employee Last Name*</b>	<b>Employee First Name*</b>	<b>Middle Initial</b>	
<b>Social Security Number*</b>			<b>Date of Birth*</b> / /
<b>Home Address*</b>	<b>City*</b>	<b>State*</b>	<b>Zip Code*</b>
<b>Email Address</b>	<b>Main Phone</b> (      )	<b>Secondary Phone</b> (      )	

**Dependent Care:**

Dependent Day Care receipts must include the Name of the Provider, Dates of Service, Name of the Dependent(s), Fee for Service or you may have your Dependent Day Care Provider complete and sign below (Original Signature required).

This signed form MUST accompany the corresponding receipts. If necessary, please add additional page(s).				
Dependent(s) Name:	Dependent Date of Birth	Date of Service: From	Date of Service: To	Fees for Service
				\$
				\$
				\$
				\$
<b>Dependent Care Provider Name*</b>			<b>Dependent Care Provider Tax ID/SSN*</b>	
<b>Dependent Care Provider Signature*</b>				<b>Date*</b>

Please Submit All Forms to:			
Update your contact information online! Go to <a href="https://keybenefit.wealthcareportal.com/Page/Home">https://keybenefit.wealthcareportal.com/Page/Home</a>			
Toll-Free FAX: 866.241.1488	FlexPro Mobile	FlexPro@KeyBenefit.com	Mail: P.O. Box 1179 Fort Mill, SC 29716

**Reminder:**

- An absence of no more than 2 consecutive calendar weeks is considered a short, temporary absence.
- Dependent Care expenses for the care of a qualifying individual are for the purpose of enabling the employee and the spouse, when applicable, to be gainfully employed or attend school full-time are eligible.
- Dependent Care may not be reimbursed while on Leave of Absence (LOA). Exception for short, temporary absences.
- A taxpayer who is gainfully employed is not required to allocate expenses during a short, temporary absence from work, such as for vacation or minor illness, provided that the caregiving arrangement requires the taxpayer to pay for care during the absence.

**I Understand and Agree that:**

To the best of my knowledge and belief, my statement in this Request for Reimbursement is complete and true. I am claiming reimbursement only for eligible expenses with the date of service incurred by me, my spouse, or my qualified dependent(s) during the applicable plan year. I certify that these expenses have not been reimbursed by any other source, nor will any reimbursement be sought from any other source. By signing and submitting a Dependent Care Reimbursement Request, I am certifying that expenses for which I request reimbursement satisfy all dependent care guidelines. I and my spouse, where applicable, are gainfully employed or am/are a full-time student and not on leave. In accordance with the Flex Benefit Plan, I authorize my Flexible Spending Account(s) to be reduced by the amount requested. Form updated 8/24/2021.

**Employee Signature\*** \_\_\_\_\_ **Date\*** \_\_\_\_\_

# Medical Plan Claim Form

ALL Provided Employee Fields Marked * are REQUIRED			
<b>Employer*</b> County of Pamlico - 688		<input type="checkbox"/>	Check to indicate changes in your personal information
<b>Employee Last Name*</b>	<b>Employee First Name*</b>	<b>Middle Initial</b>	
<b>Social Security Number*</b>			<b>Date of Birth*</b>
<b>Home Address*</b>	<b>City*</b>	<b>State*</b>	<b>Zip Code*</b>
<b>Email Address</b>	<b>Main Phone</b> (       )	<b>Secondary Phone</b> (       )	

This signed form MUST accompany the corresponding receipts. If necessary, please add additional page(s).					
Name of Patient/Dep.	Date of Service	Name of Provider or Merchant	Type of Service or Supply	Charge for Each Supply or Service	Flex Card Used/ Swiped?
					Y / N
					Y / N
					Y / N
					Y / N
					Y / N
					Y / N
<b>No. of Pages Submitted</b>				<b>Total \$</b>	

Please Submit All Forms to:			
Update your contact information online! Go to <a href="https://keybenefit.wealthcareportal.com/Page/Home">https://keybenefit.wealthcareportal.com/Page/Home</a>			
Toll-Free FAX: 866.241.1488	FlexPro Mobile	FlexPro@KeyBenefit.com	Mail: P.O. Box 1179 Fort Mill, SC 29716

**Reminder:**

- Medical Expenses:** Expenses that may be covered by your (or your spouse's) medical, dental or vision plan must first be submitted to the appropriate insurance carrier. The Explanation of Benefits (EOB) you receive from your insurance carrier may then be submitted to Key Benefit Administrators - FlexPro as a qualifying receipt towards your FSA Plan. Medical care receipts must be from an independent third party and must include the Name of the Patient, Name of the Provider, Type and date of Service or Supply provided (Names of Prescriptions are required), and the Amount of the Service or Supply. Receipts for eligible Over-The-Counter (OTC) drugs or medicines must include the same information as listed above. If necessary, please add additional pages. Photocopies of receipts are acceptable. Please retain a copy of all receipts for your own records. Cancelled checks are not acceptable receipts. This form must be signed and submitted with corresponding and applicable receipts.
- To claim mileage, you must provide map quest, google maps, etc. showing the distance traveled for medical care. This can be for doctor visits, hospital visits and picking up prescription drugs. Please submit proof of services rendered at this provider.
- Handwritten verification is not eligible unless signed by the service provider.

**I Understand and Agree that:**

To the best of my knowledge and belief, my statement in this Request for Reimbursement is complete and true. I am claiming reimbursement only for eligible expenses with the date of service incurred by me, my spouse, or my qualified dependent(s) during the applicable plan year. I certify that these expenses have not been reimbursed by any other source, nor will any reimbursement be sought from any other source. In accordance with the Flex Benefit Plan, I authorize my Flexible Spending Account(s) to be reduced by the amount requested. Form updated 9/28/2021.

**Employee Signature\*** \_\_\_\_\_ **Date\*** \_\_\_\_\_