



# Flexible Spending Accounts (FSA)

## 2017 Open Enrollment

An FSA is a great way to maximize your income! An FSA reduces your taxable income by setting aside pre-tax dollars to pay for eligible health care and dependent care expenses. Most participants save between 20% and 30%!

### Open Enrollment

Open enrollment is underway now. Take advantage of these potential savings by enrolling in a Health FSA and/or Dependent Care FSA. Eligible employees can submit a completed Enrollment Form to the HR Department to participate in the upcoming plan year. Changes to your FSA are permitted only during the annual election period unless you have a qualifying event. You may also complete an Employee Direct Deposit Authorization Form to have your reimbursements direct deposited in your checking or savings account.

### Health FSA

You can contribute an amount to your Health FSA that will be deducted evenly out of each paycheck on a pre-tax basis. These funds are then used for eligible healthcare expenses for you and your family, even if they are not enrolled in your group health plan. Eligible Health FSA expenses include medical, dental and vision expenses not covered by insurance; such as, doctor and prescription co-pays, dental expenses, vision expenses and drugs taken to treat a medical condition.

### Dependent Care FSA

The Dependent Care Flexible Spending Account enables you to pay for out-of-pocket, work related dependent day-care cost with pre-tax dollars. If you are married, you can use the account if you and your spouse both work or, in some situations, if your spouse goes to school full-time. Generally an eligible child must be under age 13 and share your same principal residency for more than half the year. Under a special rule for dependent care expenses for children of divorced or separated parents, a child is an eligible dependent with respect to the custodial parent even when the noncustodial parent is entitled to claim the dependency exemption for the child.

### Account Access

You can access your Health FSA and Dependent Care FSA at any time by registering via the BPC WealthCare Portal. You will also be able to submit claims online, check your balance, view the list of FAQ's, among many other things. Once you are enrolled you may visit [www.bpcinc.com](http://www.bpcinc.com) and click "Access Your Participant Account" that is found under the Participant dropdown menu to register for online access.



Maximize Your Income And Save Tax Dollars  
By Enrolling In A Flexible Spending Account!





Flexible Spending Accounts Enrollment Form
Canton Union School District #66: Plan Year January 1 – December 31, 2017

EMPLOYEE INFORMATION

Full Name: \_\_\_\_\_ SS # \_\_\_\_\_
Mailing Address: \_\_\_\_\_
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_
Email: \_\_\_\_\_ Phone: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Please check box if you have had an address change since last plan year.

ENROLLMENT TYPE

- Open Enrollment
Qualifying Event/Status Change (please include a completed Status Change Form)

Complete only if eligibility is AFTER Jan1 Open Enrollment period:

New Hire

Eligibility Date \_\_\_\_\_ First Payroll Date \_\_\_\_\_

PAYROLL FREQUENCY

Semi-Monthly (24) Monthly (12) Other

ELECTION AMOUNT

By my signature below, I authorize my Employer to make salary reduction contributions on my behalf to the following Flexible Spending Account(s) for the Plan year:

Table with 2 columns: Per Pay Period, Annual Election. Rows for Dependent Care Account (DCA) and Health Flexible Spending (FSA).

\*\* Will you or your spouse have or open an HSA during the plan year?

NOTE: If you have an HSA your Flexible Spending Account will be restricted to dental and vision expenses only.

No, I do not have an HSA Yes, I do have an HSA

TERMS AND CONDITIONS

PLEASE READ CAREFULLY: I understand that premiums for applicable group health, dental, vision, or group term life, etc. will automatically be deducted on a pre-tax basis unless I sign the attached separate waiver form.

- I have received the Summary Plan Description (SPD). It is my responsibility to read and refer to the SPD for complete rules, regulations and restrictions...
I will not be permitted to change this election until the Annual Election Period except for the following changes in circumstances: marriage; divorce; death of spouse or child; increase or decrease in number of dependents; employment or termination of employment of spouse; change in employment status or location of employee; significant change in health insurance premium. I further understand that any change requested must be consistent with the change in circumstances that lead to such request.
The Salary Reduction Contribution amounts elected above for any one Flexible Spending Account cannot be transferred to another Flexible Spending account and that any amounts remaining in my account(s) after the run-out period and any applicable roll-over or grace period, will be forfeited.
If I should terminate employment I will be eligible to submit claims for health and child/dependent care reimbursement until the earlier of 1) the date the Flexible Spending Account balance is \$0, or 2) the last day of the claim filing period. Health claims must be incurred prior to date of termination.
I certify that all expenses for which I will request reimbursement for under these reimbursement accounts are valid expenses under the Plan and the Internal Revenue Code. I also certify that they are not reimbursable under another plan or source and may not be claimed on any federal income tax deduction or credit. If I have inadvertently received payment for an ineligible expense, I agree to provide repayment to the plan.
I acknowledge that my participation in the Health Flexible Spending Account, except for certain limited-purpose Health FSA's, may disqualify myself and/or my spouse from opening or contributing to a Health Savings Account (HSA) for the duration of the FSA plan year.
I understand that generally a Qualifying Individual for Dependent Care Expenses must be less than 13-years-old, or be incapable of self-care, and must share my same principal abode for more than half the year. Under a special rule for children of divorced or separated parents, a child is a Qualifying Individual with respect to the custodial parent even when the noncustodial parent is entitled to claim the dependency exemption for the child.

Signature of Employee

Date

PLEASE RETURN TO YOUR HUMAN RESOURCES DEPARTMENT

Rev. 8-2015

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www.bpcinc.com



# EMPLOYEE DIRECT DEPOSIT AUTHORIZATION FORM

Save time and hassle by signing to have BPC-issued reimbursements deposited directly into the account of your choice. If you already have reimbursements issued this way, you do not need to sign up again. There are two ways to sign up:

- 1. Online Authorization:** You may enter your banking information online by logging in to the BPC web portal (available at [www.bpcinc.com](http://www.bpcinc.com)), and clicking on Reimbursement Settings under the My Accounts tab. You may need to register your online account if you have not already done so. Online authorization will take immediate effect.
- 2. Paper Authorization:** You may sign up by completing the form below and submitting via mail or fax to the address/fax numbers at the bottom of this page. Please allow 2-3 business days for processing of paper forms before new method or account will take effect.

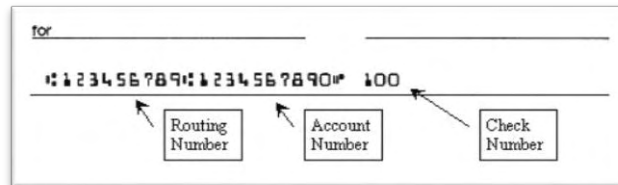
I hereby authorize Benefit Planning Consultants, Inc. (BPC), to initiate credit entries for my Flexible Spending Accounts, Health Reimbursement Arrangements and/or Transportation and Parking accounts to the bank account indicated below and the depository named below, hereinafter called DEPOSITORY. If any credit entries are made in error, this authorization shall allow BPC to initiate corrective debits against the depository account.

### ACCOUNT INFORMATION:

DEPOSITORY (BANK) NAME \_\_\_\_\_  
 CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_  
 ROUTING NUMBER \_\_\_\_\_ ACCOUNT NUMBER \_\_\_\_\_

### DEPOSITORY ACCOUNT TYPE:

CHECKING     SAVINGS



I agree to surrender to BPC an unused and voided personal check from DEPOSITORY as verification for depository account stated above.

This authority is to remain in full force and effect until BPC has received written notification from me of its termination in such time and in such manner as to afford BPC and DEPOSITORY a reasonable opportunity to act on it.

EMPLOYER NAME: (please print) \_\_\_\_\_

EMPLOYEE NAME: (please print) \_\_\_\_\_

EMPLOYEE E-MAIL: \_\_\_\_\_ PHONE: \_\_\_\_\_

EFFECTIVE DATE: \_\_\_\_\_ SSN: XXX-XX-\_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE AUTHORIZED: \_\_\_\_\_

# BPC FLEX, HRA & HSA Benefits Mobile App



## ON-DEMAND ACCESS



- > Get real-time account balances on the spot
- > View recent transactions and details
- > Snap receipt photos and upload
- > Enter and submit claims
- > Communicate with BPC Specialists
- > Receive SMS account alerts



## THE BPC ADVANTAGE

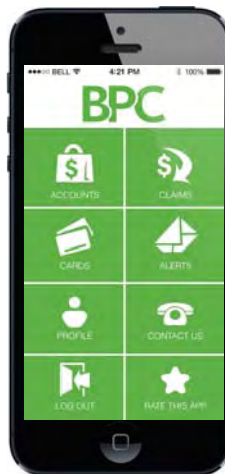


- > Comprehensive benefits administration from an award-winning firm
- > Innovative benefit products that give your company and employees a competitive advantage
- > Economical and affordable tax-savings solutions
- > Saving on your current benefit administration costs

# BPC

Flex | Cobra | HRAs | HSAs | 401(k)

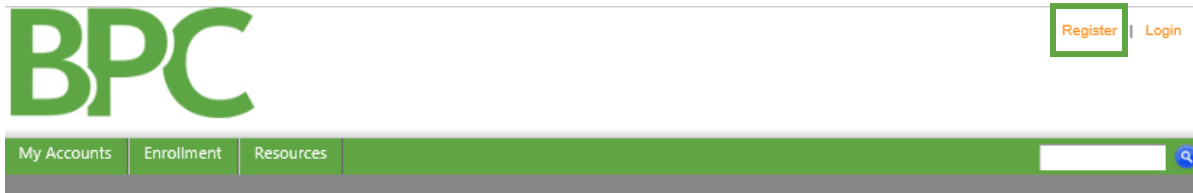
800-355-2350  
www.bpcinc.com



### BPC Web Portal/Mobile App Registration Instructions

Use the BPC web portal or mobile app (search “BPC Benefits” in your app store) to manage every aspect of your account on the go! Instructions below are designed for the online portal, but the same basic steps also apply if registering on the mobile app.

Step 1: Go to [www.mywealthcareonline.com/bpcinc](http://www.mywealthcareonline.com/bpcinc) and click Register in the upper-right corner. If you are on a mobile device click on Register upon opening the app.



Step 2: Enter your personal information in the fields provided.

Registration form fields:

- User Name:
- Password:
- Confirm Password:
- First Name:
- Last Name:
- Email Address:
- Employee ID:
- Registration ID:

Accept Terms of Use  View Terms of Use

Your **username** must be unique, and may be an email address.

Your **password** must be at least 8 characters and include 3 of 4 character types.

1. Upper case letter
2. Lower case letter
3. Number
4. Special character (e.g. !, \$, \*)

Your **Employee ID** and **Registration ID/Employer ID** can be found at <https://bpc.bpcinc.com/people/search>

Step 3: Setup security questions and answers

**Please Note: BPC cannot access your password or the answers to your security questions. Please be sure to document this information, including your username, for future reference.**

Step 4: Verify all of your information, and submit!

*Forget something? – You can retrieve your username by clicking next to “Forgot Your Username” or your password by entering your username, hitting Continue, and then clicking “Forgot Your Password?”*

# Open Enrollment is Here!

# BPC

BPC partners with **FSA Store** to offer you a simple and convenient way to use your flexible spending account.

Our partnership gives you access to:



**Exclusive Discounts**  
4,000+ FSA/HSA Eligible Products



**A Dynamic Eligibility List**  
Reduce FSA Eligibility Confusion



**Free Shipping**  
Orders of \$50+



**24/7 Customer Service**  
Via Live Chat and Phone



Visit <http://www.bpcinc.com/fsa-extras> to get started!

Search thousands of **FSA eligible products** online

# \$10 OFF

Code: **BPCOEC** at checkout

Expires 9/30/17



TRAVEL ESSENTIALS



BABY CARE



EYE CARE



FOOT CARE

**BPC**

Visit: [fsastore.com/BPCOEC](http://fsastore.com/BPCOEC) to get started



### **BPC, Inc. Information Privacy Policy**

BPC understands and respects the privacy of our clients and participants. We take this very seriously and have taken steps to ensure the confidentiality and security of the information you provide to us. This document outlines BPC's treatment of your personal information.

BPC does not rent or sell employer or employee information. BPC places high value on the trust you have placed in us and maintaining this trust is a top priority. We take great pride in offering you top quality benefit administration and providing you with highly personalized services. We respect your right to privacy and will only use your information for purposes as we agreed and to perform our necessary administrative services.

### **Collection of Information**

In order for us to offer our administration services, it is necessary for us to collect certain information about you, your spouse, and your dependents. Some of the information we collect may be considered nonpublic personal information. This may include information on various BPC forms, information you have provided to BPC to render administrative services, information about any transactions with us, and information we obtain from independent third parties. We may collect data via our website, paper claims, or when speaking directly with you.

### **Use of Information**

BPC will use your personal information to provide proper benefit administration in the areas of Cafeteria Plans, FSA, HRA, HSA, COBRA, Pension and Retirement Plans, or any other services we may provide.

### **Online Identification**

Your online identification and email address will be kept in the strictest confidence. We will not disseminate this to third parties with the two following exceptions: 1) Your authorized Human Resources officials 2) Your enrolled insurance providers. We will never disclose your password to anyone except you, or through your password reset service. If you ever suspect your information may have been compromised you may contact us at any time and we will reset your credentials to something only you know.

### **Accurate Information**

Our goal is to keep accurate information. Your information is available by contacting us. BPC reserves the right to request additional information to help us improve communications and improve services for our administrative activities.

### **Sharing of Information**

Vendors may send data to BPC on your behalf in order for us to reimburse you for claims. In return, BPC sends data at times (for example: terminations or reinstatements for COBRA participants) to allow vendors to perform services on your behalf. Other than to perform such duties, BPC will not share your personally identifiable information with any third party without your express permission, except as permitted by law.

### **Security and Confidentiality of Information**

At BPC, we value our relationship with you and understand the need to respect your privacy while also providing administrative services. Please [contact us](#) if you have any questions on our privacy policy.