

Flexible Spending Account Plans

2016

- Health Care
- Day Care



City of Seattle



Flexible Spending Account Plans

The City of Seattle Flexible Spending Account (FSA) Plans allow you to set aside pretax dollars from your paycheck to pay for certain expenses not covered through your other benefits. When you put money into an FSA you do not pay federal or FICA (Social Security) taxes on it. As a result, your taxable income is reduced and your taxes are lower.

The City of Seattle offers two types of FSA Plans:

- **Health Care FSA** allows you to set aside pretax dollars to pay for certain expenses not covered by your health plans (for example, the cost of orthodontia not fully paid by your dental plan and copays for office visits).
- **Day Care FSA** allows you to set aside pretax dollars to pay for eligible day care expenses for your child, disabled spouse or dependent parent while you and your spouse work.

If you are hired or have a qualified family status change *before* February 1, 2016, you have **31 days** to make your benefit elections. If your hire date or qualifying event happens February 1, 2016, or later, you have **30 days**. The remainder of this guide references a 30 day election period.

This guide explains how Health Care and Day Care FSAs work. If you decide to enroll, you must complete your online enrollment:

- Within 30 days of becoming a City employee.
- During the open enrollment period if you wish to enroll or re-enroll for next year.
- Within 30 days of a qualifying change in family status

For additional information go to the City of Seattle web site at personnelweb/benefits/home.aspx, or contact your department's benefits representative.

You must re-enroll each year at Open Enrollment to continue participating in Flexible Spending Accounts.

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HOW FSAs WORK

- Flexible Spending Accounts (FSAs) allow employees to have income withheld from their paychecks *before federal or Social Security taxes are assessed*, to use for reimbursement of certain medical and day care expenses. As a result, your taxable income is reduced and you pay less in taxes, saving you money.
- You decide how much you want to contribute to the Health Care and/or Day Care Flexible Spending Account each year. You must use your FSA money or you lose it.
- **You must re-enroll each year during Open Enrollment to continue participating;** you may change the amount you contribute.
- You enroll by completing the Open Enrollment section on [Employee Self-Service](#) during Open Enrollment or the New Hire Module on [Employee Self-Service](#) if you are a new employee. By enrolling, you are authorizing the City of Seattle to deduct a certain portion of your salary each pay period on a pretax basis. These contributions are then placed into your account(s) throughout the calendar/plan year via payroll deduction. Navia Benefit Solutions administers the accounts for the City of Seattle.
- **The benefits plan year is the calendar year.** You may submit reimbursement requests for expenses incurred during the plan year any time throughout the plan year and up until March 31 of the following year (requests must be received by Navia Benefit Solutions no later than March 31).
- As you incur eligible expenses, you may submit reimbursement request forms to Navia Benefit Solutions. You may submit multiple bills or receipts with one reimbursement request form. Include a copy of an itemized bill(s) or receipt(s) with the completed reimbursement form. Completed requests for reimbursements may be mailed, faxed or uploaded at the Navia Benefit Solutions website, or through the mobile app:

Navia Benefit Solutions

PO Box 53250

Bellevue, WA 98015-3250

Phone: 425-452-3500; 800-669-3539

Fax: 425-451-7002; 866-535-9227

www.naviabenefits.com

- FSAs are governed by the Internal Revenue Service Code. For details on current rules, see the following documents posted on www.irs.gov.
 - Publication 502: Medical and Dental Expenses
 - Publication 503: Child and Dependent Care Expenses
 - Publication 969: Health Savings Accounts and Other Tax-Favored Health Plans

GENERAL RESTRICTIONS

- Under the City plan, the maximum that can be contributed to the Health Care FSA is \$2,550.00 per year. The maximum amount that can be contributed to the Day Care FSA is \$5,000.00 per year if married filing a joint return or head-of-household; \$2,500.00 if married filing separately. The minimum that can be contributed to either FSA is \$120.00 annually.
- Health Care and Day Care FSA are completely separate. The money you allocate for one cannot be used for the other and you cannot transfer dollars between accounts.
- You may **carry over** up to \$500 in unreimbursed health care FSA funds after all reimbursement claims have been processed by mid-April of the following year as long as it results in a minimum balance of \$120. Unreimbursed health care FSA funds over \$500 will be forfeited.
- You must use or lose Day Care FSA funds. **Any money left in your Day Care FSA account that is not reimbursed to you by March 31 of the following year is forfeited**, so it is important to estimate annual expenses carefully before enrolling and set aside only as much as you expect to spend.
- You cannot make a change to your Health Care or Day Care FSA contributions during the plan year unless you experience a qualifying status change (see page 12). You may terminate your participation during the plan year if you experience a qualifying status change. However, health care expenses you incur after the termination date **will not be eligible** for reimbursement even if you still have an account balance remaining. Day care expenses allowing you to work, seek work, or attend school full-time that are incurred after termination will be eligible for reimbursement.
- Expenses for eligible services incurred during the plan year are reimbursed from that year's FSA. You have until March 31 of the following year to file reimbursement requests (Your request must be received by Navia Benefit Solutions no later than March 31.) As noted, you may carry over up to \$500 in unreimbursed health care FSA funds after all reimbursement claims have been processed by mid-April if it results in a minimum balance of \$120.
- You cannot use a Health Care FSA to pay expenses you also claim as health care deductions on your income tax return. Similarly, you may not use the Day Care FSA to claim expenses that you will use to take the childcare tax credit on your return.

EFFECT ON OTHER BENEFITS

FSA contributions may affect Social Security benefits. Because you and the City do not pay Social Security (FICA) taxes on the money you contribute, your future Social Security benefits may be reduced slightly. However, you may find that the tax savings gained through participation in an FSA outweigh any loss in benefits. Contact your tax advisor for help deciding whether or not an FSA is right for you.

If you contribute to the Day Care FSA, your maximum allowed contribution to the City of Seattle Deferred Compensation Plan could be reduced to lower gross earning. There is no effect on your other City benefits, such as life insurance or retirement.

Nondiscrimination testing may affect your contributions. Nondiscrimination testing is conducted to ensure that the plan does not favor highly compensated employees. If the City fails nondiscrimination testing, highly compensated employees may be asked to limit or stop their contributions to the program.

HOW YOU CAN ENROLL

You can enroll in the FSA plans as a new employee or during Open Enrollment via the [Employee Self-Service](#) module available from any computer.

To complete your enrollment online if you are a new employee, you will be given instructions from your human resources representative. You will have access to the New Hire Module on [Employee Self-Service](#) for 30 days from your hire date.

To complete your enrollment online during Open Enrollment:

1. **GO** to [Employee Self-Service](#) at <http://selfservice.ci.seattle.wa.us/>.
2. **ENTER your employee number and password** (if you do not know your employee number, contact your HR representative. For a password reset contact DoIT or the appropriate department contact.)
3. **SELECT** *Benefits* and then *Open Enrollment*
(*If this is your first time opening the benefits enrollment, please review the OpenEnrollment agreement and **select agree.***)
4. **CHOOSE** *Health FSA Plan* and/or *Dependent Care FSA Plan*
5. **STEP 1 - CHECK** *Enroll / Re-enroll*
STEP 2 - ENTER *MONTHLY amount *see note in ESS
STEP 3 - SAVE your changes. The following message will appear: [**Successfully Changed**]
6. To confirm 2016 benefit changes **SELECT** **Summary of Election**
7. **PRINT** a copy for your records

FSA ONLINE ACCOUNT

You can review your account, upload claims directly, upload requested receipts, and update personal information when you sign up for an online account. To set up an account:

- Provide Navia Benefit Solutions with your email address by submitting the Direct Deposit/Benefits Card Authorization form, submitting a claim form, or calling Customer Service.
- Go to www.naviabenefits.com.
- Select the "Participant" link to direct you to the participant information page.
- Select "Register with naviabenefits.com".

- Enter your last name, first initial.
- Enter the email address you provided to Navia Benefit Solutions previously.
- Enter the Company Code: CS1
- Choose a User Name.
- Enter your date of birth.

Do not forget to review and accept the Terms and Conditions. Shortly after registering for online access, you will receive an email confirmation with a temporary password. You will need to reset the password upon your first login.

FUTURE OF THE FSA PLANS

The City of Seattle has established the Flexible Spending Account Plan with the intention that it will be maintained indefinitely; however, the City reserves the right to alter, amend, delete, cancel, or otherwise change the plan or any provision of the plan at any time.

HEALTH CARE FLEXIBLE SPENDING ACCOUNT

If you are a regularly appointed full-time or part-time employee and have eligible health care expenses, including medical, dental and vision, you are eligible to participate.

Expenses for your eligible dependents are also covered by the plan, including your domestic partner if you claim him or her as your IRS tax dependent. The IRS recognizes same-sex couples, legally married in jurisdictions that recognize their marriages, as married for federal tax purposes.

HEALTH CARE FSA vs. ITEMIZED TAX DEDUCTION

You may use a Health Care FSA to pay for any health care expenses considered tax deductible by the IRS, but you also have the option of taking a federal income tax deduction for health care expenses if your eligible expenses exceed 7.5% of your adjusted gross income (AGI). Your contributions to the Health Care FSA do not count toward reaching the 7.5% AGI threshold. In other words, you may not take a tax deduction for the same expenses that are reimbursed from a Health Care FSA. For most people, the Health Care FSA makes the most sense and offers you significant income tax savings throughout the calendar year. Please see a tax advisor for advice on your personal situation.

SAVINGS EXAMPLE

The following example shows how the Health Care FSA can provide a tax advantage. The example is for illustration only and is not intended to show the actual effect on your taxes. Each individual's tax situation is different and you should discuss your situation with your personal tax advisor.

When you decide whether to participate in the Plan, you should consider your expected income and health care expenses for 2016, the possibility of changes in those amounts, and the "use it or lose it" rule as explained on page 5. Also, consider whether you will use the standard deduction or itemize your deductions. The following compares two employees with the same gross pay and medical costs; one has a Flexible Spending Account and the other does not. Employee B saves \$540 a year in taxes.

Employee A – Without FSA		Employee B – With FSA	
\$35,000	Gross Pay	\$35,000	Gross Pay
<u>-7,093</u>	Taxes	<u>-2,400</u>	Medical Costs
\$27,907		\$32,600	
<u>-2,400</u>	Medical Costs	<u>-6,549</u>	Taxes
\$25,507	Net Pay	\$26,051	Net Pay
\$2,126	Monthly Pay	\$2,171	Monthly Pay

ELIGIBLE HEALTH CARE EXPENSES

Following is a partial list of health care expenses eligible for reimbursement through the Health Care FSA. A more detailed list is on at www.naviabenefits.com. Items marked with an asterisk require a prescription for reimbursement.

- Acne treatment*
- Acupuncture
- Allergy and sinus medication*
- Antacids*
- Anti diarrheal*
- Antibiotic ointment*
- Antifungal foot cream*
- Anti-gas medication*
- Anti-itch cream/gel*
- Antiseptic*
- Asthma treatment*
- Bandages
- Birthing classes or Lamaze
- Blood pressure monitor
- Braces (knee, ankle, wrist)
- Burn cream*
- Chiropractic
- Cold/hot pack
- Cold sore treatment*
- Cold/cough medication*
- Compression stockings
- Contracts/solutions
- Contraceptives
- Copayments
- Copayments
- CPAP machine
- Crutches
- Deductibles
- Dental services
- Diabetic supplies
- Diaper rash ointment*
- Drug addiction treatment
- Eye drops
- Eye exams
- Fertility monitor
- Fertility treatment
- First aid supplies
- Flu shots
- Hearing aids and supplies
- Hemorrhoid medication*
- Hormone therapy
- Hospital fees
- Immunizations
- Incontinence supplies
- Individual counseling
- Insect bite treatment*
- Lab work
- Lactose intolerance pills*
- Laser eye surgery
- Laxative*
- Lice treatment products*
- Medical testing devices
- Motion sickness relief*
- Nasal strips
- Naturopathic visits
- Optometrist services
- Orthodontia
- Orthotics
- Oxygen and equipment
- Pain relievers*
- Parasitic treatment*
- Physical exams
- Physical therapy
- Pregnancy test
- Prenatal vitamins
- Prescription drugs
- Prescription glasses
- Reading glasses
- Saline nasal spray
- Smoking cessation products*
- Speech therapy
- Sterilization procedure
- Stool softener*
- Thermometer
- Throat lozenges*
- Vaccinations
- Vision therapy
- Walker
- Wart treatment*
- Wheelchair and repair
- X-ray

Over-the-Counter Medicine

You will not be able to use your FSA debit card for over-the-counter medicine. It is not possible to allow certain purchases on an individual basis. If you have a prescription for an over-the-counter item, you will pay for that item out-of-pocket and then submit your receipt with a copy of your prescription when you request reimbursement.

Over-the-counter medication will need to be prescribed on your medical doctor's prescription pad with the following information: (1) patient's name, (2) what is being prescribed, (3) what medical condition the item is treating and (4) medical doctor's signature. Based on current IRS direction, a prescription is valid for one year from the date on the prescription, unless the physician specifies a shorter period.

INELIGIBLE HEALTH CARE EXPENSES

Following is a partial list of health care expenses **not** eligible for reimbursement through the Health Care FSA. If you have questions about expenses not listed, contact Navia Benefit Solutions at 425-451-7002 (toll-free: 800-669-FLEX).

- Airborne
- Books
- COBRA premiums
- College insurance
- CPR classes
- Electric tooth brush/picks
- Electrolysis/laser hair removal
- Face lift
- Finance changes
- Funeral expenses
- Gym membership
- Hair growth products
- Hair transplant
- Household help
- Hygiene products
- Illegal operations and substances
- Imported OTC items
- Imported prescriptions
- Insurance premiums
- Late fees
- Liposuction
- Marijuana
- Marriage counseling
- Massage chair
- Mattress
- Missed appointment fee
- Teeth Whitening
- Toiletries
- Veneers
- Warranties

ESTIMATING EXPENSES

The following worksheet can help you estimate your eligible health care expenses not covered by your other benefits. Remember, all eligible expenses for you, your IRS dependent spouse or domestic partner and your children through the end of the calendar year in which they turn 26 are reimbursable from your Health Care FSA.

Medical Expenses		Estimated Plan Year Expenses	
Copayments	\$ _____		
Deductibles	\$ _____		
Physical Exams	\$ _____		
Prescription Drugs	\$ _____		
Surgical Fees	\$ _____		
X-Ray or Lab Fees	\$ _____		
Other Medical Expenses	\$ _____		
Dental Expenses			
Copayments	\$ _____		
Deductibles	\$ _____		
Dentures	\$ _____		
Examinations	\$ _____		
Orthodontia	\$ _____		
Restorative Work (crowns, caps, bridges)	\$ _____		
Teeth Cleaning	\$ _____		
Other Dental Expenses	\$ _____		
Total Column 1	\$ _____		
Vision Expenses		Estimated Plan Year Expenses	
Copayments	\$ _____		
Deductibles	\$ _____		
Eye Examinations	\$ _____		
Laser Eye Surgery	\$ _____		
Prescription Contact Lenses	\$ _____		
Prescription Eyeglasses or Sunglasses	\$ _____		
Other Expenses			
Acupuncture, chiropractors, naturopaths (needs verification)	\$ _____		
Hearing Aids	\$ _____		
Immunization Fees	\$ _____		
Psychiatrist, Psychologist Counseling *	\$ _____		
Chiropractic Care	\$ _____		
Total Column 2	\$ _____		
Total Column 1 \$ _____ + Total Column 2 \$ _____ = Total Estimated Expenses \$ _____			

* Allowed for treatment of specific physical or mental disorder (e.g. depression, alcohol, or drug treatment). A physician's diagnosis is necessary for reimbursement.

MAKING MID-YEAR CHANGES

The election you make when you enroll is effective for the entire plan year. You may only change your election – begin, increase, decrease or stop your contributions – during Open Enrollment, or when you have a qualifying status change. The following are examples of qualifying status changes:

- Change in your legal marital status including marriage, divorce, and death of a spouse, legal separation, or annulment.
- Change in the number of your dependents due to birth, adoption, or placement for adoption, or death of a dependent.
- Ending or starting employment by you, your spouse or dependent or beginning or return from an unpaid leave of absence (including FMLA leave).
- An event that causes a dependent to satisfy or cease to satisfy the requirements for coverage due to age, gain or loss of student status, marriage or any similar circumstances as are provided in the accident or health plan.

You have 30 days from the date of the event to change your FSA election(s). The change you make must be consistent with and on account of your status change. For example, if you adopt a child you can begin or increase contributions to a Health Care FSA (that is consistent with the status change), but you cannot stop or reduce contributions to a current Health Care FSA (that is not consistent). Questions? Please contact your [department's benefits representative](#).

DEBIT CARD OPTION

The health care flexible spending account debit card, the Benefits Card, enables you to pay for eligible flexible spending account expenses directly from your health care flexible spending account so you don't have to wait for reimbursement though receipt submittal is still required. The debit card merely provides immediate access to the funds held in your FSA. The IRS requires that each FSA transaction be validated, regardless of the method of payment.

The debit card pays for non-reimbursed out-of-pocket expenses for medical, dental, prescription drug, vision and hearing services and supplies at any merchant who accepts MasterCard such as doctor's offices, dental and vision clinics, hospitals, pharmacies, mail order pharmacy programs, and drug stores.

You may request the debit card by submitting [the form](#) to Navia Benefit Solutions by mail, email or fax. An email address is required for notifying you when receipts are required to be submitted. Please allow 2-3 weeks to receive your card(s) in the mail.

Even if you have a Benefits Card, you may continue to submit your itemized receipts and reimbursement form, as you do now, to Navia Benefit Solutions for reimbursement by check or direct deposit.

FILING A CLAIM

To get reimbursed for health care expenses, use the Reimbursement Request Form on the Benefits web site at seattle.gov/personnel/benefits/home.asp, or upload your itemized receipts through the Navia Benefit Solutions portal using your online account (see page 6). Claims for reimbursement from your spending accounts may be submitted any time during the plan year in which the expenses are incurred or in the first three months of the following year. With the claim form, you must submit a bill or receipt from the provider that gives the following information:

- Name of the provider and – in some cases – the provider’s taxpayer identification number
- The date(s) services were provided
- The type of service provided
- Who received the service
- Amount you are responsible to pay

When your Health Care FSA reimbursement request is received and approved, you are reimbursed for your eligible expenses up to the maximum amount you elected, minus any previous reimbursements made during the calendar year. Even if your reimbursement request is greater than your current account balance, you will be reimbursed for the total amount of your request, up to the total Health Care FSA contribution you elected for the plan year. You can file a claim by mail, fax, or upload to the Navia Benefit Solutions website (see page 6) at:

Navia Benefit Solutions
PO Box 53250
Bellevue, WA 98015-3250
Phone: 425-452-3500; 800-669-3539
Fax: 425-451-7002; 866-535-9227
www.naviabenefits.com

Requests for reimbursement **MUST** be submitted before March 31 following the close of the plan year, or you will forfeit any funds remaining in the account.

DIRECT DEPOSIT OF REIMBURSEMENTS

To have your Health or Day Care reimbursements deposited directly into your bank account, submit the Direct Deposit/Benefits Card Authorization Form to Navia Benefit Solutions after you’ve enrolled. (Once you start receiving direct deposits from Navia Benefit Solutions, you do not need to complete another form for subsequent years.)

NOTIFICATION OF CLAIM DENIAL

You will receive a response to your claim within 90 days after your claim is submitted. More time may be required if there are special circumstances. If so, the Plan Administrator will contact you within the 90-day period. This notice will include an explanation as to why extra time is required and the date you can expect a decision. The extension will not exceed an

additional 90 days. If the Plan Administrator fails to notify you within the designated time period, your claim will be considered to have been denied. If all or part of your claim is denied, you will receive written notification explaining the reasons for the denial, a description of any additional information or material needed to complete your claim, an explanation of why the information is necessary and appropriate information about the plan's claims review procedures.

APPEALING A DENIED CLAIM

If your claim is denied and you wish to appeal, you must file your appeal with the Plan Administrator (Navia Benefit Solutions) within 180 days after you receive the denial. Your appeal should include any additional information that you wish the Plan Administrator to consider. If your appeal is not filed within this 180-day period, you will not be able to appeal your claim.

The Plan Administrator will notify you in writing within 30 days after your appeal is received. If there are special circumstances, more time may be necessary to review your appeal. You may be asked to wait an additional 60 days for a decision. The response time will be extended by reasonable time if necessary. The decision will be final and binding on all parties and will be communicated to you in writing. If you do not receive a written response from the Plan Administrator within the designated time period, your appeal will be considered to have been denied.

IF YOU LEAVE EMPLOYMENT

If you leave employment and do not continue your Health Care FSA under COBRA, your participation in your FSA ends the day you leave employment. You have until March 31 of the following year to submit reimbursement requests for expenses incurred through the date you leave.

You may continue participating in your Health Care FSA after you leave City employment (contributing to the account and requesting reimbursements) through the end of the calendar year as long as you elect to continue your FSA plan under COBRA. You have until March 31 of the following year to submit reimbursement requests for expenses incurred during the calendar year while under COBRA.

DAY CARE FLEXIBLE SPENDING ACCOUNT

If you are a regularly appointed full-time or part-time employee and have children (including adopted children, step children, and foster children) under age 13 who qualify as dependents on your federal income tax return; a spouse who is physically or mentally incapable of self-care; or any other person who qualifies as a dependent on your federal income tax return if that person is physically or mentally incapable of self-care, you are eligible to participate.

To qualify as a dependent for federal income tax purposes, an individual generally must be a member of the taxpayer's household, receive more than one-half of his or her total support from the taxpayer, and fall within the class of persons described in Section 152 of the Internal Revenue Code. Children of divorced or separated parents may qualify as tax dependents of the parent who has custody for the greater part of the calendar year. IRS Publication 503, Child and Dependent Care Expenses, contains additional information regarding qualifying persons.

DAY CARE FSA vs. TAX CREDIT

If you will pay day care expenses in 2016, you have two options to save money on taxes:

- Day Care FSA – reduces the amount of pay subject to federal income and Social Security taxes.
- Child and Day Care Tax Credit – reduces the amount of federal income tax you pay.

The information provided below will assist you in deciding between the Day Care FSA and the Child and Day Care Tax Credit.

- As your adjusted gross income increases, the tax credit goes down while your federal income and Social Security taxes go up.
- The tax credit allows you to claim only up to \$3,000.00 in eligible expenses for one dependent and up to \$6,000.00 for two or more dependents.
- Generally, the Day Care FSA allows you to contribute up to \$5,000.00 regardless of the number of dependents.
- You cannot use the Child and Dependent Care Tax Credit on your tax return for expenses that are reimbursed through Day Care FSA; the tax credit is reduced dollar for dollar by the amount you are reimbursed through the Day Care FSA.
- If you are married and will be filing a separate return for 2016, but not as head of household, you are ineligible for the Child and Dependent Care Tax Credit. Therefore, the Day Care FSA may be the only tax benefit available to you for day care expenses. A maximum annual contribution of \$2,500.00 would apply to you in this case.

The size of your tax savings will depend upon several factors, including your income, spouse's income, child's age, amount of day care expenses, filing status, and number of personal exemptions.'

Since tax laws are complicated and subject to change, you should re-examine your tax situation every year and consider discussing your situation with a tax specialist. You may need to report on your tax return form 2441 how much was withheld for daycare and who you paid.

ELIGIBLE EXPENSES

In general, you can use the plan to pay day care expenses for an eligible dependent so that allow you (and your spouse) to:

- work
- look for work, or
- be a full-time student.

This includes expenses like before and after school care, day care, preschool, day camps, and elder care. Below are more detailed guidelines:

- Your day care expenses must be employment related. For instance, you may use the plan to pay for day care expenses while you work, but you may not use the plan to pay for a caretaker while you go to a movie.
- Eligible expenses include charges for care of an eligible dependent inside or outside of your home, including such things as feeding, administration of medicine, general supervision, and nursery school. (Charges may include household services such as cooking, cleaning, and general housekeeping if they are incidental to care for a qualifying person.)
- Day care services may be provided inside your home, in a licensed day care shelter, or in someone else's home.
- For dependents other than your children under age 13, services provided outside your home are reimbursable only if the dependent spends at least eight (8) hours each day in your home.
- Out-of-home care expense must comply with all applicable state and local regulations if the facility provides care for more than six nonresident individuals. (State and local licensing laws may require licensing where care is provided for fewer persons.)
- Services must occur during the plan year (January 1 through December 31), and must be provided while you are employed. If you are married, they must also be provided while your spouse is employed, looking for work if unemployed, or if your spouse is a full-time student, while your spouse attends school.

INELIGIBLE EXPENSES

Some day care expenses do not qualify for payment through the plan, as follows:

- The cost of schooling for a child in the first grade or above;
- The cost of kindergarten. (The cost of before/after school care is covered.)
- Camp expenses when the child stays overnight;
- Itemized expenses for classes such as dance, gym, swimming, language, etc. If the fee for the class is included in the regular weekly or monthly fee, then the expense is allowable according to the IRS regulations;
- Payments to a person for whom you can claim a dependency exemption for federal income tax purposes;
- Expenses which have been paid from other sources, such as another employer's plan;
- Expenses you pay during the months your spouse has no income. If your spouse is a full-time student or totally disabled, however, special rules apply. These rules are explained under "Estimating Expenses".
- Expenses you pay if you are absent from work due to illness or injury, even if you receive sick pay and continue to be considered an employee, or while on vacation, holiday, or other time off.

For more information about eligible or ineligible expenses, please refer to the tax instructions for filing Federal Income Tax Form 1040 and IRS Publication 503, Child and Dependent Care Expenses at www.irs.gov.

ESTIMATING EXPENSES

To participate in the Day Care Flexible Spending Account, you must first estimate the amount of eligible day care expenses you expect to incur during the plan year and then calculate your annual salary reduction amount. Your annual salary reduction amount is subject to the following limitations.

- If you are unmarried, the amount of your salary you may contribute to the plan is the lesser of \$5,000 or your earned income.
- The IRS recognizes same-sex couples, legally married in jurisdictions that recognize their marriage, as married for federal tax purposes.
- If you are married, the amount of your salary reduction may not exceed the lesser of your earned income or the earned income of your spouse. In addition, if your spouse is a full-time student or incapable of self-care (disabled), he or she is assumed to have income as follows:

- If you pay day care expenses for one dependent, you may assume that your spouse's income is \$250 per month.
- If you pay day care expenses for two or more dependents, you may assume that your spouse's income is \$500 per month.
- Your spouse's assumed income applies only to the months that he or she is a full-time student or disabled.
- If you are married and will file a joint return, the total amount that you and your spouse may contribute to this plan is \$5,000, subject to the above earned income limits.
- If you are married and will file a separate return, but not as head of household, the maximum amount you may contribute to the plan is \$2,500. Special rules apply to which spouse may claim day care expenses, so be sure to consult your tax advisor.
- If you or your spouse participates in any other day care plan during the same calendar year in which you participate in the City of Seattle Day Care Flexible Spending Account, the IRS limit is \$5,000.00 for all plans combined.
- Further limitations may apply based on your income, your spouse's income, and your filing status. Refer to IRS Publication 503, Child, and Dependent Care Expenses.

Your annual salary reduction amount is divided into equal payroll deductions during the plan year. No deductions will be taken from the third paycheck of the month. These amounts are then deposited into your day care account.

The amount of salary reduction you elect should not exceed your estimate because federal tax regulations require you to forfeit any amount not expended for a plan year.

The following worksheet will help you estimate your eligible day care expenses:

Estimated Plan Year Expenses	
Babysitter	\$
Day Care Center	\$
Nursery School	\$
After-School Care	\$
Day Camp	\$
Care for Qualifying Adult	\$
Total Estimated Expenses	\$

MAKING MID-YEAR CHANGES

The election you make when you enroll is effective for the entire plan year. You may only change your election – begin, increase, decrease or stop your contributions – during Open Enrollment, or when you have a qualifying status change. The following are examples of qualifying status changes:

- Change in your legal marital status including marriage, divorce, death of a spouse, legal separation or annulment
- Change in the number of your dependents due to birth, adoption or placement for adoption, or death of a dependent
- Ending or starting employment by you, your spouse or dependent, including a switch between part-time and full-time status, a strike, lockout or beginning or return from an unpaid leave of absence (including FMLA leave) effecting eligibility
- An event that causes a dependent to satisfy or cease to satisfy the requirements for coverage due to age, gain or loss of student status, marriage or any similar circumstances as are provided in the accident or health plan
- Change in the place of residence or work of you, your spouse or dependent
- Significant changes in day care provider's rates (except if relative)
- Change in day care situation that affects the rates (provider change, infant rate to toddler rate)

You have 30 days from the date of the event to change your FSA election(s). The change you make must be consistent with and on account of your status change. For example, if you adopt a child you can begin or increase contributions to a Day Care FSA (that is consistent with the status change), but you cannot stop or reduce contributions to a current FSA (that is not consistent). Questions? Please contact your department's benefits representative.

FILING A CLAIM

To get reimbursed for health care expenses, use the Reimbursement Request Form on the Benefits web site at seattle.gov/personnel/benefits/home.asp, or upload your itemized receipts through the Navia Benefit Solutions portal using your online account (see page 6).

Claims for reimbursement from your spending account may be submitted any time during the plan year in which the expenses are incurred, but must be submitted before March 31 following the close of the plan year. With the claim form, you must submit a bill or receipt from the provider that gives the following information:

- Name of the provider and the provider's taxpayer identification number and signature if provider cannot produce a printed receipt from their business
- The date(s) of services were provided
- The type of service provided
- Who received the service

You can file a claim by mail, fax, or upload to the Navia Benefit Solutions website (see page 4) at:

Navia Benefit Solutions
PO Box 53250
Bellevue, WA 98015-3250
Phone: 425-452-3500; 800-669-3539
Fax: 425-451-7002; 866-535-9227
www.naviabenefits.com

When your Day Care FSA reimbursement request is received and approved, you are reimbursed for your eligible expenses up to your account balance. If your request is greater than your current account balance, the remainder will be paid to you later, after additional contributions are made to your account.

NOTIFICATION OF CLAIM DENIAL

You will receive a response to your claim within 90 days after your claim is submitted. More time may be required if there are special circumstances. If so, the Plan Administrator will contact you within the 90-day period. This notice will include an explanation as to why extra time is required and the date you can expect a decision. The extension will not exceed an additional 90 days. If the Plan Administrator fails to notify you within the designated time period, your claim will be considered to have been denied.

If all or part of your claim is denied, you will receive written notification explaining the reasons for the denial, a description of any additional information or material needed to complete your claim and an explanation of why the information is necessary and appropriate information about the plan's claims review procedures.

APPEALING A DENIED CLAIM

If your claim is denied and you want to appeal, you must file your appeal with the Plan Administrator within 60 days after you receive the denial. Your appeal should include any additional information that you want the Plan Administrator to consider. If your appeal is not filed within this 60-day period, you will not be able to appeal your claim.

The Plan Administrator will notify you in writing within 60 days after your appeal is received. If there are special circumstances, more time may be necessary to review your appeal. You may be asked to wait an additional 60 days for a decision. The response time will be extended by reasonable time if necessary. The decision will be final and binding on all parties and will be communicated to you in writing. If you do not receive a written response from the Plan Administrator within the designated time period, your appeal will be considered to have been denied.

IF YOU LEAVE EMPLOYMENT

If you leave employment, you may continue submitting reimbursement requests for eligible day care expenses incurred through the end of the calendar year in which you terminated. You must submit all requests by March 31 of the following calendar year.

ADDITIONAL ADMINISTRATIVE INFORMATION

CUSTOMER SERVICE

Navia Benefit Solutions Phone 5:00 am – 5:00 pm PST	Direct: 425-452-3500 Toll Free: 800-669-3539
Customer Service Email	customerservice@naviabenefits.com
Mailing Address	Navia Benefit Solutions PO Box 53250 Bellevue, WA 98015-3250
FAX Number	425-451-7002 800-535-9227
Web Site	www.naviabenefits.com

FSA FORMS

The following forms are available on www.naviabenefits.com and seattle.gov/personnel/benefits/optional/flexible.asp

- Flexible Spending Account Claim Form
- Benefits Card (Flexi-Card)/Direct Deposit Authorization Form
- Flexible Spending Account Change/Termination Form

Remember: You must re-enroll each year at Open Enrollment to continue participating in Flexible Spending Accounts.