

# City of Maumee 2010 Enrollment Form



You will be making elections for the **January 1, 2010** through **December 31, 2010** Plan Year. After completing this form, please sign, date, and return it to Jill Sulewski on or before **December 3, 2009**.



If you have any questions, please contact your human resource representative or contact Chard Snyder at (513) 459-9997, Toll free (800) 982-7715, or visit our website at [www.chard-snyder.com](http://www.chard-snyder.com).

EMPLOYEE INFORMATION			
First Name	Home Phone ( ) -		
Last Name	Work Phone ( ) -		
SSN	Email Address		
Street Address			Apt#
City	State	ZIP	
Pay Frequency (Select One) <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Semi-Monthly <input type="checkbox"/> BI-Weekly <input type="checkbox"/> Other _____			

PLAN ELECTION DESCRIPTIONS	SELECT ELECTION(S) & AMOUNT(S)	
<b>Healthcare – Flexible Spending Account (FSA)</b> Out-of-pocket medical, dental, and vision expenses. Contribute up to \$2,000 for the plan year.	<input type="checkbox"/> YES <input type="checkbox"/> NO	Annual Election \$ _____
<b>Dependent Care – Flexible Spending Account (FSA)</b> Child and/or adult daycare expenses. If married filing jointly or single – Contribute up to \$5,000 for the plan year. If married filing separately – Contribute up to \$2,500 for the plan year.	<input type="checkbox"/> YES <input type="checkbox"/> NO	Annual Election \$ _____
<b>Debit Card</b> Benny™ Prepaid Benefits Card can easily be used with a Healthcare FSA.	If electing the FSA plan, you will automatically receive a Benny™ Prepaid Benefits Card	<i>Section Does Not Apply</i>

EMPLOYEE AUTHORIZATION
I hereby authorize my employer to deduct from my salary (if applicable), or other compensation, the required contributions for the amounts I have elected above. I agree to comply with the terms and conditions of the plan. I have received and read all the authorizations & acknowledgements provided by Chard Snyder for each plan elected above on the second page of this form. I also acknowledge the receipt of the HIPAA Privacy Notice provided at open enrollment and/or provided on the Chard Snyder website ( <a href="http://www.chard-snyder.com">www.chard-snyder.com</a> ).
Signature _____ Date / /

CLIENT USE ONLY (MUST BE COMPLETED BY HR FOR NEW HIRES)
Employee Effective Date / / 1 <sup>st</sup> Contribution Date / / Initials

**EMPLOYEE ACKNOWLEDGEMENT & AUTHORIZATIONS (SEE BELOW)**

**FSA - ACKNOWLEDGEMENT & AUTHORIZATION:**

**I understand that:**

- I am enrolling in a qualified plan and a description of the plan has been made available to me. I must use the funds I have elected to set aside in my reimbursement account(s) by the end of the Plan Year (as shown above) and submit my claims by the end of the Plan Year or the funds will be forfeited.
- I cannot change my mind once the Plan Year begins; my elections must remain in effect for the duration of the Plan Year unless I have a change in family status (marriage, divorce, birth, adoption or death) or in employment status.
- My out-of-pocket expenses must be incurred while I am an eligible participant and during the Plan Year to be considered for reimbursement (the date of service, not the date of invoice, must occur during the Plan Year).
- I cannot itemize and deduct my out-of-pocket expenses again on my IRS Form 1040 for any accounts in which I am enrolled (premiums, health and/or daycare).
- I understand that I am required to save all receipts for benefit card purchases in case I should be audited by the IRS.

I hereby authorize my employer to deduct from my salary, or other compensation, the required contributions for the amounts I have elected above. I agree to comply with the terms and conditions of the plan. I also acknowledge the receipt of the HIPAA Privacy Notice.

**DEBIT CARD - ACKNOWLEDGEMENT & AUTHORIZATION (FSA AND/OR HRA ONLY):**

**I understand that:**

- I have received, reviewed and understand the procedures of this debit card.
- Benefit card funds are authorized only for the payment of qualified expenses as outlined in my employer's plan document.
- The benefit card may be used only for eligible expenses at the point-of-service, and I may be required to submit a claim form with receipts and/or bills to Chard Snyder to substantiate the expense.
- I cannot itemize and deduct my out-of-pocket expenses again on my IRS Form 1040 for any accounts in which I am enrolled.
- I understand that I am required to save all receipts for benefit card purchases in case I should be audited by the IRS.
- If I use my benefit card for ineligible expenses, I will be required to pay back the amount that was not covered by my plan.
- If I do not repay amounts used for ineligible expenses, my employer and/or Chard Snyder has the right to cancel my benefit card and deduct this amount from my salary.
- These funds have not or will not be reimbursed under any other plan coverage.
- I cannot include these expenses again when filing Form 1040 at year-end.
- Chard Snyder will not be held responsible for processing duplicate claims that I have submitted in error.
- The benefit card may not be accepted at all merchants that accept MasterCard/Visa.
- There is no cash access available for funds on the benefit card at any ATM.
- The benefit card must be returned upon demand.
- I have checked with my employer to verify the monthly fee, if any, to add to the benefit card.

I understand and agree to the terms and conditions specified on this form and authorize Chard Snyder to complete my request as indicated.



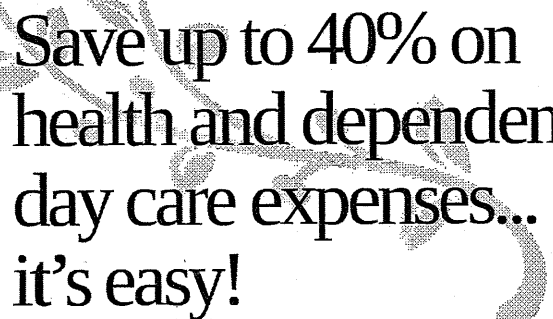
# Flexible Spending Account

*to provide you and your family with  
the care you need...*

*to save on many of your **healthcare**  
and dependent day care expenses*



3510 Irwin Simpson Road  
Mason, OH 45040  
TEL: 513.459.9997 | 800.982.7715  
FAX: 513.459.9947 | 888.245.8452  
Email: [askpenny@chard-snyder.com](mailto:askpenny@chard-snyder.com)



# Save up to 40% on health and dependent day care expenses... it's easy!

## You can plan for maximum savings

You don't have to be sick to save with a Healthcare Flexible Spending Account! There are some health expenses you can plan for: orthodontia, dental crowns, lasik surgery, your annual physical...even your maintenance prescriptions. You're going to spend this money anyway; why not save on every dollar?

## Using your FSA is ABC-easy

Pay for your eligible healthcare expenses with Benny™ and most of the time you won't have to file a claim. If you've left your card at home, don't worry, just send in a copy of your receipt with a claim form and you'll receive reimbursement.

If your email address was provided at enrollment, you will receive an email when we process your paper claim and another when payment is sent. Check your balance, the history of a claim or the status of a claim at our website, [www.chard-snyder.com](http://www.chard-snyder.com).

Note: Your entire Healthcare Account balance is available on the first day of your plan year. Your Dependent Day Care Account balance becomes available as it is deducted from your pay.

See our 3-minute Flash video about what a Chard Snyder Flexible Spending Account can do for you! Go to: [www.chard-snyder.com/video](http://www.chard-snyder.com/video).

Go to [www.chard-snyder.com](http://www.chard-snyder.com) and use our tax savings calculator to determine YOUR annual savings

## Pre-tax dollars have more spending muscle

Pre-tax dollars are the real deal!

Depending on your tax bracket, you'll save up to 40 cents of each pre-tax dollar by not paying Federal, State and Social Security taxes. This translates into real money in your pocket. You can save on approved healthcare expenses as well as your dependent day care expenses! See the table below for an example of your possible savings.

### Savings Example

	With Pre-tax Plan	No Pre-tax plan
Monthly pay	\$4,000	\$4,000
Contribution to the plan	-200	0
New taxable amount	3,800	4,000
Taxes withheld from pay*	-1,142	-1,202
Out-of-pocket expenses	0	-200
Net income	\$2,658	\$2,598

### Tax Savings = \$60 per month!

Savings will vary based on tax bracket. Example shown calculated at 7.65% Social Security, 17.4% Federal and 5% state income tax savings.

## Use your money...don't lose it!

Planning will pay off when you see the savings on every dollar you contributed to your account. Use the worksheet on the back of this brochure to calculate what you actually spend per year...you'll be surprised. Add on the "sure things" like your annual physical or the dental crown you have scheduled. Don't "bet" on expenses you might have, such as elective surgeries you have not yet discussed with your doctor. Any money remaining in your account at the end of the plan year will be forfeited.

## Save on all these health expenses...

Acupuncture	Fitness classes	Physical exams
Alcoholism / drug	(Prescribed)	(non-employment)
addiction treatment	Fluoridation treatments	Pre-existing conditions
Artificial limbs	Guide dog	Private hospital room
Artificial teeth	Hearing aid / batteries	Psychiatric care
Birth control	Hospital services	Physical therapy
Braille books /	Laboratory fees	Sales tax (on eligible
magazines	Lasik surgery	expenses)
Childbirth classes	Learning disability	Smoking cessation
Chiropractors	Medical monitoring	Speech training
Co-insurance / co-pays	devices	Transplants
Contact lenses / solution	Medical services	Vaccines
Contraceptives	Prescriptions	Weight loss programs
Crutches	Operations / surgery	(prescribed)
Deductibles	Optometrist	Wheelchair
Dental treatment	Orthodontia	X-ray fees
Eye exams / eyeglasses	Osteopath	

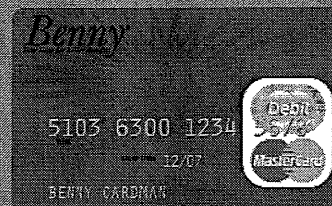
## Plus, over-the-counter items...

Antacids	Eye drops	Pain relievers
Allergy medicines	First aid cream	Pedialyte children's
Anti-diarrhea medicines	First aid kits	Medicine
Antiseptics	Gauze pads	Pregnancy test kits
Bandages	Hemorrhoid cream	Rubbing alcohol
Carpal tunnel wrist	Incontinence supplies	Sinus medications
supports	Laxatives	Smoking cessation
Cold/hot packs for	Motion sickness pills	patches
injuries	Menstrual pain relievers	Sunburn ointment
Condoms	Nasal / sinus spray	Thermometers
Contact lens solution	Nicotine gum	And more!
Cough drops/throat		
lozenges		

## Save on dependent day care, too...

Day care for your dependents under age 13 and living in your household more than 50% of the year.	Care for your spouse and dependents who, for physical or mental reasons, cannot care for themselves.	After-school program fees, except for over-night activities.
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Expenses must be incurred while you and your spouse are working, a full-time student and/or actively looking for employment.



## Benny™ prepaid benefits card helps you save time, money and paperwork

- Check the list of stores that accept Benny™ at [www.chard-snyder.com](http://www.chard-snyder.com).
- Benny™ keeps cash in your wallet. The amount of your purchase will be deducted from your account and you won't have to wait for a check in the mail.
- Don't throw away your Benny™ ... you will use the same card for up to five years. Your new election will automatically be available on the first day of your Plan year.
- New participants will receive a set of two Cards in the mail.
- Call Chard Snyder Customer Service to order a set of two extra or replacement cards for a charge of \$10.
- Questions? Call Chard Snyder Customer Service 800.982.7715.

  
CHARD SNYDER

3510 Irwin Simpson Road  
Mason, OH 45040

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FAX: 513.459.9947 | 888.245.8452

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# Flexible Spending Account Annual Expense Estimate

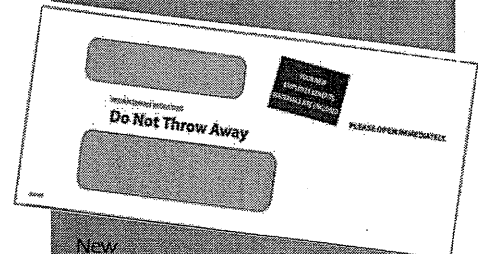
	Actual Expenses Last Year	Estimated Expenses New Year
<b><u>Medical</u></b>		
Prescription co-pays/expenses	\$ _____	\$ _____
Physician visit co-pays/expenses	\$ _____	\$ _____
Hospital visit co-pays /expenses (including Emergency)	\$ _____	\$ _____
Laboratory/testing expenses	\$ _____	\$ _____
Deductible expenses	\$ _____	\$ _____
Over-the-counter items	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
<b><u>Vision</u></b>		
Eye examination	\$ _____	\$ _____
Eyeglasses	\$ _____	\$ _____
Contact lenses and solution	\$ _____	\$ _____
Lasik surgery	\$ _____	\$ _____
Other expenses	\$ _____	\$ _____
<b><u>Hearing</u></b>		
Hearing examination	\$ _____	\$ _____
Hearing aid	\$ _____	\$ _____
Other expenses	\$ _____	\$ _____
<b><u>Dental</u></b>		
Co-pay dental visits	\$ _____	\$ _____
Co-pay fillings	\$ _____	\$ _____
Co-pay major work (root canals, crowns, dentures, etc.)	\$ _____	\$ _____
Orthodontia (braces)	\$ _____	\$ _____
Deductible expenses	\$ _____	\$ _____
Other expenses	\$ _____	\$ _____
<b>Total annual amounts</b>	<b>\$ _____</b>	<b>\$ _____</b>

Maximize your savings—see list of eligible expenses inside or check out the list of eligible and ineligible expenses at <http://hctet.ebia.com/chard> (access code is csa4582).

## Once you enroll...

If your email address is provided at enrollment, you will receive a welcome email with information about using your account.

To access your account online after the first day of your plan year, go to [www.chard-snyder.com](http://www.chard-snyder.com) and click on Participant Login. You can check your account balance, check the status of paper claims and access the forms you need. If you prefer, call customer service at 513.459.9997 or, outside the greater Cincinnati, OH area, 800.982.7715.



New participants—Watch for this envelope in the mail. It will contain your new Benny™ prepaid benefits cards!

### Don't Forget! Always save receipts for Benny™ FSA purchases

You may be asked to submit receipts to verify that some of your expenses comply with IRS guidelines. Your receipt must show the merchant or provider name, service received or item purchased, date and amount of the expense.



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