

FORM B7



FLEXIBLE SPENDING ACCOUNT (FSA) - ENROLL

If you are enrolled in a traditional PPO medical insurance plan, you may also choose to enroll in an optional Flexible Spending Reimbursement Account for Healthcare expenses or Dependent Care expenses. More information about the FSA is on the back of this enrollment form.



If you do not return this form, you will not be enrolled.

Section One: Employee Information

Name (Last, First, Initial): _____

Social Security Number: _____ Date of Birth (MM/DD/YYYY): _____

Gender (circle one): Male / Female Marital Status: Single Married Widowed Divorced

E-mail Address: _____

Section Two: Section 125 Elections

Healthcare Flexible Spending Account

(consult the KTP Benefits Summary Booklet for the maximum allowed contribution each year)

I elect to participate in **HEALTHCARE FLEXIBLE SPENDING ACCOUNT** in the amount of:

(open enrollment) \$ _____ per pay period x 26 pay periods = \$ _____ plan year total

OR

(mid-plan-year enrollment) \$ _____ per pay period x _____ remaining pay periods = \$ _____ plan year total

Dependent Care Flexible Spending Account

(consult the KTP Benefits Summary Booklet for the maximum allowed contribution each year)

I elect to participate in **DEPENDENT CARE FLEXIBLE SPENDING ACCOUNT** in the amount of:

(open enrollment) \$ _____ per pay period x 26 pay periods = \$ _____ plan year total

OR

(mid-plan-year enrollment) \$ _____ per pay period x _____ remaining pay periods = \$ _____ plan year total

Section Three: Authorizations

- I understand I may elect coverage under any or all of the above components;
- I understand completion of this form does not guarantee insurance coverage will be initiated and an application for insurance must also be completed;
- I understand the terms of eligibility of this plan do not override the terms of eligibility of each of the available benefit plan options;
- **I understand my election is irrevocable for the plan year unless I have a change in status or other qualified event as defined in the IRS Regulations, and the requested change is on account of and consistent with the event;**
- I understand any unused contributions not eligible for rollover by IRS guidelines will be forfeited to my employer at the end of the plan year;
- I understand participation in this plan reduces my Social Security withholdings and could reduce my Social Security benefits;
- **I certify I have read and agree to the terms of participation.**

Employee Signature: _____ Date: _____

Anthem Blue Cross and Blue Shield is the trade name of: In Colorado: Rocky Mountain Hospital and Medical Service, Inc. In Connecticut: Anthem Health Plans, Inc. In Georgia: Blue Cross and Blue Shield of Georgia, Inc. In Indiana: Anthem Insurance Companies, Inc. In Kentucky: Anthem Health Plans of Kentucky, Inc. In Maine: Anthem Health Plans of Maine, Inc. In Missouri (excluding 30 counties in the Kansas City area): RightCHOICE® Managed Care, Inc. (RIT), Healthy Alliance® Life Insurance Company (HALIC), and HMO Missouri, Inc. RIT and certain affiliates administer non-HMO benefits underwritten by HALIC and HMO benefits underwritten by HMO Missouri, Inc. RIT and certain affiliates only provide administrative services for self-funded plans and do not underwrite benefits. In Nevada: Rocky Mountain Hospital and Medical Service, Inc. In New Hampshire: Anthem Health Plans of New Hampshire, Inc. In Ohio: Community Insurance Company. In Virginia (serving Virginia excluding the city of Fairfax, the town of Vienna and the area east of State Route 123.): Anthem Health Plans of Virginia, Inc. In Wisconsin: Blue Cross Blue Shield of Wisconsin ("BCBSWI") underwrites or administers the PPO and indemnity policies; Compcore Health Services Insurance Corporation ("Compcore") underwrites or administers the HMO policies; and Compcore and BCBSWI collectively underwrite or administer the POS policies. Independent licensees of the Blue Cross Blue Shield Association. * ANTHEM is a registered trademark. The Blue Cross and Blue Shield names and symbols are registered marks of the Blue Cross and Blue Shield Association. AT7206 200810

An FSA Plan elected as part of the Kleen Test Products (Meridian Industries, Inc.) employee benefit packet includes a Reimbursement Benefit Account administered independently by CONEXIS, a division of WageWorks, Inc. Your online account will be linked to your Anthem.com account, and claims/balances can be managed via your online account portal. If you are not enrolled in an Anthem medical plan, you will need to log in to your Reimbursement Benefit Account at www.benefitadminsolutions.com/anthem. You will need your Anthem Reimbursement Account Number or Social Security Number and Date of Birth to log in to the website for the first time.

What expenses are covered under a health FSA?

Only "eligible expenses" can be reimbursed under the FSA. These expenses are defined by IRS rules and your employer's plan. You can learn about your plan by reading the Summary Plan Description (SPD). Eligible health FSA expenses are those that you pay for out of your pocket when you, your spouse, or eligible dependents get medical care. The IRS says that this includes "items and services that are meant to diagnose, cure, mitigate, treat, or prevent illness or disease". Transportation for medical care is also included.

The list of eligible expenses is based on IRS rules. Here are some other IRS rules you should know about:

- No double dipping - Expenses reimbursed under your health FSA cannot be reimbursed under any other plan or program. Only your out-of-pocket health care expenses can be reimbursed. Expenses reimbursed under a health FSA may not be deducted when you file your taxes.
- Timing is everything - FSAs have a start date and an end date, and the time in between is called the plan year. Expenses must be incurred during the FSA plan year. As noted in IRS guidelines, "expenses are incurred when the employee (or the employee's spouse or dependents) is provided with the medical care that gives rise to the medical expenses, and not when the employee is formally billed, charged for, or pays for the medical care". This means the date of service must be within the current plan year and not when you pay for the service.

As a result of the Affordable Care Act, employee contributions have been capped for health FSA plans. The annual limit is listed in your KTP Benefits Summary for each plan year. **Find a complete list of eligible and ineligible expenses online at www.anthem.com.**

Are over-the-counter medicines eligible expenses?

Yes, but they require a prescription. IRS rules state that over-the-counter (OTC) medicines and drugs are not eligible for reimbursement under your health FSA unless prescribed by a doctor (or another person who can issue a prescription) in the state where you purchase the OTC medicines. These rules do not apply to insulin (including OTC insulin).

Any claim you submit for reimbursement that has an OTC medicine expense must include a Request for Reimbursement Form and one of the following types of supporting documentation:

- A written or electronic OTC prescription along with an itemized cash register receipt that includes the merchant name, name of the OTC medicine or drug, purchase date, and amount
- A printed pharmacy statement or receipt from a pharmacy that includes the patient's name, the Rx number, the date the prescription was filled, and the amount.

How do I use my FSA for orthodontic services?

These services aren't provided the same way as other types of health care. Most of the time, they're provided over a long period of time and may extend beyond the plan year. Orthodontic services tend to be hard to match up with actual costs. As a result, the reimbursement process is different. Find more about reimbursement for orthodontia expenses at www.anthem.com. *NOTE – Our dental plan does not include orthodontia coverage.*

What is a dependent care flexible spending account?

A dependent care flexible spending account (FSA) is part of your benefits package, and it lets you use pre-tax dollars to pay for eligible, employment-related dependent care expenses for your dependent children or relatives. A qualifying individual is:

- Your dependent child under the age of 13 who lives with you for more than half the year
- Your spouse or qualifying dependent who is physically or mentally incapable of self-care and lives with you for more than half the year

Find a complete list of eligible and ineligible expenses online at www.anthem.com.

What if I'm divorced?

Having a dependent care FSA depends on if you are the custodial parent or not. If you are the custodial parent, your child is a qualifying individual even if you don't claim your child as a tax dependent. You can be reimbursed under a dependent care FSA. If you are not the custodial parent, you cannot be reimbursed under a dependent care FSA, even if you claim your child as a tax dependent.

What is an "employment-related" expense?

To be an eligible dependent care FSA expense, the care provided to your dependent must be so you (and your spouse if you're married) can work or look for work. "Work" may include actively looking for a job, but it doesn't include unpaid volunteer work or volunteer work for a nominal salary. Your spouse is considered to have worked if he or she is a full-time student for at least five calendar months during the tax year or if he or she is physically or mentally not able to take care of him or herself. Fees you pay for dependent care when you aren't working because you're sick generally are not eligible for reimbursement. But temporary absences from work may be disregarded if you have to pay for dependent care expenses during your illness.

What do I need to submit along with a reimbursement request form?

If the employee and provider certifications on the reimbursement request form are complete and signed, you don't need to do anything else. If the provider certification is not complete, you must submit an itemized statement from your dependent care provider. This statement must have the date(s) of service, the name(s) and DOB of your dependent(s), an itemization of charges, and the provider's name, address, and Tax ID or SSN.