

**STATE OF ALABAMA  
FLEXIBLE EMPLOYEES'  
BENEFITS BOARD**

**PREMIUM CONVERSION BENEFITS  
DEPENDENT CARE REIMBURSEMENT ACCOUNT  
HEALTH CARE REIMBURSEMENT ACCOUNT**

**January 1, 2022**



**STATE OF ALABAMA**  
**FLEXIBLE EMPLOYEES' BENEFITS BOARD**  
PO Box 304900  
MONTGOMERY, ALABAMA 36130-4900  
334-263-8300 | 1-866-836-9737  
**FLEXIBLE EMPLOYEES' BENEFITS PLAN**  
**NOTICE OF PRIVACY PRACTICES**

This notice describes how medical information about you may be used and disclosed and how you can get access to this information. Please review this notice carefully.

The Flexible Employees' Benefits Plan (the "Plan") considers personal information to be confidential. The Plan protects the privacy of that information in accordance with applicable privacy laws, as well as its own privacy policies.

#### **THE PLAN'S RESPONSIBILITIES**

The Plan is required by federal law to keep your health information private, to give you notice of the Plan's legal duties and privacy practices, and to inform you about:

- the Plan's uses and disclosures of your protected health information;
- your privacy rights concerning your protected health information;
- the Plan's obligations concerning your protected health information;
- your right to file a complaint with the Plan and to the Secretary of the U.S. Department of Health and Human Services; and
- the person or office to contact for further information about the Plan's privacy practices.

**Effective Date of Notice:** This notice is effective as of January 1, 2022.

#### **HOW THE PLAN MAY USE AND DISCLOSE HEALTH INFORMATION**

This section of the notice describes uses and disclosures that the Plan may make of your health information for certain purposes without first obtaining your permission as well as instances in which we may request your written permission to use or disclose your health information. The Plan also requires its business associates to protect the privacy of your health information through written agreements.

**Uses and disclosures related to payment, health care operations, and treatment.** The Plan and its business associates may use your health information without your permission to carry out payment or health care operations. The Plan may also disclose health information to the Plan Sponsor, the State of Alabama for purposes related to payment or health care operations.

Payment includes but is not limited to actions to make coverage determinations and payment (including billing, claims management, subrogation, plan reimbursement, review for medical necessity and appropriateness of care and utilization review and preauthorizations). For example, the Plan may tell an insurer what percentage of a bill will be paid by the Plan.

Health care operations include but are not limited to underwriting, premium rating, and other insurance activities relating to creating or renewing insurance contracts, disease management, case management, conducting or arrangement for medical review, legal services, and auditing functions, including fraud and abuse programs, business planning and development, business management and general administrative activities. However, the Plan will not use protected genetic information for underwriting purposes. It also includes quality assessment and improvement and reviewing the competence or qualifications of health care professionals. For example, the Plan may use medical benefit claims information to conduct a review of the accuracy of how benefit claims are being paid.

The Plan will only disclose the minimum information necessary with respect to the amount of health information used or disclosed for these purposes. In other words, only information relating to the task being performed will be used or disclosed. Information not required for the task will not be used or disclosed.

The Plan may also contact you to provide information about treatment alternatives or other health-related benefits and services that may be of interest to you.

**Other uses and disclosures that do not require your written authorization.** The Plan may disclose your health information:

- To persons and entities that provide services to the Plan and assure the Plan they will protect the information;
- If it constitutes summary health information, and it is used only for modifying, amending, or terminating a group health plan or obtaining premium bids from health plans providing coverage under the group health plan;
- If it constitutes de-identified information;
- If it relates to workers' compensation programs;
- If it is for judicial and administrative proceedings;
- If it is about decedents;
- If it is for law enforcement purposes;
- If it is for public health activities;
- If it is for health oversight activities;
- If it is about victims of abuse, neglect, or domestic violence;
- If it is for cadaveric organ, eye, or tissue donation purposes;
- If it is for certain limited research purposes;
- If it is to avert a serious threat to health or safety;
- If it is for specialized government functions;
- If it is for limited marketing activities.

**Additional disclosures to others without your written authorization.** The Plan may disclose your health information to a relative, a friend, or any other person you identify, provided the information is directly relevant to that person's involvement with your health care or payment for that care. For example, the Plan may confirm whether or not a claim has been received and paid. You have the right to request that this kind of disclosure be limited or stopped by contacting the Plan's Privacy Officer at (334) 263-8300.

**Uses and Disclosures Requiring Your Written Authorization.** In all situations other than those described above, the Plan will ask for your written authorization before using or disclosing your health information. If you have given the Plan written authorization, you may revoke it at any time, if the Plan has not already acted on it. If you have questions regarding authorizations, contact the Plan's Privacy Officer at (334) 263-8300.

## **YOUR PRIVACY RIGHTS**

This section of the notice describes your rights concerning your health information and a brief description of how you may exercise these rights.

**Notice of Breach.** You have a right to notice of a breach of unsecured PHI.

**Restrict Uses and Disclosures.** You have the right to request that the Plan restricts uses and disclosure of your health information for activities related to payment, health care operations, and treatment. The Plan will consider, but may not agree to, such requests. (Exception: the Plan must grant a restriction on PHI disclosed to a health plan for payment or health care operations purposes if the PHI pertains solely to a health care item or service for which the health care provider involved has been paid out of pocket in full.)

**Alternative Communication.** The Plan will accommodate reasonable requests to communicate with you at a certain location or in a certain way. For example, if you are covered as an adult-dependent, you may want the Plan to send health information to a different address than that of the employee.

**Inspect or Copy Health Information.** You have a right to inspect or obtain a copy of health information that is contained in a "designated record set" – records used in making enrollment, payment, claims adjudication, and other decisions. However, you do not have a right to inspect or obtain copies of psychotherapy notes or information compiled for civil, criminal, or administrative proceedings. In addition, the Plan may deny your right to access, although in certain circumstances you may request a review of the denial. If the Plan doesn't maintain the health information but knows where it is maintained, you will be informed of where to direct your request.

You may request your records in an electronic format. The Plan may provide you with a summary of the health information if you agree in advance to the summary. You may also be asked to pay a fee of \$1.00 per page based on the Plan's copying, mailing, and other preparation costs.

**Amend Health Information.** You have the right to request an amendment to health information that is in a "designated record set." You must provide a statement to support the request. The Plan may deny your request to amend your health information if the Plan did not create the health information, if the information is not part of the Plan's records, if the information was not available for inspection or the information is accurate and complete.

**Accounting of Certain Disclosures.** You have the right to receive a list of certain disclosures of your health information. The accounting will not include: (1) disclosures made for purposes of treatment, payment or health care operations; (2) disclosures made to you; (3) disclosures made pursuant to your authorization; (4) disclosures made to friends or family in your presence or because of an emergency; (5) disclosure for national security purpose; and (6) disclosures incident to other permissible disclosures.

You may receive information about disclosures of your health information going back for six (6) years from the date of your request. You may make one (1) request in any 12-month period at no cost to you, but the Plan may charge a fee for subsequent requests. You will be notified of the fee in advance and have the opportunity to change or revoke your request.

**Right to Access Electronic Records.** You may request access to electronic copies of your health information, or you may request in writing or electronically that another person receive an electronic copy of these records. The electronic protected health information will be provided in a mutually agreed-upon format, and you may be charged for the cost of any electronic media (such as a USB flash drive) used to provide an electronic copy.

**Right to a Copy of Privacy Notice.** You have the right to receive a paper copy of this notice upon request, even if you agreed to receive the notice electronically.

**Complaints.** You may complain to the Plan or the Secretary of HHS if you believe your privacy rights have been violated. To file a complaint with the Plan, contact the Plan's Privacy Officer at (334) 263-8300. You will not be penalized for filing a complaint.

**How to exercise your rights in this notice**

To exercise your rights listed in this notice, you should contact the Plan's Privacy Officer at (334) 263-8300.

**THIS NOTICE IS SUBJECT TO CHANGE**

The terms of this notice and the Plan's privacy policies may be changed at any time. If changes are made, the new terms and policies will then apply to all health information maintained by the Plan. If any material changes are made, the Plan will distribute a new notice to participants and beneficiaries.

**YOUR QUESTIONS AND COMMENTS**

If you have questions regarding this notice, please contact the Plan's Privacy Officer at (334) 263-8300.

9/2021



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## Introduction

Flexible employee benefits are available to the employees of the State of Alabama pursuant to Alabama Code Sections 36-29-20 through 30 and Internal Revenue Code of 1986 Sections 105, 125 and 129. The IRS regulations enable employees to pay premiums and pay for eligible health care and dependent care expenses with payroll deductions before state and federal taxes are applied. Strict rules govern the administration of the program because of the tax-favored status accorded to such benefits.

The Flexible Employees' Benefits Board (FEBB) was established by the State of Alabama to administer the Flexible Employees' Benefits Plan (Plan). The Plan offers three programs designed to save you money:

**Premium Conversion Benefit (PCB)** - allows eligible employees the opportunity to pay premiums for the State Employees' Health Insurance Plan (SEHIP) and certain qualified voluntary insurance programs using pre-tax dollars.

**Dependent Care Reimbursement Account (DCRA)** - allows eligible employees the opportunity to pay certain dependent care expenses using pre-tax dollars.

**Health Care Reimbursement Account (HCRA)** - allows eligible employees to set aside tax-free money in an account to pay themselves back for eligible health care expenses incurred by them and their dependents.

Every effort has been made to ensure the accuracy of the contents of this summary of benefits. In the event of a discrepancy between this summary of benefits and the official documents, statutes, and administrative rules governing flexible benefits, those documents, statutes, and administrative rules will prevail.

# Eligibility and Enrollment

## Eligible Employees

The term “eligible employee” includes only:

- Full-time and part-time state employees who receive their compensation through means of a state warrant drawn upon the State Treasury. (For purposes of the HCRA and the DCRA, part-time employees may be excluded from participation by IRS rules. Part-time employees should consult their tax advisor before enrolling in the HCRA or the DCRA.)
- Members of the legislature and the Lieutenant Governor during their term of office.

Exclusions - You are not eligible for coverage if you are classified as an employee employed on a seasonal, temporary, intermittent, emergency, or contract basis unless you receive a W-2 and work an average of 30 or more hours per week during a designated measurement period as stipulated under the Affordable Care Act.

## Eligible Dependents

Eligible dependents include your spouse or any other person that you claim for federal income tax purposes. (See the DCRA section for additional requirements).

## Open Enrollment

Annual open enrollment is held in November for an effective date of January 1 of each year. You must make a new election in the DCRA and the HCRA each year.

## New Employees

New employees may enroll within 90 days of the start of their employment, with coverage effective the first day of the month following the receipt of the enrollment form.

## Status Changes

Once an employee enrolls, the election remains in effect through the end of the plan year (December 31) under IRS regulations, unless the employee has a qualifying change in status. This means that you may not change your insurance coverage or participation except when you have an eligible change in status or during open enrollment. The change in your election must be consistent with the change in your status. For example, if you marry or have a child, you can increase (but not decrease) your deduction.

Changes in status include:

- Change in employee’s legal marital status due to marriage, death of spouse, divorce, legal separation or annulment;
- Addition of dependent(s) through marriage, birth or adoption of a child or placement for adoption;
- Loss of dependent(s) through divorce, annulment, legal separation, or death;

- Commencement of or return from unpaid leave of absence for you or your spouse;
- Dependent's loss of coverage due to age;
- Dependent ceases to qualify as a dependent under the IRS Code;
- Change in employment status of employee, spouse, or dependent;
- Change of residence or worksite of employee, spouse or dependent;
- Compliance with issuance of family relations judgment, decree or order;
- Medicare or Medicaid entitlement of employee, spouse or dependent;
- Taking leave under the Family and Medical Leave Act;
- Significant change in medical benefits or premiums, applicable to PCB and DCRA only.
- For the Dependent Care Reimbursement Account only as allowed under IRS regulations:
  - A change in dependent care providers;
  - A change in the cost of dependent care;
  - A change in Participant's or Participant's spouse's work schedule which results in a different number of required dependent care hours;
  - A child who wasn't previously enrolled in dependent care now needs dependent care due to schools being closed; or
  - Participant's dependent care closed.

If a qualifying change in status occurs, the employee must submit a Qualifying Change in Status Form certifying the status change. This form must be submitted to the FEBB within 30 days of the event.

If you are not enrolled, but you want to enroll following a change in your status, complete the Enrollment Form, and send it to the FEBB within 30 days of the event. Attach a letter explaining your status change.

Approved changes are effective the first of the month following receipt of the forms by the FEBB.

### **Termination of Election**

Your election to participate terminates on the earliest of the following dates:

- On the date when the participant ceases to be an eligible employee, except for the DCRA Spend Down provision. A terminated employee or an employee returning from a leave of absence without pay may re-enroll upon return to active status (subject to an adjusted deduction amount for deductions not made while off the payroll).

- When the Plan is discontinued.
- On the last day of the month for which contributions have been paid.
- On December 31 of each plan year.

### **Return to Employment**

If you terminate employment and are rehired within 30 days during the same plan year, then you must resume your original HCRA and/or DCRA election for the remainder of the plan year. If you terminate employment and are rehired more than 30 days after your termination date during the same plan year, then the FEBB will permit you to make a new HCRA and/or DCRA election for the remainder of the plan year. Your new HCRA or DCRA election, together with your previous election, cannot exceed the annual maximum election permitted by the IRS.

## **Premium Conversion Benefit**

### **A. Authority**

The State of Alabama has adopted the Premium Conversion Benefit (PCB) for the exclusive benefit of those employees who are eligible to participate. All terms, conditions, and limitations are not covered in this planbook. All benefits are subject to the terms, conditions, and limitations of the Plan. The FEBB shall have the absolute discretion and authority to interpret the terms of the PCB and reserves the right to change the terms and/or end the PCB at any time and for any reason.

The PCB is intended to qualify as a “cafeteria plan” within the meaning of Section 125 of the Internal Revenue Code of 1986, as amended, and shall be construed in a manner consistent with that Section. The tax implications of the PCB, however, are subject to rulings, regulations, and the application of the tax laws of the state and federal government. Although it may anticipate certain tax consequences as being likely, the FEBB does not represent or warrant to any participant that any particular tax consequence will result from participation in the PCB. By participating in the PCB, each participant understands and agrees that in the event the Internal Revenue Service or any state or political subdivision thereof should ever assess or impose any taxes, charges, and/or penalties upon any benefits received under the PCB, the recipient of the benefit will be responsible for those amounts, without contribution from the employer. The PCB is intended not to discriminate as to eligibility or benefits in favor of the prohibited groups under Section 125 of the Internal Revenue Code.

### **B. Enrollment**

When you enroll in the SEHIP, you are automatically enrolled in the PCB. To opt-out of the PCB, you must contact the FEBB in writing at the following address:

Flexible Employees' Benefits Board  
Attention: Enrollments  
PO Box 304900  
Montgomery, AL 36130-4900

You have the option to pay your premiums for certain qualified voluntary coverages on a pre-tax payroll deduction basis.

To ensure that your premium for voluntary insurance coverage is properly deducted, you need to contact your insurance carrier or the insurance agent who sold you the policy.

### C. Benefits

The FEBB provides you with the ability to pay for your SEHIP and qualified voluntary coverages (benefit plans) on a pre-tax basis. Premium conversion is the vehicle for making these pre-tax contributions.

By electing to pay the premiums for your benefit plans under the PCB, you agree to reduce your salary each month by the amount of your share of the monthly premium. Salary reduction amounts paid will be adjusted as necessary to reflect increases or decreases during a plan year in the cost of the benefit plans.

### Savings Illustration

The following table illustrates the savings you could realize when your premiums in the SEHIP and dental coverage are deducted from your payroll check before taxes. An individual earning \$43,000 could take home an additional \$693 annually through pre-tax premium payments.

**Illustration of the PCB Savings**

	<b>Post Taxed</b>	<b>Pre-Taxed</b>
Salary	\$43,000	\$43,000
Less:		
Pre-taxed health insurance premium conversion (\$220 x 12 months)		
Pre-taxed dental insurance premium conversion (\$15 x 12 months)	\$0	\$2,820
Federal Taxes (12% of taxable income)	\$3,503	\$3,167
FICA Withholdings (7.65%)	\$3,290	\$3,074
State Taxes (5%)	\$2,150	\$2,009
Income After Taxes	\$34,057	\$31,930
Post Tax Health Insurance Premium	\$2,820	\$0
Net Pay	\$31,237	\$31,930
Annual Savings/ Increased Spendable Income		\$693

# Dependent Care Reimbursement Account

## A. Authority

The State, through the FEBB, has adopted the Dependent Care Reimbursement Account (DCRA) for the exclusive benefit of those employees who are eligible to participate. The DCRA is made available to employees of the State of Alabama pursuant to IRS regulations. The IRS regulations enable employees to pay for certain dependent care expenses with payroll deductions before state and federal taxes are applied.

The DCRA is intended to qualify as a “cafeteria plan” within the meaning of Section 129 of the Internal Revenue Code of 1986, as amended and shall be construed in a manner consistent with that Section. The tax implications of this DCRA, however, are subject to rulings, regulations, and the application of the tax laws of the state and federal government. Although it may anticipate certain tax consequences as being likely, the FEBB does not represent or warrant to any participant that any particular tax consequence will result from participation in this DCRA. By participating in the DCRA, each participant understands and agrees that in the event the IRS or any state or political subdivision thereof should ever assess or impose any taxes, charges, and/or penalties upon any benefits received under the DCRA, the recipient of the benefit will be responsible for those amounts, without contribution from the State of Alabama.

The DCRA is intended not to discriminate as to eligibility or benefits in favor of the prohibited groups under Section 129 of the Internal Revenue Code.

The following table illustrates how you can use a DCRA to pay less in taxes and take home more pay. An individual earning \$43,000 could take home an additional \$1,226 annually through pre-tax premium payments.

**Savings Illustration of the DCRA**  
**Assume maximum allowable Plan contribution**

	Post Taxed	Pre-Taxed
Salary	\$43,000	\$43,000
Less:		
Pre-taxed dependent care expenses (\$416 x 12 months)	\$0	\$4,992
Federal Taxes (12% of taxable income)	\$3,503	\$2,909
FICA Withholdings (7.65%)	\$3,290	\$2,908
State taxes (5%)	\$2,150	\$1,900
Income after taxes	\$34,057	\$30,291
Post taxed dependent care expenses	\$4,992	\$0
Net pay	\$29,065	\$30,291
<b>Annual savings/Increased spendable income</b>		<b>\$1,226</b>

## B. Dependent Care Reimbursement Account Requirements

A DCRA allows employees to pay for certain eligible dependent care expenses with pre-tax dollars. Using the DCRA for qualified dependent care expenses reduces the amount of the available tax credit on a dollar-for-dollar basis. Whether you use the tax credit or the DCRA, you will be required to attach IRS form 2441 to your tax return and include your dependent care

provider's name, address, and taxpayer identification number.

## **Employee Requirements**

The DCRA will reimburse eligible expenses if the employee:

- is a single head of household, or
- is a married person whose spouse also works, or
- is a married person whose spouse is a full-time student at least 5 months out of a year, or
- is a married person whose spouse is disabled and unable to provide his/her own care, and
- provides daily care for a dependent or disabled member of the family in order to work.

## **Dependent Qualifications**

An eligible dependent is defined as any person who can be claimed by an employee as a dependent for federal tax purposes and who:

- is under age 13 when the care is provided; or
- requires full-time care because of physical or mental incapacity and has the same principal abode as the taxpayer for more than one-half of the taxable year; or
- is the spouse of the employee and is physically or mentally incapable of caring for himself or herself and has the same principal abode as the taxpayer for more than one-half of the taxable year.

## **Eligible Dependent Care Expenses**

Eligible dependent care expenses are the same as the services eligible for a tax credit under the Tax Code, and include the following expenses:

- Services provided inside or outside the home by anyone other than:
  - a spouse;
  - someone who is a dependent under the age of 19; or
  - a child of the employee under the age of 19.

Expenses for care outside a taxpayer's home may be claimed only for dependents under age 13 or other eligible dependents who regularly spend at least eight hours per day in the taxpayer's home.

- Services provided in a dependent care center or child care center. Expenses for a child care center are qualified only if the center:
  - provides care for more than six individuals (other than those who reside at the facility);
  - receives a fee, grant or payment for providing these services to any individual; and
  - complies with all applicable state and federal laws.

- Services provided by a housekeeper whose services include, in part, providing care for an eligible dependent.
- Payroll taxes paid by a participant in connection with compensation paid to a service provider. Payroll taxes include Social Security taxes (FICA/Medicare), unemployment taxes (FUTA), or similar state payroll taxes.

### **Ineligible Dependent Care Expenses**

Examples of ineligible (not covered) dependent care expenses include:

- Education expenses at the Kindergarten level or above
- Food and clothing expenses
- Housekeeping expenses unrelated to dependent care
- Child care or babysitting services provided by the spouse or someone claimed as a dependent on the employee's income tax return
- Child care or babysitting services other than necessary for employment
- Transportation expenses

### **Amount of Contribution to DCRA**

The amount that can be set aside in a DCRA is determined by the Tax Code, as follows:

- If single, head of household, or married filing a joint return, the minimum is \$10 per month. The maximum is the smallest of \$416 per month, the participant's earned income, or the earned income of the participant's spouse.
- If married filing separately, the minimum is \$10 and the maximum is \$208 per month.
- In the case of a spouse who is a full-time student at an educational institution or who is physically or mentally incapable of caring for her or himself, such spouse shall be deemed to have earned income of not less than \$250 per month if the participant has one dependent and \$500 per month if the participant has two or more dependents.

### **Restrictions to Participation**

- The dependent care expenses must be necessary for the employee and, if married, the spouse, to continue working or attending school full-time and must meet certain IRS requirements.
- The election to participate is irrevocable during the plan year unless there is an eligible change in status, cost, or coverage. Contact the FEBB or the DCRA Claims Administrator, Optum Financial, to determine eligibility to make changes.
- A child turning 13 years of age during the plan year is an eligible change in status.

- Any balance remaining in the DCRA following the close of the plan year will be forfeited.
- The dependent care tax credit on the employee's federal tax return may not include any expenses reimbursed through the DCRA.

The employee should use the DCRA worksheet provided to estimate dependent care expenses for the year. Expenses should be estimated conservatively because of the use-it-or-lose-it provisions of the Tax Code.

**Dependent Care Reimbursement Account (DCRA) Worksheet**

	<b>Amount Per Month</b>	<b>Number of Months</b>	<b>Annual Cost</b>
Daycare under age 6			
School Age			
Before School			
After School			
Summer			
Summer Day Camp			
Adult Day Care			
Daycare for other eligible dependents			
Estimated annual expenses			
Number of pay periods in plan year			
Estimated contribution per pay period			

To calculate your expenses, multiply the amount per month by the number of months to equal your annual cost. Add the annual expenses for each category of expense to determine the total annual expenses for dependent daycare. Divide by 24 to see how much you need to set aside every pay period.

If this calculation is made after the start of a new plan year, divide the annual election amount by the number of pay periods remaining in the plan year.

The amount per pay period should be entered on the election form.

**Termination of Employment**

Upon termination of employment, the Participant's participation in the DCRA shall cease and no further Salary Reduction contributions shall be made. However, such Participant may submit claims during the Filing Period for Eligible Dependent Care Expense reimbursements for claims incurred up to and after the date of termination, not to exceed the Compensation amount contributed to the Participant's DCRA as of the date of termination.

## **DCRA Spend Down**

This feature only applies to the DCRA and it allows participants to submit expenses for dates of service after their termination date, and through the end of the plan year, to “spend down” the balance. If a member is terminated before the end of the plan year, the member will still be able to use the existing funds they have contributed from their paychecks for expenses that were incurred between termination and the end of the plan year.

For example, if a member elects \$3,600 in their DCRA, but terminates April 30, the member will have contributed \$1,200 as of the date of his termination in his DCRA account. With spend down, the member can submit \$1,200 worth of claims for dates of service incurred before and after May 1, up through the end of the plan year.

## **C. Enrollment**

To enroll, complete the election form included in this planbook. If the form is missing, request one from the FEBB at 1-866-836-9737 or (334) 263-8341. Enroll online at [www.alseib.org](http://www.alseib.org).

## **D. Claims Procedures**

- **Manually Filing a DCRA Claims Form - To file a request for reimbursement, complete the DCRA form (located in the back of this planbook and on our website, [www.alseib.org](http://www.alseib.org)) and submit it with the required documentation via mail or facsimile to:**

Optum Financial Claims  
P.O. Box 622317  
Orlando, FL 32862-2317  
1-443-681-4602 (facsimile)

- **Mobile App** - You may also file your claims through Optum Financial’s mobile app, which can be downloaded for iPhone and Android devices.

## **Required Documentation**

Required documentation includes a completed and signed claim form. The form and documentation must contain the following information:

- The name of the person or persons for whom the expenses were incurred;
- The nature of the expenses incurred;
- The date the expenses were incurred;
- The amount of the requested reimbursement; and
- That such expenses have not otherwise been paid through insurance or reimbursed from any other source.

A receipt must show the information above or the provider must complete and sign the provider section on the claim form. When the term “provider” is used, it means the individual or dependent care center that takes care of your dependent while you work.

## **Filing Period**

Claims may be filed any time during the plan year and up to 90 days following the end of the plan year. The Administrator may extend the Filing Period as authorized by the Internal Revenue Service, or other applicable federal or state regulatory agencies. At the end of the filing period for payment of claims, any funds that remain will be forfeited in accordance with IRS regulations.

### **Claim Submission Deadline**

All documentation must be postmarked on or before the last day of the filing period.

### **Payment of Claims**

DCRA claims are processed daily as received. Direct deposit to a checking or savings account is available for employee reimbursement checks. This option is available by contacting Optum Financial at 1- 844-330-8218 or you can visit [www.optum.com/financial](http://www.optum.com/financial) for details.

### **Payment Restrictions**

Tax Code restrictions prohibit payments above the amount in the participant's account. If the balance of the claim exceeds the amount in the participant's account, the amount available in the account will be paid.

### **Claim Denials**

In the event payment of a claim is denied and the participant believes such denial was improper, the participant has the right of appeal. The appeal procedure is as follows:

1. Within 60 days after receipt of a denial notice, the participant must submit a request for review, in writing, to Optum Financial. This request must contain the specific reasons the participant contends the claim denial was improper. Within the same time period, the participant may submit any other evidence which the participant contends supports his or her position.
2. Optum Financial will review the claim, any written requests or other evidence received from the participant, and advise the participant of its final determination. The decision will be issued within 60 days after receipt of a request for review, unless special circumstances require an extension of time for processing (such as the need to hold a hearing), in which event, a decision should be rendered as soon as possible, but in no event, later than 120 days after such receipt. The Optum Financial decision regarding the claim will be final and will exhaust all administrative remedies.

### **Keeping Track of the DCRA**

If requested by the participant, Optum Financial will email quarterly statements to the participant to show the activity in each participant's account. Participants can also access account information at [www.optum.com/financial](http://www.optum.com/financial). Questions regarding claims processing or eligible expenses can be addressed to Optum Financial at their office by mail or by calling the toll-free number: 1-844-330-8218. Calls are accepted 24 hours a day, seven days a week.

### **Customer Service**

Optum Financial is committed to providing quality service to employees of the State of Alabama. Employees are encouraged to contact the FEBC at 1-866-836-9737 or (334) 263-8341 to report exceptional or less than satisfactory service. Employees may occasionally receive a comment card to assist in the evaluation of the service provided.

# Health Care Reimbursement Account

## A. Authority

The state, through the FEBB, has adopted the Health Care Reimbursement Account (HCRA) for the exclusive benefit of those employees who are eligible to participate. The HCRA is made available to employees of the State of Alabama pursuant to IRS regulations. The IRS regulations enable employees to set up their own reimbursement account with money that is deducted automatically from their paycheck before federal income and Social Security taxes are deducted. The HCRA is intended to qualify as a “cafeteria plan” within the meaning of Section 125 of the Internal Revenue Code of 1986, as amended, and shall be construed in a manner consistent with that Section. The tax implications of the HCRA, however, are subject to rulings, regulations, and the application of the tax laws of the state and federal government. Although it may anticipate certain tax consequences as being likely, the FEBB does not represent or warrant to any participant that any particular tax consequence will result from participation in the HCRA. By participating in the HCRA, each participant understands and agrees that in the event the Internal Revenue Service or any state or political subdivision thereof should ever assess or impose any taxes, charges, and/or penalties upon any benefits received under the HCRA, the recipient of the benefit will be responsible for those amounts, without contribution from the State of Alabama.

The HCRA is intended not to discriminate as to eligibility or benefits in favor of the prohibited groups under Section 125 and 105(h) of the Internal Revenue Code.

The following table shows how you can use an HCRA to pay less in taxes and take home more pay. An individual earning \$43,000 could take home an additional \$678 annually through pre-tax premium payments.

**Illustration of HCRA Savings**

	<b>Post Taxed</b>	<b>Pre-Taxed</b>
Salary	\$43,000	\$43,000
Less: Pre-taxed health insurance expenses	\$0	\$2,750
Federal taxes (12% of taxable income)	\$3,503	\$3,173
FICA Withholdings (7.65%)	\$3,290	\$3,079
State taxes (5%)	\$2,150	\$2,013
Income after taxes	\$34,057	\$31,985
Post taxed health expenses	\$2,750	\$0
Net pay	\$31,307	\$31,985
Annual savings/Increased spendable income		<b>\$678</b>

## B. Enrollment

You may enroll in the HCRA at [www.alseib.org](http://www.alseib.org) or by completing the election form included in this booklet or found on our website.

Employees who successfully enroll online will receive an email verifying enrollment at the email address the employee provides.

## C. HCRA Deduction Amounts

### Minimum/Maximum

The minimum acceptable HCRA deduction is \$5.00 per family per pay period. The maximum acceptable HCRA deduction is \$114.58 per family per pay period.

### Calculation of Deduction Amount

Use the worksheet in this section to determine your HCRA deduction amount. You will need to estimate the eligible healthcare expenses you and your eligible dependents expect to have between the effective date of your enrollment and the end of the plan year. Next, divide your total expenses by the number of pay periods remaining in the plan year (the plan year ends on December 31).

### Calculating Mid-Year Changes in Your Deduction Amount

If you experience a status change during the plan year, you may be allowed to change your deduction amount. If you are allowed to change your deduction, calculate your new annual amount by adding all of your prior plan year deductions to your new monthly deduction for the pay periods remaining in the plan year. For example, if your deduction for January through April was \$100 each month and you increase that amount to \$200 for May through December, your new annual amount would be \$2,000. The calculation would be:

$$\$100 \times 4 = \$400 \text{ (January through and April)}$$

$$\$200 \times 8 = \$1,600 \text{ (May through December)}$$

$$\text{New Annual Amount} = \$2,000$$

## D. Effect on Your HCRA Upon Termination of Employment or Retirement

Upon termination of employment or retirement, you have three options available regarding the continuation of participation in the HCRA:

**Option 1:** Terminate participation in the HCRA immediately. All claims for services rendered prior to termination must be filed within the filing period. Any fund balance will be forfeited to the Plan after the filing period.

**Option 2:** Continue participation in the HCRA by having all outstanding contributions deducted from your final paycheck. This will provide the participant with the pre-tax benefit and ensure continued participation to incur and file claims for the balance of the plan year. For instance, assume you leave state service and go to work for another employer. By having all outstanding contributions deducted from your final paycheck, you may be reimbursed through the HCRA for eligible claims incurred under your new employer's health plan.

**Option 3:** Continue participation in the HCRA for the balance of the plan year by electing COBRA coverage. See COBRA Guidelines for more information.

## E. Effect on Your HCRA for Employees on Unpaid Leave

An employee on unpaid leave has four options available regarding the continuation of participation in the HCRA:

**Option 1:** Suspend participation in the HCRA until you return to paid status. Upon your return to paid status, your payroll deduction will be recalculated by the FEBB based on the number of pay periods remaining in the plan year.

**Option 2:** Terminate participation in the HCRA immediately. All claims for services rendered prior to termination must be filed within the filing period. Any fund balance will be forfeited to the Plan after the filing period.

**Option 3:** Continue participation in the HCRA by having all outstanding contributions deducted from your final pay warrant. This will provide the participant with the pre-tax benefit and ensure continued participation to incur and file claims for the balance of the plan year.

**Option 4:** Continue participation in the HCRA for the balance of the plan year by electing COBRA coverage. See COBRA Guidelines for more information.

## **F. Death**

If a Participant dies, his or her participation in the Plan shall cease. However, such Participant's Spouse or Dependents may submit claims for expenses in an amount that does not exceed the annual salary withheld prior to death plus any additional funds contributed by the Employer. The Participant's Spouse or Dependents may also continue participation by electing COBRA coverage. In no event may reimbursements be paid to someone who is not a Spouse or Dependent.

## **G. COBRA Guidelines**

If you are no longer an eligible employee, you may be able to exercise your right to continue participation in the HCRA for a certain length of time. However, before-tax funding will no longer be available and your HCRA contributions will be made on an after-tax basis. The Consolidated Omnibus Budget Reconciliation Act of 1986 (COBRA) requires that most employers sponsoring group health plans offer employees the opportunity for a temporary extension of health care coverage (called "continuation coverage") where coverage under the plans would otherwise end. These rules are intended to summarize the continuation rights set forth under federal law. If federal law changes, only the rights provided under applicable federal law will apply. To the extent that any greater rights are set forth herein, they shall not apply.

### **When Coverage May Be Continued**

The right of qualified beneficiaries to elect the COBRA continuation coverage described above is permitted if coverage under the HCRA is lost due to certain qualifying events. Qualified beneficiary includes you, your spouse, or your dependents. Qualifying events include:

- a reduction in your work hours;
- the termination of your employment (for reasons other than gross misconduct);
- your death;
- your divorce or legal separation; or
- your dependent child ceases to be dependent under the terms of the HCRA.

## **Notice Requirements**

COBRA continuation coverage will be offered to qualified beneficiaries only after the FEBB has been notified that a qualifying event has occurred.

Your employer is responsible for notifying the SEIB within 30 days of the following qualifying events:

- End of employment,
- Reduction of hours of employment, or
- Death of an employee.

The employee or a family member has the responsibility to inform the SEIB within 60 days of the following qualifying events:

- Divorce,
- Legal separation, or
- A child losing dependent status.

Written notice must be given to the FEBB within the applicable timeframe listed above from the date of the event or the date in which coverage would end because of the event, whichever is later. Your written notice must identify the qualifying event, the date of the qualifying event, and the qualified beneficiaries impacted by the qualifying event.

When the FEBB is notified that one of these events has occurred, the FEBB will in turn notify you that you have the right to choose continuation coverage by sending you the appropriate election forms. You may be required to provide additional information/documentation to support that a particular qualifying event has occurred. You have 60 days within which to elect to buy COBRA coverage. The 60-day period begins to run from the later of (1) the date you would lose coverage, or (2) the date on which the FEBB notifies you that you have the option to buy COBRA coverage. Failure to return the election form within the 60-day period will be considered a waiver of your continuation coverage rights.

An employee or covered dependent is responsible for notifying the FEBB if he or she becomes covered under another group health plan.

### **If You Do Not Elect COBRA Coverage**

If you do not choose continuation coverage, your coverage under the HCRA will end on the date you would otherwise lose coverage.

### **If You Elect COBRA Coverage**

If you choose continuation coverage, you may continue the level of coverage you had in effect immediately preceding the qualifying event. However, if Plan benefits are modified for similarly situated active employees, then they will be modified for you and other qualified beneficiaries as well. After electing COBRA coverage, you will be eligible to make a change in your HCRA

benefit election upon the occurrence of any event that permits a similarly situated active employee to make a benefit election change during a plan year.

### **Cost**

You will have to pay the entire cost of your continuation coverage. The cost of your continuation coverage will not exceed 102% of your payroll deduction for the period of continuation coverage. Payment for the additional 2% will be treated as an administrative charge and will not be credited to your account. Your contributions will be after-tax. The first contribution after electing continuation coverage will be due 45 days after you make your election. Subsequent contributions are due the first day of each month; however, you have a 30-day grace period following the due date in which to make your contribution. Failure to make contributions within this time period will result in automatic termination of your continuation coverage.

### **When Continuation Coverage Ends**

The maximum period for which coverage may be continued is the end of the plan year in which the qualifying event occurs. Regardless of the maximum period, continuation coverage may end earlier for any of the following reasons:

- if the contribution for your continuation coverage is not paid on time or it is significantly insufficient; or
- if the employer no longer provides HCRA coverage to any of its employees.

### **Keep the FEBB Informed of Address Changes**

To protect your family's rights, you must keep the FEBB informed of any changes in the address of family members. You should also keep a copy for your records of any notices you send to the FEBB.

### **If You Have Any Questions**

Questions concerning your COBRA continuation coverage rights may be addressed by calling the FEBB at 1-866-836-9737 or by mail at the contact listed below. For more information about your COBRA rights, visit the Centers for Medicare & Medicaid Services (CMS) website at [www.cms.gov/CCIIO/Programs-and-Initiatives/Other-Insurance-Protections/COBRA.html](http://www.cms.gov/CCIIO/Programs-and-Initiatives/Other-Insurance-Protections/COBRA.html). For more information about health insurance options available through a Health Insurance Marketplace, visit [www.healthcare.gov](http://www.healthcare.gov).

### **FEBB Contact Information**

All notices and requests for information should be sent to the following address:

Flexible Employees' Benefit Board  
COBRA Section  
PO Box 304900  
Montgomery, AL 36130-4900

## H. Effect on your HCRA for Employees Returning from FMLA Leave

Upon reinstatement into the HCRA upon return from FMLA leave, you have the right to:

- Resume coverage at the level in effect before the FMLA leave and make up the unpaid payments, or
- Resume coverage at a level that is reduced and resume payments at the level in effect before the FMLA leave.

## I. Claims Procedure

### Manner of Reimbursement

- **Flexible Spending Debit Card** - Participants can use the flexible spending debit card as their choice of reimbursement. The flexible spending card utilizes the Visa network. Participants who use the card can pay for eligible expenses, such as copays and deductibles, at qualified providers such as physician and dental offices, hospitals, and some pharmacies that accept Visa as payment. Qualified providers are those providers/merchants who report a health care related merchant category code (MCC) for debit/credit card transactions. At this time, you cannot use your flexible spending card to pay for eligible medical expenses at non-qualified provider/merchant locations such as discount stores and grocery stores – even if they sell health-related products such as over-the-counter medications and pharmacy services.

Flexible spending cardholders should retain copies of any invoice, receipts, or other documentation you receive in case you have to file these with Optum Financial to substantiate your charge.

- **Manually Filing an HCRA Claims Form** - You can file an HCRA claim form if you did not receive reimbursement through the above option. To file a request for reimbursement, complete the HCRA form (located in the back of this planbook, or at [www.alseib.org](http://www.alseib.org)) and submit it with the required documentation via mail or facsimile to:

Optum Financial Claims  
P.O. Box 622317  
Orlando, FL 32862-2317  
1-443-681-4602 (facsimile)

- **Mobile App** - You may also file your claims through Optum Financial's mobile app, which can be downloaded for iPhone and Android devices.

### Substantiation of Claims

The IRS has established specific guidelines that require all HCRA transactions — even those made using a healthcare payment card — to be substantiated (verified that the purchase was an eligible medical expense). The substantiation process is performed by Optum Financial.

Most card transactions can be auto-substantiated through the Inventory Information Approval System (IIAS), matching copays, PBM match, or recurring claims; however, some require

additional documentation. Since not all services from a medical provider or pharmacy are eligible medical expenses, documentation may be required to verify eligibility. For example, a dentist may perform teeth whitening, which is not eligible to be reimbursed under the HCRA.

If documentation is needed, participants will be notified by email or a reminder letter. Participants can also see if a claim requires substantiation by logging into their accounts online. For point-of-service charges requiring documentation and for manual requests for reimbursement, the participant can send in the documentation with a cover sheet via fax or U.S. mail. With all account claims, Optum Financial requires the following details to substantiate:

- Date of Service
- Patient Name
- Provider
- Amount of Funds Requested
- Description of Service

If you have to file an HCRA claim form, you must provide an explanation of benefits (EOB) statement from your insurance carrier showing un-reimbursable, covered expenses, or showing denial due to “non-covered expenses.” If the service is not covered by your Plan and you do not receive an EOB statement, you must submit documentation. The documentation must clearly identify the health care provider, services rendered, date, and cost.

Credit card receipts and cancelled checks are not acceptable. Receipts for over-the-counter (OTC) and prescription items do not need to include the person’s name but must display the name of the item (e.g., Band-Aid bandages).

### **Failure to Provide Documentation**

If you fail to provide proper documentation within the time limit, your flexible spending debit card may be deactivated, you may not be allowed to re-enroll in the Plan and the FEBB may recoup the excess reimbursements in one or more of the following ways:

1. The FEBB will notify you of any such excess amount, and you will be required to repay the excess amount immediately after receipt of such notification;
2. The FEBB may offset the excess reimbursement against any other eligible expenses submitted for reimbursement (in accordance with applicable law); or
3. The FEBB may withhold such amounts from your pay (to the extent permitted under applicable law).

If the FEBB is unable to recoup the excess reimbursement by the means set forth in 1-3, the FEBB will notify the employer that the funds could not be recouped and the employer will treat the excess reimbursement as it would any other bad business debt, including reporting it as taxable income on the employee’s W-2. You will be required by federal and state law to pay taxes on the excess reimbursement.

### **Claim Submission Deadline**

All documentation must be postmarked on or before the last day of the Plan filing period.

## **Time Limit for Filing Claims**

To receive reimbursement for an eligible medical or dental expense, you must submit a claim for reimbursement by the end of the filing period. The filing period consists of the plan year plus 90 days from the end of the plan year. The Administrator may extend the Filing Period as authorized by the Internal Revenue Service, or other applicable federal or state regulatory agencies.

## **Optum Financial Claims Appeal Procedure**

In the event payment of a claim is denied and the participant believes such denial was improper, the participant has the right of appeal. The appeal procedure is as follows:

1. Within 60 days after receipt of a denial notice, the participant must submit a request for review, in writing, to Optum Financial. This request must contain the specific reasons the participant contends the claim denial was improper. Within the same time period, the participant may submit any other evidence which the participant contends supports his or her position.
2. Optum Financial will review the claim, any written requests or other evidence received from the participant, and advise the participant of its final determination. The decision will be issued within 60 days after receipt of a request for review, unless special circumstances require an extension of time for processing (such as the need to hold a hearing), in which event, a decision should be rendered as soon as possible, but in no event, later than 120 days after such receipt. The Optum Financial decision regarding the claim will be final and will exhaust all administrative remedies.

## **J. Roll-Over Provision**

Under IRS rules, any balance above \$550 (or the maximum amount allowed by the IRS in a given plan year) remaining in a participant's HCRA after the last eligible expense has been reimbursed for a given plan year shall be forfeited. However, up to \$550 (or the maximum amount allowed by the IRS) of unspent funds in your HCRA at the end of the plan year will be carried over and may be used in the subsequent plan year, provided you re-enroll in the HCRA for the subsequent plan year. All rollover funds will be forfeited if you do not re-enroll in the HCRA for the following plan year.

### **Here's how this IRS provision will work:**

Example 1: Suppose you enroll in the HCRA and have \$30 per pay period deducted from your check for an annual amount of \$720 (\$30 x 24 pay periods). By December 31, you have only incurred eligible health care expenses of \$300. Under the IRS rule, you will be able to carry over \$420 (\$720 - \$300) to the subsequent plan year to be used for eligible expenses, provided you re-enroll in the HCRA in the subsequent plan year.

Example 2: Suppose you enroll in the HCRA and have \$30 per pay period deducted from your check for an annual amount of \$720 (\$30 x 24 pay periods). By December 31, you have only incurred eligible health care expenses of \$100, leaving an unspent balance of \$620. Under the IRS rule, you will be able to carry over the maximum allowable amount of \$550 to the subsequent plan year to be used for eligible expenses (\$70 will be forfeited), provided you re-enroll in the HCRA in the subsequent plan year.

## **K. Eligible Expenses**

Eligible health care expenses are your out-of-pocket costs for medical, dental, vision, or hearing care that are medically necessary for the diagnosis, treatment, or prevention of disease, and for treatment affecting any part or function of the body. To receive reimbursement from your HCRA, all three of the following conditions must be true:

- Your expense must be for yourself or your eligible dependent,
- Your expense must be incurred while you are participating in the HCRA, and
- Your expenses must not be reimbursable by health insurance or other sources.

An expense is incurred for this purpose when the care is actually provided, not when the participant is billed or pays for the care.

Listed below are some of the expenses that may be eligible for reimbursement through the HCRA if they are not paid by insurance.

### **Co-insurance and deductibles**

#### **Dental and orthodontic care**

- Dental care necessary for the proper function of the teeth
- Braces, orthodontic devices necessary for the proper function of the body

#### **Expenses of services connected with donating an organ**

#### **Fees to doctors, hospitals, etc.**

- Anesthesiologists
- Chiropractors
- Christian Science practitioners
- Dentists
- Dermatologists
- Neurologists
- Nursing services for the treatment of specific medical ailment
- Obstetricians
- Pathologists
- Pediatricians
- Podiatrists
- Psychiatrist
- Psychoanalysts (medical care only)
- Psychologists (medical care only)
- Radiologists

#### **Hearing care**

- Hearing aids and batteries

#### **Miscellaneous charges**

#### **Other medical expenses**

- Hospital services
- Laboratory fees
- Iron lung

- Operations and related treatments
- Oxygen equipment
- Wheelchair
- Weight loss clinics or providers, if treatment is rendered for obesity or similar diagnosis on a physician's recommendation.

### **Over-the-counter medicine**

Many over-the-counter (OTC) medicines are not eligible for reimbursement unless prescribed by your doctor. Visit [www.optum.com/financial](http://www.optum.com/financial) website for the most current list of eligible products.

Note: your debit card will reject these types of items at the time of purchase and will require manual submission. OTC items, such as diabetic supplies, elastic bandages and wraps, Band-Aids, and reading glasses will continue to be eligible without a prescription and can be purchased using your debit card.

### **Physicals**

- Routine and preventive physicals
- School and work physicals

**Prescription drugs** (with certain exceptions, see next page)

### **Speech Therapy**

#### **Therapy/treatment**

- X-rays
- Treatment for alcoholism or drugs
- Sterilization
- Acupuncture
- Vaccinations
- Physical therapy

#### **Transportation essential to medical care**

- Ambulance service
- Bus, train, taxi, or plane fare

#### **Vision care**

- Eyeglasses
- Contact lenses
- Lasik eye surgery
- Ophthalmologists or optometrists' fees

## **L. Ineligible Expenses**

Expenses that are for general health or personal improvement, even if prescribed or recommended by your physician, cannot be reimbursed. Some other expenses that are ineligible for reimbursement through an HCRA include:

- Amount Paid for by a Separate Medical Plan
- Body Piercing
- Cosmetic Surgery - including face-lifts and liposuction
- Diaper Service
- Diet Foods
- Expenses of Divorce - even when physician or psychiatrist recommends divorce
- Expenses for Health Clubs and Nutrition- For general health and well-being, even if prescribed by a physician
- Fees - exercise, athletic, or health club membership
- Health Insurance Premiums
- Humidifier Purchased for Dust Allergy
- Interpersonal Relationship Counseling
- Lamaze Class Fees
- Marriage Counseling Provided by a Clergyman
- Maternity Clothes
- Some Prescription Drugs, Even if Prescribed by a Physician- Rogaine or other hair growth drugs, Retin-A or other drugs for cosmetic purposes only, or other drugs for general health and not for medical care
- Wellness or Self Improvement Classes
- Wigs- when not medically necessary for mental health
- Vacuum Cleaner Purchased for Dust Allergy

## **M. Health Care Reimbursement Account Worksheet**

### **Instructions**

- Use this worksheet to identify the HCRA-eligible expenses you expect to have for yourself and your HCRA-eligible dependents for the plan year (January 1 through December 31) or the remainder of the plan year if you enroll after January 1.
- Divide your total HCRA-eligible expenses by the number of pay periods in the plan year (or by the number of pay periods remaining in the plan year if you enroll after January 1). The answer is your HCRA contribution per pay period if you choose to enroll in an HCRA.

Your HCRA contribution will be deducted automatically from your pay before state and federal income tax and Social Security tax are calculated. Once your HCRA is in effect and you have an eligible expense during the plan year in which you enrolled, you may reimburse yourself with tax-free money from your account.

Do not include expenses on this worksheet that you are unsure about. Internal Revenue Service regulations require that any amount above \$550 remaining in an HCRA at the end of the expense period (following the 90-day filing period) is forfeited.

Review the HCRA information carefully before enrolling in an HCRA account.

**Health Care Reimbursement Account (HCRA) Worksheet**

<b>HCRA-Eligible Expenses (from HCRA effective date through December 31)</b>	<b>You</b>	<b>Your Spouse</b>	<b>Your Other Eligible Dependents</b>	<b>Total</b>
Deductibles (amounts covered but not paid by health insurance)	_____	+ _____	+ _____	= \$ _____
Co-payments and Coinsurance	_____	+ _____	+ _____	= \$ _____
Doctor or clinic visits (amounts not covered by insurance)	_____	+ _____	+ _____	= \$ _____
Prescription drugs (amounts not covered by insurance)	_____	+ _____	+ _____	= \$ _____
Dental care / Orthodontia (amounts not covered by insurance)	_____	+ _____	+ _____	= \$ _____
Vision Care (amounts not covered by insurance)	_____	+ _____	+ _____	= \$ _____
Hearing Care (amounts not covered by insurance)	_____	+ _____	+ _____	= \$ _____
Other HCRA-eligible expenses	_____	+ _____	+ _____	= \$ _____
Total HCRA-eligible expenses for the remainder of plan year				= \$ _____
Number of pay periods in a plan year for you				÷
Estimated Contribution per pay period (whole dollar amount)*				= \$ _____
* Minimum \$5 per pay period; maximum \$114.58 per pay period				

# General Provisions

## Administration

### **Powers and Duties of the Flexible Employees' Benefits Board**

The FEBB shall manage and administer the Plan or delegate responsibilities to a designated agent. The FEBB shall interpret the Plan and decide all matters arising thereunder, including the right to remedy possible ambiguities, inconsistencies, or omissions. All determinations of the FEBB concerning any matter under the Plan shall be conclusive and binding on all persons. The FEBB may:

- Require any person to furnish such information as it may request for the proper administration of the Plan and as a condition to receiving any benefits under the Plan.
- Make and enforce administrative rules and prescribe the use of such forms as it considers necessary for the efficient administration of the Plan.
- Decide questions concerning the Plan and the eligibility of any employee to participate in the Plan, under the provisions of the Plan.

### **Additional Operating Rules**

Subject to federal tax laws, a participant's salary reduction amount will not be subject to federal income tax withholding or applicable Medicare tax withholding. Salary reduction amounts will not be subject to any state income tax withholding unless otherwise prohibited by applicable state law.

Salary reduction amounts under this Plan shall not reduce salary or wage amounts for purposes of any other employer-sponsored employee benefit programs unless the provisions of those programs otherwise provide.

In the event a participant is on an unpaid leave of absence or any other circumstances where the participant continues to be eligible for coverage under the benefit plan offered by the employer for which benefit costs must be paid, and the participant does not receive a salary sufficient to pay the applicable insurance premium, it is the responsibility of the participant to remit to the employer funds to cover the participant's share of applicable insurance premiums. Such payments shall be made monthly.

### **Amendment or Termination of the Plan**

The FEBB reserves the power at any time and from time to time (and retroactively if necessary or appropriate to meet the requirements of the Code) to modify or amend, in whole or in part, any or all of the provisions of the Plan; provided, however, that no such modification or amendment shall divest a participant of a right to a benefit to which he or she becomes entitled under the Plan. The FEBB reserves the power to discontinue or terminate the Plan at any time. Any such amendment, discontinuance, or termination shall be effective as of such date as the FEBB shall determine.

## **General**

### **No Right to be Retained in Employment**

Nothing contained in the Plan shall give any employee the right to be retained in the employment by the employer or affect the right of the employer to dismiss any employee.

### **Alienation of Benefits**

No benefit under the Plan is subject to anticipation, alienation, sale, transfer, assignment, pledge, encumbrance, or charge, and any attempt to do so is void.

### **Use of Form Required**

All communications in connection with the Plan made by a participant are effective only when duly executed on forms provided by and filed with the FEBB.

### **Applicable Law**

The provisions of the Plan shall be construed, administered, and enforced according to applicable federal law and the laws of the State of Alabama.

### **Limitation on Liability**

The employer does not guarantee benefits payable under any insurance policy or other similar contract described or referred to herein, and any benefits thereunder shall be the exclusive responsibility of the insurer or other entity that is required to provide such benefits under such policy or contract.

### **Determination of Noncompliance**

If a determination is made that all or any part of the contributions to the Plan do not qualify as non-taxable contributions to a "Cafeteria Plan" under Section 125 of the Code, the affected contributions made by any participant shall be treated as salary and, to the extent not yet expended, returned to such participant. The participant shall pay:

- any state or federal income taxes due concerning such amount, together with any interest or penalties imposed thereon;
- the participant's share (as determined in good faith by the employer) of any applicable Medicare tax contributions which would have been withheld from such amounts by the employer had such amounts been treated as salary; and
- an amount (as determined in good faith by the employer) equal to the portion of any applicable penalties and interest payable by the employer as the result of the failure to withhold and pay such amounts to the appropriate payee allocable to the participant.

## **FEBB Appeals Process**

### **General Information**

Issues involving eligibility and enrollment should be addressed directly with the FEBB through the appeal process outlined below. However, all issues regarding benefit determinations should be addressed through the Optum Financial appeal process. The following issues will not be reviewed under the FEBB appeal process:

- Medical Necessity
- Investigational Related Services
- Cosmetic Surgery
- Custodial Care
- Allowed Amounts

Note: Medical decisions will not be questioned.

All requests must be sent to the following address:

Flexible Employees' Benefits Board  
c/o State Employees' Insurance Board  
Attention: Legal Department  
P.O. Box 304900  
Montgomery, Alabama 36130-4900

### **Informal Review**

If you feel an enrollment or eligibility decision was not in conformity with FEBB rules, policies, or procedures, you may request an informal review. In many cases, the issue can be resolved over the phone without the need for an administrative review or formal appeal. A request for an informal review must be received by the FEBB within 60 days from the date of an adverse decision by the FEBB. Untimely requests will be denied.

### **Administrative Review**

If you are unsatisfied with the informal review decision, you may then request an administrative review. All requests for administrative review must be received by the FEBB within 60 days from the date of the informal review decision. Untimely requests will be denied. If the FEBB determines that an administrative review is appropriate, you will be sent an FEBB administrative review form to complete and return. A copy of the initial adverse determination and informal review decision must be submitted with the administrative review form. The administrative review committee will review the request, usually within 60 days. Oral arguments will not be considered unless approved by the FEBB. The administrative review committee will issue a decision in writing to all parties involved in the review.

### **Formal Appeal**

If you do not agree with the administrative review decision, you may file a request for a formal appeal before the Board of Directors. Requests for a formal appeal must be received by the FEBB within 60 days following the date of the administrative review committee's decision. Untimely requests will be denied. Oral arguments will not be considered unless approved by the FEBB. If your request for a formal appeal is granted, generally, a decision will be issued within 90 days following approval of the request for a formal appeal. The number of days may be extended by notice from the FEBB. If you have not received a decision or notice of extension within 90 days, you may consider your appeal denied. The Board's decision is the final step in the FEBB appeal process and will exhaust all administrative remedies.

The subject of a formal appeal shall be limited to exclusions or exceptions to eligibility, enrollment, or coverage based on extraordinary circumstances, or policy issues not previously addressed or contemplated by the Board.

## Definitions

The following words and phrases have the following meanings unless a different meaning is plainly required by the text:

**Administrator** - The State of Alabama Flexible Employees' Benefits Board or other person, committee, company, or group that may be appointed by the FEBB to supervise the administration of the PCB, the DCRA, and the HCRA.

**Benefits Plan** - (a) The State Employees' Health Insurance Plan, including any supplemental or optional coverage, established by the employer through the State Employees' Insurance Board offered to certain eligible employees and their eligible dependents and in effect as of the date of this Plan, as amended from time to time; or (b) certain voluntary insurance programs approved by the FEBB.

**Optum Financial** - The third party administrator contracted by the FEBB to perform administrative duties for the Plan.

**Cafeteria Plan** - The State of Alabama Flexible Employees' Benefits Plan.

**Claims Administrator** – Optum Financial.

**Code** – The Internal Revenue Code of 1986 as amended.

**DCRA** – Dependent Care Reimbursement Account.

**Eligible Employee** – See “Eligible Employee” section.

**Employer** - The State of Alabama, its agencies, departments, or county health departments that participate in the Plan.

**Expense Period** - The 12-month Plan year, notwithstanding any provision in the Plan to the contrary, during which participants in the HCRA may be reimbursed for eligible expenses to the extent they are otherwise eligible for reimbursement under the terms of the HCRA.

**FEBB** - The Flexible Employees' Benefits Board.

**Filing Period** – Time frame during which eligible expenses must be submitted. The filing period consists of the plan year plus 90 days from the end of the plan year.

**Flexible Benefits** - Coverages offered through the authority of the Flexible Employees' Benefits Board to employees of the State of Alabama on a pre-tax basis. Flexible benefits are offered under Section 125 of the IRS regulation.

**Flexible Employees' Benefits Board (FEBB)** - The state board established by the Alabama Legislature (Ala. Code 36-29-20 through 36-29-30) responsible for the administration of the Flexible Employees' Benefits Plan.

**HCRA** - Health Care Reimbursement Account.

**Open Enrollment** - The annual open enrollment period is held in November for a January 1 effective date.

**PCB** - Premium Conversion Benefit.

**Participant** - An eligible employee who is participating in the Plan.

**Part-Time** - Any employment status of less than full-time as determined by the employing agency in accordance with rules established by the State Personnel Department.

**Plan** - The State of Alabama Flexible Employees' Benefits Plan.

**Plan Year** - Twelve consecutive month period beginning January 1 and ending December 31.

**Salary Reduction Agreement** - A written agreement between a participating employee and the employer, whereby the eligible employee agrees to reduce his salary by a stated amount or an amount equal to the cost of benefits selected under the Plan. The employer agrees to contribute such amounts to cover the cost of benefits selected by the participating employee.

**Salary Reduction Amount** - The amount by which an eligible employee has elected to reduce his compensation pursuant to the Salary Reduction Agreement, but not above a dollar limitation established by the FEBB for each plan year.

**Service Provider** - The individual or dependent care center that takes care of your dependent while you work.

**Voluntary Insurance Programs** - Those programs approved for payroll deduction pursuant to Alabama Code Section 36-1-4.3.

## **Forms**

Flexible Employees' Benefits Plan Enrollment Form (HCRA & DCRA)

Dependent Care Account Claim and Provider Documentation Form (Claim Form)

Health Care Reimbursement Account – Manual Claim Form (Claim Form)

Qualifying Change in Status Form (HCRA & DCRA)

# 2022 Flexible Employees' Benefits Plan Enrollment Form (Health Care and Dependent Care Reimbursement Accounts)

Return completed form to: Flexible Employees' Benefits Board, PO Box 304900, Montgomery AL 36130-4900  
Telephone: (334) 263-8341 Toll Free: 1-866-836-9737 Fax: (334) 263-8541

## EMPLOYEE INFORMATION (PLEASE PRINT)

<b>Name:</b>		<b>Contract or Social Security #</b>	<b>Date of Birth</b>
<b>Address:</b>			
<b>City, State and Zip:</b>			
<b>Work Phone (required):</b>		<b>Home Phone:</b>	
<b>Email Address:</b>			

If any of the following advisors assisted you, check the box by their name:

- Genie Blake                       Michelle Dallas                       Rick Wages                       Kerry Schlenker

**Health Care Reimbursement Account** – Reimburses you for qualifying out-of-pocket healthcare expenses for you and your dependents during the plan year. (Minimum annual contribution is \$120 and the current maximum is \$2,750\*) Note: health insurance premiums do not qualify for reimbursement.

\*The Flexible Employees' Benefits Board provides a \$50 credit to any member who enrolls in the HCRA. Therefore, if you elect the maximum \$2,750, the total contribution to your account will be \$2,800.

- To enroll, enter the estimated annual amount you expect to spend for qualifying out-of-pocket healthcare expenses during the plan year.
- This annual amount will be divided by the number of pay periods you will be working during the plan year.

**HCRA Annual Contribution Amount:** \_\_\_\_\_

- If you chose the current IRS maximum, check this box to indicate that you would like to increase your annual contribution in the event the IRS increases the maximum contribution amount before the beginning of the plan year.

Do not include expenses for over-the-counter items unless approved by Optum Financial.  
All enrollees will receive a flexible spending card. Please save all receipts.

**Dependent Care Reimbursement Account** – Reimburses you for qualifying dependent/child care related expenses during the plan year. Note: a dependent's medical/dental expenses do not qualify for reimbursement under the DCRA.

- To enroll, enter the estimated annual amount you expect to spend for qualifying dependent care expenses during the plan year (\$5,000 maximum).
- This annual amount will be divided by the number of pay periods you will be working during the plan year.

**DCRA Annual Contribution Amount:** \_\_\_\_\_

### Important – Read Carefully Before Signing

I understand that I cannot change or revoke any of my elections at any time during the plan year (Jan. 1-Dec. 31) unless I have a change in status as defined by the IRS. During the annual open enrollment period, I will be given the opportunity to enroll in the plan for the upcoming plan year (Jan. 1-Dec. 31). I must enroll each year during the open enrollment period since participation in the plan for subsequent years is not automatic, even if I want to contribute the same amount as the previous year. **Up to \$550 of unused funds remaining in the HCRA will "carry over" to the 2023 plan year after the 2022 filing period has expired, provided I re-enroll in the HCRA for the 2023 plan year. If I do not re-enroll for the 2023 plan year, all funds remaining in the HCRA after the 2022 filing period has expired will be forfeited. Even if I do re-enroll for the 2023 plan year, funds in excess of \$550 remaining in the HCRA after the 2022 filing period has expired will be forfeited. Unused funds remaining in the DCRA are forfeited after the 2022 filing period has expired.**

I further understand and agree that if I receive payments that exceed the amount of eligible expenses or if I fail to provide proper documentation for a request for reimbursement or validation of a debit card transaction, I will be required to repay the excess reimbursement immediately after receipt of notification. If I fail to repay the excess reimbursement, the FEBB is authorized to: (1) offset the excess reimbursement against any other eligible expenses submitted for reimbursement (in accordance with applicable law); or (2) withhold the amount of the excess reimbursement from my pay (to the extent permitted by applicable law). If the FEBB is unable to recoup the amount of the excess reimbursement by any of these means, the amount of the excess reimbursement that could not be recouped will be reported to the Internal Revenue Service and applicable taxes will be withheld from my pay.

I hereby certify that I have completely read and fully understand the terms and conditions of the Flexible Employees' Benefits Plan and all information furnished is true and complete.

Employee Signature: \_\_\_\_\_

Date: \_\_\_\_\_





## How to Submit a Claim for Dependent Care Accounts

We offer three easy ways for you to access your Dependent Care Account funds. **For fastest results, we encourage you to submit your claim with the Optum Financial mobile app.**

For Dependent Care Accounts, you may only receive reimbursements for services already incurred. An expense is incurred when a service is received, not when a bill is paid. Even though your service provider may require payment at the beginning of the service period, you cannot request reimbursement until after the service is provided.

### **Mobile App Claim Submission – Fastest Method**

1. **Collect Documentation:** Collect an itemized statement from your dependent care provider containing the required information (Provider's Name, Dependent's Name, Service Period, Payment Amount and Care Being Provided). Or, ask your provider to complete the Provider Certification section on the Dependent Care Account Claim and Provider Documentation Form (included in this document). If your provider completes the Provider Certification, you can submit that as your documentation.
2. **Submit Claim and Documentation:** Download the Optum Financial mobile app from your app store. Sign in using your existing Optum Financial website username and password. Click "Make a payment" from the main screen. Enter the requested information about your claim and continue through the screens to confirm, take a picture of your documentation, upload the picture to the created claim and submit.

### **Online Claim Submission**

1. **Collect Documentation:** Collect an itemized statement from your dependent care provider containing the required information (Provider's Name, Dependent's Name, Service Period, Payment Amount and Care Being Provided). Or, ask your provider to complete the Provider Certification section on the Dependent Care Account Claim and Provider Documentation Form (included in this document). If your provider completes the Provider Certification, you do not have to submit additional documentation.
2. **Submit Claim and Documentation:** Sign in to your online account at [optumfinancial.com](https://optumfinancial.com). Follow the instructions to enter a new claim. Enter the requested information about your claim and continue through the screens to submit the claim and required documentation via fax or upload.

### **Paper Claim Submission**

1. **Collect Documentation:** Ask your provider to complete the Provider Certification section on the Dependent Care Account Claim and Provider Documentation Form (included in this document). If your provider completes the Provider Certification, you do not have to submit additional documentation. Or, collect an itemized statement from your dependent care provider containing the required information (Provider's Name, Dependent's Name, Service Period, Payment Amount and Care Being Provided).
2. **Submit Claim and Documentation:** Fax the form with receipts and required documentation to (443) 681-4602. When you fax the form and supporting documentation, there is no need to follow up with a hard copy in the mail. Remember to keep the original claim form and supporting documents for your records.

If you choose to mail your form and documentation instead of faxing, the address is:

**Claims Department**  
P.O. Box 622317  
Orlando, FL 32862-2317





## Dependent Care Account Claim and Provider Documentation Form

Use this form to submit your claims for reimbursement of eligible dependent care expenses.

- **Eligible items** include dependent day care expenses so you and/or your spouse can work, look for work, or attend school full-time. For example, the account may cover child and elder day care, before- and after-school care expenses, summer day camp, nursery school, and pre-school costs.
- You may only receive reimbursements for services already incurred. An expense is incurred when a service is received, not when a bill is paid. Even though your service provider may require payment at the beginning of the service period, you cannot request reimbursement until after the service is provided.
- **Provider certification or documentation is required.** If your provider completes the Provider Certification section below, you do not have to submit additional documentation. Or, you may attach an itemized statement from your provider showing Provider's Name, Dependent's Name, Service Period, Payment Amount and Care Provided. Cancelled checks, credit card receipts or balance forward statements are not acceptable.
- Complete all entries on this submission form. Please print or type. Sign and date this form, then submit using the mobile app or online. Or you may fax or mail this form, along with any additional required documentation, to the claims department. (Mobile app submission is fastest).

Personal Information						
Name of Employer				Claim # (if claim has already been entered online)		
Employee Name (last name, first name)				Last 4 Digits of Social Security Number		
Claim Details						
Service Start Date	Service End Date	Dependent's Name	Relationship to Employee	Name of Provider	Description of Service	Amount Requested
Total						\$
Provider Certification (If your provider does not complete this section, additional documentation is required)						
Provider Name: _____ Provider Address: _____  Provider Certifies: • I am a qualified care provider. • I provided care as noted below and charged the amount listed.						
Provider Signature _____				Date _____		
Authorization and Certification						
<b><i>Read carefully: This claim will not be processed without your signature.</i></b> I certify that these expenses have been incurred by me or my spouse. The expenses have not been reimbursed and are not reimbursable under any other plan, such as an individual policy or my spouse's or dependent's plan. I understand that any amount reimbursed may not be used to claim any federal income tax deduction or credit on my or my spouse's income tax return. I further certify that dependent care expenses were incurred for the purpose of allowing me (and my spouse, if applicable) to be gainfully employed. I certify that these expenses are for the care of a Qualifying Dependent and that the expenses qualify as valid Dependent Care Expenses as defined by the Internal Revenue Service.						
Employee Signature _____				Date _____		
Submission Instructions: It's fastest and easiest to submit this form using the mobile app or online. You may also fax or mail.						
Fax: (443) 681-4602				Mail: <b>Claims Department</b> P.O. Box 622317 Orlando, FL 32862-2317		
If you have any questions, please contact <b>Customer Service</b> .						





## How to Submit a Claim

We offer four easy ways for you to access your health care account funds. **For fastest results, we encourage you to submit your claim using the Optum Financial mobile app or payment card.**

### Payment Card

1. If your account includes a payment card, you can use it to directly pay for services directly at eligible health care and locations such as doctor's offices, hospitals, and pharmacies.
2. **Save your documentation!** When you swipe the card, a claim is created for you and eliminates the need for you to fill out a claim form. However, documentation may still be required. If a receipt is needed, you will be notified by email or letter within two weeks of your payment card swipe. You can also review if your claim requires documentation by signing in to your online account.

### Mobile App Claim Submission

1. Download the **Optum Financial mobile app** from your app store. Sign in using your existing Optum Financial website username and password.
2. Click "Make a payment" from the main screen. Enter the requested information about your claim and continue through the screens to take a picture of and upload your documentation. Once documentation is uploaded to your claim, click confirm and then submit.

### Online Claim Submission

1. Sign in to [optumfinancial.com](https://optumfinancial.com).
2. Follow the instructions on the main page to enter a new claim. Enter the requested information about your claim and continue through the screens to submit the claim and required documentation.

### Paper Claim Submission

1. If you didn't use your payment card and are unable to access the Internet, complete the Manual Claim Form.
2. Fax the form along with copies of all required documentation to (443) 681-4602. When you fax the Manual Claim Form and copies of your supporting documentation, there is no need to follow up by sending a hard copy in the mail. Remember to keep the original claim form and supporting documents for your records.
3. If you choose to mail your claim form and documentation instead of faxing, the address is:  
**Claims Department**  
P.O. Box 622317  
Orlando, FL 32862-2317



## Manual Claim Form

Use this form to submit your claims for reimbursement of eligible expenses paid out of pocket that have not already been submitted.

- Do not use this form if expenses were already paid with your health care payment card.
- Do not use this form if you already submitted this claim using the mobile app or online.
- Complete all entries on this submission form. Please print or type.
- Sign and date this form.
- Fax or mail it, along with the required documentation, to the claims department. (See submission instructions below.)

Personal Information	
Name of Employer:	
Employee Name: (last name, first name)	Last 4 Digits of Social Security Number:

Documentation Required
<p>You must submit documentation with this form. Documentation must include the patient's name, description of service, date of service and amount charged. Cancelled checks, credit card documentation or balance forward statements are not acceptable. Examples of acceptable documentation include a copy of the Explanation of Benefits (EOB) from your insurance company, an itemized statement from a provider, or an itemized pharmacy receipt (if applicable to your plan).</p>

Claim Details					
Date of Service	Patient's Name*	Relationship to Employee	Name of Provider	Description of Service	Amount Requested
Total					\$

Authorization and Certification
<p><b><i>Read carefully: This claim will not be processed without your signature.</i></b></p> <p>I certify that these expenses have been incurred by me or by my eligible spouse or dependent* as defined by my Plan and relevant IRS guidelines. The expenses have not been reimbursed and are not reimbursable under any other plan, such as a group medical plan, individual policy, or spouse's or dependent's plan. I understand that any amount reimbursed may not be used to claim any federal income tax deduction or credit on my or my spouse's or my dependent's income tax return. I understand that it is my responsibility to determine whether distributions are for qualified expenses and for any tax consequences that may occur. *If I am participating in an HRA, I certify that any medical expenses have been incurred by me or by my eligible spouse or dependent covered by my medical plan.</p>
<div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div style="width: 60%; border-top: 1px solid black; margin-top: 5px;">Signature</div> <div style="width: 35%; border-top: 1px solid black; margin-top: 5px;">Date</div> </div>

Submission Instructions	
For fastest results, fax to: (443) 681-4602	Or mail to: <b>Claims Department</b> P.O. Box 622317 Orlando, FL 32862-2317

\* Patient/dependent must be eligible for reimbursement under your plan and relevant IRS guidelines.



## Qualifying Change in Status Form HCRA and DCRA

**Flexible Employees' Benefits Plan**  
**PO Box 304900**  
**Montgomery AL 36130-4900**  
**(334) 263-8341 1-(866)-836-9737 Fax: (334) 263-8541**

### Employee Information

Last	First	MI	Contract Number
Home Phone: (     )		Work Phone: (     )	

### Reason for Change(s) in Flexible Benefit Account

Place a check next to the statement that best describes the reason for this action and gives the date of the qualifying event.

Date of Qualifying Event \_\_\_\_\_

- Addition of dependent(s) through marriage, birth or adoption of a child, legal custody or placement for adoption;
- Loss of dependent(s) through divorce, annulment, legal separation, death of a spouse or other dependent, or loss of legal custody;
- Unpaid leave of absence for you or your spouse;
- Termination or commencement of your spouse's or dependent's employment;
- Change from full-time to part-time or part-time to full-time by the employee, spouse or dependent;
- Change from hourly to salaried payroll status or vice versa;
- Any other change in employment status not listed that results in the gain or loss of eligibility of the employee, spouse, or dependent;
- Dependent's loss of coverage due to age;
- Change of residence or worksite of employee, spouse or dependent;
- Change in the cost of daycare;
- Compliance with Issuance of family relations judgment, decree or order (i.e., QMCSO);
- Medicare or Medicaid entitlement of employee, spouse or dependent;
- Taking leave under the Family and Medical Leave Act;
- To make changes in the IRC Section 401(k) and 401(m) elective and after-tax deferrals as permitted by those sections;
- HIPAA Special Enrollment events;
- Significant change in medical benefits or premiums.
- For DCRA only: A change in dependent care providers; the cost of dependent care; work schedule which results in a different number of required dependent care hours; or dependent care or school closure

### Dependent Information

Specify each eligible dependent to be covered, if applicable

Dependent's Full Name	Social Security Number	DOB	Relationship

### Coverage Changes

Dependent Care Reimbursement	Health Care Reimbursement
<input type="checkbox"/> Increase contribution from \$ _____ to \$ _____	<input type="checkbox"/> Increase contribution from \$ _____ to \$ _____
<input type="checkbox"/> Decrease contribution from \$ _____ to \$ _____	<input type="checkbox"/> Decrease contribution from \$ _____ to \$ _____
<input type="checkbox"/> Discontinue DCRA	<input type="checkbox"/> Discontinue HCRA

**Certification:** I understand that the Internal Revenue Code prohibits me from changing the election I have made after the beginning of the Plan year, except under special circumstances. I understand that the change in my benefit election must be necessary or appropriate as a result of the status change under the regulations issued by the Department of the Treasury. I hereby certify that the information furnished in this form is true and complete to the best of my knowledge.

Employee Signature Date





**Flexible Employees' Benefits Board**

201 South Union Street, Suite 200  
PO Box 304900  
Montgomery, Alabama 36130-4900  
Phone: 334-263-8300  
Toll-Free: 1-866-836-9737  
[www.alseib.org](http://www.alseib.org)

**Optum Financial**

**Customer Service**

(844) 330-8218

**Claims**

P.O. Box 622317  
Orlando, FL 32862-2317  
1-443-681-4602 (facsimile)