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2012 CHANGES/REMINDERS



- **Reimbursement of over-the-counter (OTC) medicines.** In accordance with Health Care reform legislation of 2011, most OTC drugs and medicines will not be eligible for reimbursement through your FSA without a prescription or letter of medical necessity.

- **Two and a half month extension.** Expenses can be incurred between January 1, 2012 (or your participation date, if later) and March 15, 2013 provided you remain active through December 31, 2012. Claims for expenses must be postmarked, faxed or submitted online by April 30, 2013.

- **Direct Deposits.** Reimbursements are issued via direct deposit into the same account as your paycheck. Please notify your HBR or benefits department if you change banks or switch accounts.

- **Health Care Flexible Spending Account (HCFSAs) coverage available for dependents up to age 26.** You may cover children up to age 26 under the HCFSAs, regardless of student, tax, or marital status.

- **All HCFSAs participants will be issued a new convenience card for 2012.** You will be required to activate your new card. Please visit www.padmin.com/activatecard/ to activate your card or call 1(888)879-4304 before use. Spousal cards and dependent cards can be ordered at ncflex.padmin.com after January 1, 2012.

- **Convenience Cards are only available for the HCFSAs.** For eligible dependent day care expenses, you must pay out-of-pocket and submit a claim for reimbursement.

- **Swiping Your Card at IIAS Stores.** New IRS rules allow you to use your *NCFlex* Convenience Card at participating pharmacies, discount stores and supermarkets that can identify FSA-eligible items at checkout. The Information Inventory Approval System (IIAS) helps you determine which items are eligible and/or ineligible expenses.

- **Receive Claim Status Updates via E-mail.** You can provide your e-mail address and receive e-mail notification of your claims and payment status. Enter your e-mail address on the P&A Group site, ncflex.padmin.com. You will continue to receive paper statements if no e-mail address is on file.

- **Check your pay stub.** Review your paycheck to verify the correct per pay deductions are taken out for your 2012 *NCFlex* FSA account(s). If you notice any errors, please contact your HBR or benefits department.

- **Forget your FSA member ID?** Call the *NCFlex* FSA Customer Service Center at (866)916-3475.

ABOUT YOUR FLEXIBLE SPENDING ACCOUNT

NCFlex offers both a Health Care Flexible Spending Account (HCFSA) and a Dependent Day Care Flexible Spending Account (DDCFSA) as part of the *NCFlex* Benefits Program. You have elected to participate in either the Health Care or Dependent Day Care Flexible Spending Account, or both. You may only be reimbursed for expenses incurred for yourself and your eligible dependents. These accounts are completely separate – you cannot use money from one account to pay for expenses from the other account. The IRS governs the use of FSAs and requires that proper documentation be submitted to verify eligible expenses. You should keep FSA receipts for 10 years in the event of an audit.

HOW THE FSA WORKS

Accessing money from your account to pay for eligible health care or dependent day care expenses:

- You can use the *NCFlex* Convenience Card for eligible health care expenses only. With the Convenience Card, you have access to the available balance in your account without paying out-of-pocket. Remember to save all of your receipts, and keep in mind you may need to submit appropriate documentation (e.g., Explanation of Benefits (EOB) or receipt(s)) to substantiate the expense(s).
- You can enter a claim online. If you pay out-of-pocket, you can log into your online account at ncflex.padmin.com and click “Claim Form” to request reimbursement from your account. Then, print and submit the claim form along with the IRS required documentation via the documentation upload process or through e-mail, fax or mail.
- You can file a paper claim. If you pay out-of-pocket, you can also complete the enclosed FSA Claim Form to request reimbursement from your account. Fill out the form completely, then sign and attach the appropriate IRS required documentation (see instructions on the back of the form for help) to substantiate the claim. You may also print additional claim forms from www.ncflex.org.

PAYING WITH YOUR NCFLEX CONVENIENCE CARD

When you pay with your *NCFlex* Convenience Card, you have access to your FSA account balance without paying out-of-pocket. The *NCFlex* Convenience Card lets you pay a provider or vendor directly from your HCFSA at the point of purchase (if the provider accepts this form of payment). You will swipe it as a credit card transaction (no PIN required), not as a debit card. Keep in mind that your *NCFlex* Convenience Card is to be used to pay for FSA-eligible expenses only. Be sure to save your receipts and documentation. Certain *NCFlex* Convenience Card transactions may require the submission of appropriate documentation.

STEP BY STEP

- Step 1.** Present your *NCFlex* Convenience Card and swipe it for payment as a credit card (no PIN required).
- a. If the card transaction is approved (e.g., there are sufficient funds in the account), the amount is deducted from your HCFSA account balance.
 - b. If the card transaction is declined, the clerk or provider will ask for another form of payment for the total amount due.
- Step 2.** If required, submit supporting documentation to substantiate the transaction.

SWIPING YOUR CARD AT IIAS STORES

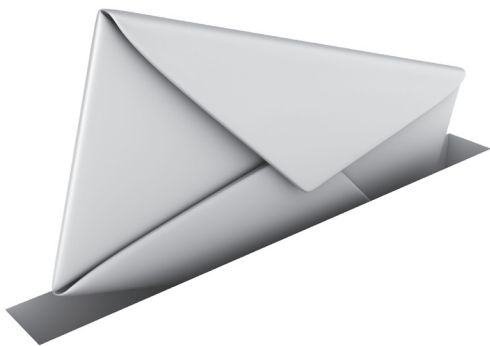
You can use your *NCFlex* Convenience Card at participating pharmacies, discount stores and supermarkets that are able to identify FSA-eligible items at checkout. The nationwide IRS Information Inventory Approval System (IIAS) further enhances the point-of-sale transaction and helps you determine which items are eligible expenses and which are ineligible.

Visit www.ncflex.org to view a current list of IIAS compliant stores. See the “Compliant Stores” under Resources > Forms > FSA. Not all pharmacies have IIAS technology. If you attempt to use your *NCFlex* Convenience Card at a non-IIAS pharmacy, your transaction will be declined. As an alternative, you may:

- Continue using the same pharmacy but pay for eligible expenses out-of-your pocket and request reimbursement from your Health Care Spending Account by submitting an FSA claim form and supporting documentation; or
- Continue using your *NCFlex* Convenience Card by transferring your prescriptions to a pharmacy that has IIAS technology.

Notes:

- The IRS governs the use of convenience cards and requires that in some cases proper documentation be submitted to verify eligible expenses.
- The *NCFlex* Convenience Card cannot be used in the current plan year to pay for prior plan year expenses. For example, you cannot use the *NCFlex* Convenience Card in January 2012 to pay for expenses that were incurred in December 2011.
- If you use the *NCFlex* Convenience Card and documentation is required, you could receive a series of up to three letters requesting the documentation to verify the expense. The letters will be sent over a period of 39 days. If you are unable to provide the required documentation or the expense is deemed ineligible, it is your responsibility to repay the plan immediately. If your reimbursement is not received the following actions may occur:
 - Suspension of your *NCFlex* Convenience Card
 - Future reimbursements may be decreased by the amount owed
 - Subject to tax consequences at the end of the calendar year



Your card will be reactivated once appropriate documentation or repayment is received. Any amount you repay will be placed back in your FSA for reimbursement of future eligible expenses. Checks should be made payable to P&A Group. Send a copy of your letter and your payment for the total claim amount by personal check, certified check or money order (do not send cash) to:
P&A Group ATTN: NC FSA Plan, 17 Court Street, Suite 500 Buffalo, NY 14202

FILING AN ONLINE CLAIM

Another way to request reimbursement is by submitting a claim online. This is the easiest way to submit a claim for expenses paid out of pocket.

Step By Step

Step 1. Pay for your FSA-eligible purchase or service.

Step 2. Log in to your P&A Group account at ncflex.padmin.com. Click “Claim Form.”

Step 3. Print the Claim Form and submit with IRS required documentation via the documentation upload process or through fax or mail.

FILING A PAPER CLAIM

Another way to request reimbursement is by filing an FSA Claim Form. The FSA Claim Form is located at the back of this guide. You can print additional forms from www.ncflex.org. Fill out the form completely, sign and attach the appropriate documentation (see instructions on the back of the form for help). You can mail or fax (tollfree) your claim—see the FSA Claim Form for mailing and faxing information.

STEP BY STEP

Step 1. Pay for your FSA-eligible purchase or service.

Step 2. Complete an FSA Claim Form.

Step 3. Submit IRS required documentation.

Documentation Required for Health Care Claims (such as Indemnity, PPO or HMO plan)

- Name of service provider
- Date expense was incurred (that is the date of service, and not paid date or billing date)
- Type of service
- Amount of expense

Important Notes:

- An EOB printed from a health plan website, such as BlueCross BlueShield, can be used as an acceptable receipt if it has the name of the person receiving service and the required health care claim information.
- Canceled checks and balance forward receipts are not considered acceptable forms of documentation for reimbursement.

Special Payment Options and Documentation Required for Orthodontia

If you participate in a dental plan, it is your responsibility to submit your EOB with your orthodontia claim. There are typically two different payment plans offered by most orthodontia providers. Please contact the *NCFlex* FSA Customer Service Center concerning how to file a claim based on your payment plan.

- Payment in full—submit itemized receipt showing provider name, date of service and amount paid.
- Month to Month—each month, submit itemized receipt with provider name, date of service and amount paid.

DOCUMENTATION REQUIRED FOR DEPENDENT DAY CARE CLAIMS

- Name of service provider
- Receipt or invoice that shows the date(s) of service, type of service, dependent’s name and the amount(s) charged
- Provider’s address, signature and date
- Provider’s Social Security number or taxpayer identification number (with first claim submitted for the current year)

Important Notes:

- The taxpayer identification number is not necessary if the provider is a non-profit, religious, charitable or educational organization [under IRC Section 501 (c)(3)].
- Canceled checks are not considered acceptable documentation.



CLAIMS FOR OVER-THE-COUNTER (OTC) DRUGS

In accordance with IRS regulation, certain OTC drugs/medicines for medical care, such as allergy and sinus, pain relievers, and cough medicines require a prescription for reimbursement from your HCFSA. For these OTCs, you must pay the expenses out-of-pocket and submit documentation with your claim form.

Other OTC items, such as insulin, contact lens solution, contraceptives, and bandages do not require a prescription for reimbursement. For these items that do not require a prescription, you may use your *NCFlex* Convenience Card.

You must include copies of your OTC drug receipts, and the prescription (if required) for reimbursement, with your FSA Claim Form in order to verify your expense. Receipts submitted must indicate the actual names of the OTC drugs/medicines that are being submitted for reimbursement.

PROCESSING YOUR CLAIMS

It is important to file your request for reimbursement (including appropriate documentation to substantiate your claim) as soon as possible, to allow time to resubmit if additional documentation is requested. The eligible expense must be incurred while you are a participant in the plan during the plan year from January 1, 2012 or after your FSA election begins, through March 15, 2013 provided you remain an active participant through December 31, 2012.

You will have until April 30, 2013 to submit requests for reimbursement by using the FSA Claim Form and to verify *NCFlex* Convenience Card expenses.

ACCESSING YOUR ACCOUNT INFORMATION

ONLINE

You may access your FSA account information via the P&A Group website at ncflex.padmin.com. First time users will need your FSA Member ID or your social security number. After logging in for the first time you can create your own unique user ID and password. By logging in online you'll be able to:

- Enter online claims
- Make claims inquiries
- View claims payment and contribution history
- Enter and update your e-mail address in order to receive e-mail notification when a claim is approved, denied and when payment is issued
- Quickly access your FSA Claims Kit, Quick Start Guide and FSA Claims Form



BY PHONE

Dial (866)916-3475 to access the *NCFlex* FSA Customer Service Center. Make sure to have your FSA Member ID number with you when you call, otherwise the representative will provide it to you. Representatives are available Monday through Friday, from 8:00 am – 8:00 pm EST.

ACCESSING P&A GROUP ONLINE

- Go to www.ncflex.org
- Go to the Resources tab in the top banner and click on “Websites”
- Click on the link under Spending Accounts (P&A Group)
- Or, go directly to ncflex.padmin.com
- Follow the on-screen instructions to log in

NCFLEX HEALTH CARE FLEXIBLE SPENDING ACCOUNT
HIPAA PRIVACY NOTICE

THIS NOTICE DESCRIBES HOW HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

Summary: The Health Insurance Portability and Accountability Act of 1996 (HIPAA) requires health plans to notify plan participants and beneficiaries about its policies and practices to protect the confidentiality of their health information. This document is intended to satisfy HIPAA's Notice requirement with respect to all health information created, received, or maintained by the *NCFlex* Health Care Flexible Spending Account (the "Plan"), as administered by the Office of State Personnel (the "Employer").

The Plan needs to create, receive, and maintain records that contain health information about you to administer the Plan and provide you with health care benefits. This Notice describes the Plan's health information privacy policy with respect to your Medical Reimbursement Account. The Notice tells you the ways the Plan may use and disclose health information about you, describes your rights and the obligations the Plan has regarding the use and disclosure of your health information. However, it does not address the health information policies or practices of your health care providers.

The Office of State Personnel's Pledge Regarding Health Information Privacy

The privacy policy and practices of the Plan protects confidential health information that identifies you or could be used to identify you, and relates to a physical or mental health condition or the payment of your health care expenses. This individually identifiable health information is known as "protected health information" (PHI). Your PHI will not be used or disclosed without a written authorization from you, except as described in this Notice or as otherwise permitted by federal and state health information privacy laws.

Privacy Obligations of the Plan

The Plan is required by law to:

- make sure that health information that identifies you is kept private;
- give this Notice of the Plan's legal duties and privacy practices with respect to health information about you; and,
- follow the terms of the Notice that is currently in effect.

How the Plan May Use and Disclose Health Information about You

The following are the different ways the Plan may use and disclose your PHI:

- **For Treatment.** The Plan may disclose your PHI to a health care provider who renders treatment on your behalf. For example, if you are unable to provide your medical history as the result of an accident, the Plan may release the names of the prescription drugs you are taking to an emergency room physician.
- **For Payment.** The Plan may use and disclose your PHI so that claims for health care treatment, services and supplies you receive from health care providers may be paid according to the Plan's terms. For example, the Plan may receive and maintain orthodontic information, such as the contract, so the monthly expense can be automatically reimbursed.
- **For Health Care Operations.** The Plan may use and disclose your PHI to enable it to operate or operate more efficiently or make certain all of the Plan's participants receive their health benefits. For example, the Plan may use your PHI to conduct compliance reviews, audits, actuarial studies, and/or for fraud and abuse detection. The Plan may also combine health information about many Plan participants and disclose it to the Employer in summary fashion so it can decide what coverage the Plan should provide. The Plan may remove information that identifies you from health information disclosed to the Employer so it may be used without the Employer learning who the specific participants are.
- **To the Employer.** The Plan may disclose your PHI to designated Employer personnel so they can carry out their Plan-related administrative functions, including the uses and disclosures described in this Notice. Such disclosures will be made only to the *NCFlex* Program Manager ("the Plan Administrator") and/or the members of the *NCFlex* Office. These individuals will protect the privacy of your health information and ensure it is used only as described in this Notice or as permitted by law. Unless authorized by you in



writing, your health information: (1) may not be disclosed by the Plan to any other Employer, employee or department and (2) will not be used by the Employer for any employment-related actions and decisions or in connection with any other employee benefit plan sponsored by the Employer.

- **To a Business Associate.** Certain services are provided to the Plan by third party administrators known as “business associates.” For example, the Plan may input information about your health care treatment into an electronic claims processing system maintained by the Plan's business associate so your claim may be paid. In so doing, the Plan will disclose your PHI to its business associate so it can perform its claims payment function. However, the Plan will require its business associates, through contract, to appropriately safeguard your health information.
- **Treatment Alternatives.** The Plan may use and disclose your PHI to tell you about possible treatment options or alternatives that may be of interest to you.
- **Health-Related Benefits and Services.** The Plan may use and disclose your PHI to tell you about health-related benefits or services that may be of interest to you.
- **Individual Involved in Your Care or Payment of Your Care.** The Plan may disclose your PHI to a close friend or family member involved in or who helps pay for your health care.
- **As Required by Law.** The Plan will disclose your PHI when required to do so by federal, state or local law, including those that require the reporting of certain types of wounds or physical injuries.

Special Use and Disclosure Situations

The Plan may also use or disclose your PHI under the following circumstances:

- **Lawsuits and Disputes.** If you become involved in a lawsuit or other legal action, the Plan may disclose your PHI in response to a court or administrative order, a subpoena, warrant, discovery request or other lawful due process.
- **Law Enforcement.** The Plan may release your PHI if asked to do so by a law enforcement official, for example, to identify or locate a suspect, material witness, or missing person or to report a crime, the crime's location or victims, or the identity, description, or location of the person who committed the crime.
- **Workers' Compensation.** The Plan may disclose your PHI to the extent authorized by and to the extent necessary to comply with workers' compensation laws or other similar programs.
- **Military and Veterans.** If you are or become a member of the U.S. armed forces, the Plan may release medical information about you as deemed necessary by military command authorities.
- **To Avert Serious Threat to Health or Safety.** The Plan may use and disclose your PHI when necessary to prevent a serious threat to your health and safety, or the health and safety of the public or another person.
- **Public Health Risks.** The Plan may disclose health information about you for public health activities. These activities include preventing or controlling disease, injury or disability; reporting births and deaths; reporting child abuse or neglect; or reporting reactions to medication or problems with medical products or to notify people of recalls of products they have been using.
- **Health Oversight Activities.** The Plan may disclose your PHI to a health oversight agency for audits, investigations, inspections, and licensure necessary for the government to monitor the health care system and government programs.
- **Research.** Under certain circumstances, the Plan may use and disclose your PHI for medical research purposes.
- **National Security, Intelligence Activities, and Protective Services.** The Plan may release your PHI to authorized federal officials: (1) for intelligence, counterintelligence and other national security activities authorized by law and (2) to enable them to provide protection to the members of the U.S. government or foreign heads of state, or to conduct special investigations.



- **Organ and Tissue Donation.** If you are an organ donor, the Plan may release medical information to organizations that handle organ procurement or organ, eye or tissue transplantation or to an organ donation bank to facilitate organ or tissue donation and transplantation.

- **Coroners, Medical Examiners, and Funeral Directors.** The Plan may release your PHI to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or to determine the cause of death. The Plan may also release your PHI to a funeral director, as necessary, to carry out his/her duty.

Breach of Unsecured PHI

You must be notified in the event of a breach of unsecured PHI. A “breach” is the acquisition, access, use, or disclosure of PHI in a manner that compromises the security or privacy of PHI. PHI is considered compromised when the breach poses a significant risk of financial harm, damage to your reputation, or other harm to you. This does not include good faith or inadvertent disclosures or when there is no reasonable way to retain the information. You must receive a notice of the breach as soon as possible and no later than 60 days after the discovery of the breach.

Your Rights Regarding Health Information About You

Your rights regarding the health information the Plan maintains about you are as follows:

- **Right to Inspect and Copy.** You have the right to inspect and copy your PHI, including your PHI maintained in an electronic format. This includes information about your plan eligibility, claim and appeal records, and billing records, but does not include psychotherapy notes. If your PHI is maintained in an electronic format you may require that this be transmitted directly to someone you designate. If your PHI is available in an electronic format, you may request access electronically.

To inspect and copy health information maintained by the Plan, submit your request in writing to the Plan Administrator. The Plan may charge a reasonable fee for the cost of copying and/or mailing your request. This fee must be limited to the cost of labor involved in responding to your request if you requested access to an electronic record. In limited circumstances, the Plan may deny your request to inspect and copy your PHI. Generally, if you are denied access to health information, you may request a review of the denial.

- **Right to Amend.** If you feel that health information the Plan has about you is incorrect or incomplete, you may ask the Plan to amend it. You have the right to request an amendment for as long as the information is kept by or for the Plan.

To request an amendment, send a detailed request in writing to the Plan Administrator. You must provide the reason(s) to support your request. The Plan may deny your request if you ask the Plan to amend health information that was: accurate and complete; not created by the Plan; not part of the health information kept by or for the Plan; or not information that you would be permitted to inspect and copy.

- **Right to an Accounting of Disclosures.** You have the right to request an “accounting of disclosures.” This is a list of disclosures of your PHI that the Plan has made to others, except for those necessary to carry out health care treatment, payment or operations (does not apply to electronic health records); disclosures made to you; disclosures made pursuant to your authorization; or in certain other situations.

To request an accounting of disclosures, submit your request in writing to the Plan Administrator. Your request must state a time period, which may not be longer than six years prior to the date the accounting was requested and may not include dates before April 14, 2003. Your request should indicate in what form you want the list (for example, paper or electronic). The first list you request within a 12-month period will be provided free of charge. For additional lists, we may charge you for the costs of providing the list. We will notify you of the cost involved.

- **Right to Request Restrictions.** You have the right to request a restriction on the health information the Plan uses or discloses about you for treatment, payment or health care operations. You also have the right to request a limit on the health information the Plan discloses about you to someone who is involved in your care or the payment for your care, like a family member or friend. For example, you could ask that the Plan not use or disclose information about a surgery you had. In addition, you have the right to restrict disclosure of your PHI to the Plan for payment or healthcare operations (but not for carrying out treatment) in situations where you have paid the healthcare provider out-of-pocket in full.



To request restrictions, make your request in writing to the Plan Administrator. You must advise us: (1) what information you want to limit; (2) whether you want to limit the Plan's use, disclosure or both; and (3) to whom you want the limit(s) to apply.

Note: The Plan is not required to agree to your request. However, if we do agree to your request, we will honor the restriction until you revoke it or you are notified that we are revoking the request.

- **Right to Request Confidential Communications.** You have the right to request that the Plan communicate with you about health matters in a certain way or at a certain location. For example, you can ask that the Plan send you Explanation of Benefits (EOB) forms about your benefit claims to a specified address.

To request confidential communications, make your request in writing to the Plan Administrator. The Plan will make every attempt to accommodate all reasonable requests. Your request must specify how or where you wish to be contacted.

- **Right to a Paper Copy of this Notice.** You have the right to a paper copy of this Notice. You may write to the Plan Administrator to request a written copy of this Notice at any time.

Changes to this Notice

The Plan reserves the right to change this Notice at any time and to make the revised or changed Notice effective for health information the Plan already has about you, as well as any information the Plan receives in the future. The Plan will post a copy of the current Notice on the www.ncflex.org web site and in the *NCFlex* Office at all times.

Complaints

If you believe your privacy rights under this policy have been violated, you may file a written complaint with the Plan Administrator at the address listed below. Alternatively, you may contact to the Secretary of the U.S. Department of Health and Human Services, generally, within 180 days of when the act or omission complained of occurred. **Note:** You will not be penalized or retaliated against for filing a complaint.

Other Uses and Disclosures of Health Information

Other uses and disclosures of health information not covered by this Notice or by the laws that apply to the Plan will be made only with your written authorization. If you authorize the Plan to use or disclose your PHI, you may revoke the authorization, in writing, at any time. If you revoke your authorization, the Plan will no longer use or disclose your PHI for the reasons covered by your written authorization; however, the Plan will not reverse any uses or disclosures already made in reliance on your prior authorization.

Contact Information

If you have any questions about this Notice, please contact:

NCFlex Program Manager
Office of State Personnel
1331 Mail Service Center Raleigh, NC 27699-1331 Courier 51-01-03
Phone: 1-919-807-4800
Notice Effective Date: April 14, 2003



GENERAL NOTICE OF COBRA CONTINUATION COVERAGE RIGHTS

** CONTINUATION COVERAGE RIGHTS UNDER COBRA **

INTRODUCTION

You are receiving this notice because you have recently become covered under the *NCFlex* Health Care Flexible Spending Account (the Plan). This notice contains important information about your right to COBRA continuation coverage, which is a temporary extension of coverage under the Plan. This notice generally explains COBRA continuation coverage, when it may become available to you and your family, and what you need to do to protect the right to receive it.

The right to COBRA continuation coverage was created by a federal law, the Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA). COBRA continuation coverage can become available to you when you would otherwise lose your group health coverage. It can also become available to other members of your family in the case of your death. For additional information about your rights and obligations under the Plan and under federal law, you should review the Plan's Summary Plan Description or contact the Plan Administrator. This continuation coverage does not apply to the Dependent Care Reimbursement Plan (Account).

WHAT IS COBRA CONTINUATION COVERAGE?

COBRA continuation coverage is a continuation of Plan coverage when coverage would otherwise end because of a life event known as a "qualifying event." Specific qualifying events are listed later in this notice. After a qualifying event, COBRA continuation coverage must be offered to you (as a "qualified beneficiary") if you lose coverage under the Plan. If you elect COBRA continuation coverage, you must pay the full cost of the coverage. As an employee and Plan participant, you will become a qualified beneficiary if you lose your coverage under the Plan because either one of the following qualifying events happens:

- Your hours of employment are reduced; or
- Your employment ends for any reason other than your gross misconduct.

Also, if you were a Plan participant on the date of your death, COBRA continuation coverage will be available to your spouse until the end of the current plan year.

WHEN IS COBRA COVERAGE AVAILABLE?

The Plan will offer COBRA continuation coverage to qualified beneficiaries only after the Plan Administrator has been notified by the employer that a qualifying event has occurred.

HOW IS COBRA COVERAGE PROVIDED?

Once the Plan Administrator receives notice that a qualifying event has occurred, COBRA continuation coverage will be offered to you (or your spouse in the case of your death).

COBRA continuation coverage is a temporary continuation of coverage and only covers you (or your spouse in the case of your death) until the end of the current plan year.

IF YOU HAVE QUESTIONS

Questions concerning your Plan or your COBRA continuation coverage rights should be addressed to the contact or contacts identified below. For more information about your rights under COBRA, the Health Insurance Portability and Accountability Act (HIPAA), and other laws affecting group health plans, contact the nearest Regional or District Office of the U.S. Department of Labor's Employee Benefits Security Administration (EBSA) in your area or visit the EBSA website at www.dol.gov/ebsa. (Addresses and phone numbers of Regional and District EBSA Offices are available on EBSA's website.)

KEEP YOUR PLAN INFORMED OF ADDRESS CHANGES

In order to protect your rights, you should keep the Plan Administrator informed of any changes in your address. You should also keep a copy, for your records, of any notices you send to the Plan Administrator.

PLAN CONTACT INFORMATION

If you or your spouse (in the case of your death), have any questions about the law, or if you or your spouse has changed addresses, please contact:

P&A Group: NCFlex Enrollment Administration
17 Court Street Suite 500
Buffalo, NY 14202
(866) 916-3475





FLEXIBLE SPENDING ACCOUNT CLAIM FORM

CLAIMS SUBMISSION METHODS

If you have any questions call (866) 916-3475

FAX: (877) 213-8917
E-MAIL: NCFlexClaims@padmin.com
MAIL: P&A GROUP ATTN: NC FSA PLAN
17 Court Street Suite 500 Buffalo, NY 14202

Today's date: ____/____/____ # of pages: Plan year beginning for: 20____

- New claim Re-submission of claim Response to claim denial

Employee Name:
FSA ID Number or Social Security Number:
Address:
E-mail Address: Home Phone: ()
Work Phone: ()

- Medical Expense Reimbursement Account Total Amount Requested: _____

·Enclose insurance company statement or itemized bill from provider showing date of service, services rendered, provider of service, amount paid and, if applicable, amount covered by insurance
·Prescription claims MUST include the Rx number pharmacy receipt, not the cash register receipt
·Reimbursement for eligible mileage expenses is permitted

- Dependent Care Reimbursement Account Total Amount Requested: _____

*Note: you MUST include provider Tax ID Number in the service provider column below.

Date of Service	Employee, Spouse or Dependent	Amount Requested	Type of Service (Rx, co-pay, dental expense, etc).	Service Provider/ Rx Number (Must be provided)
1.				
2.				
3.				
4.				
5.				

·Requirements for claims submission:
·Please number each receipt according to the order of appearance on this form
·IRS guidelines do NOT consider cancelled checks as valid documentation
·Previous balances are NOT acceptable
·All reimbursements will be made payable to the employee

I certify that the above listed expenses have been incurred by me, my spouse or my dependent(s) and that they have not been reimbursed under any other health plan. I will not seek reimbursement for these expenses under any other health plan.

Employee's Signature _____ Date ____/____/____