

DIOCESE OF WINONA

FLEXIBLE BENEFITS PLAN

PARTICIPATION

Eligible employees are age 21 and older who work at least 20 hours a week or at least one half academic load during the plan year. Employees have the opportunity to enroll in the plan at the beginning of each plan year which runs from July 1 through June 30.

New employees have 30 days from their initial date of employment to enroll. After that time, they can only enroll when the new plan year starts. There are certain qualifying events such as death, birth, adoption, change in job status, etc. that may allow an employee to join during the plan year or change their allocation. Contact the Employee Benefits Coordinator if you feel you have an employee with a qualifying event.

FORMS REQUIRED TO ENROLL AN EMPLOYEE:

1. Summary Plan Description, Flexible Benefits Plan (Form D-1)

All new employees should be given this summary. The plan should be reviewed with the employee so they are familiar with it.

2. Application to Participate (Form D-2)

PURPOSE: To authorize the employer to withhold from wages, the amount designated by the employee, to be allocated to the flexible benefit plan.

- a) All eligible employees are required to complete this form prior to the beginning of a new flex plan year, or in the case of a new employee this form is to be completed within the first 30 days of employment.
- b) The "Effective Date" is the beginning of the current flex plan year, or in the case of a new employee it is the date of hire.
- c) The employee shall make an annual election to either participate in each of the three individual flex plan accounts, or waive participation in each amount.
 1. Premium Conversion Account - this is the portion of the health/dental premium that is paid by the employee.
 2. Health Care Spending Account
 3. Dependent Care Spending Account
- d. Indicate the payroll cycle that the employee is on.

The signature of the employee is required at the bottom of the form.

All application forms are to be returned to the Pastoral Center. A copy will be returned to the employer after verification.

CLAIM FORM/Request for Reimbursement (Form D-3)

PURPOSE: Employee requests reimbursement from their health care and dependent care spending accounts and certifies that they have eligible expenses. This form is used for medical, dental, over-the-counter, and dependent care expenses.

- Appropriate documentation must be attached to each claim, as noted on the back of the Request for Reimbursement Form
- Reimbursement requests can either be mailed or faxed to the flexible benefits plan third party administrator, address and fax number provided at the top of the form.
- Reimbursement checks will normally be issued each Wednesday, with the deadline for processing being the previous Wednesday, participants may elect to sign up to have their reimbursements directly deposited in their bank account.

FORMS REQUIRED FOR QUALIFYING EVENT OR STATUS CHANGE

Flexible Benefits Status Change Form (Form D-4)

PURPOSE: To notify the plan administrator of changes which affect the employee's rights and obligations under the flexible benefits plan.

The employee may elect to change their Flexible Benefits election ONLY in the event of change in job status of employee or their spouse, a birth or adoption, a death, or a marriage or divorce. The election change must be directly related to the event which causes the status change.

Upon termination of employment, the employee may elect to revoke their election or continue participating in the flexible benefits plan for the health care spending account only. If the employee chooses to continue to participate, their contributions are made on an after tax basis. The employee can then seek reimbursement for eligible medical expenses for the rest of that plan year. If the employee chooses not to continue participation, they may seek reimbursement for eligible medical expenses incurred only through the date of termination.