



Flexible Benefits Plan Summary

January 1 – December 31, 2014

State of Louisiana Flexible Benefits Plan Summary

For Active, Full-time Employees in the Following Payroll Systems

Administration	
HCM (ISIS/HR) System	
Boards and Commissions	
Louisiana Board of Examiners of Nursing Facility Administrators	Louisiana State Board of Certified Public Accountants
Louisiana Board of Massage Therapy	Louisiana State Board of Cosmetology
Louisiana Board of Nursing	Louisiana State Board of Medical Examiners
Louisiana Board of Physical Therapy Examiners	Louisiana State Board of Social Work Examiners
Louisiana Cemetery Board	Louisiana State Board of Wholesale Drug Distributors
Louisiana Motor Vehicle Commission	Louisiana State Licensing Board of Contractors
Louisiana Patient's Compensation Fund	Louisiana Used Motor Vehicle Commission
Louisiana Pilotage Fee Commission	New Orleans City Park
Louisiana Private Security Examiners	New Orleans Redevelopment Authority
Charter Schools and School Boards	
Cameron Parish School Board	Glencoe Charter School
D'Arbonne Woods Charter School	J. S. Clark Leadership Academy
Delhi Charter School	Louisiana Key Academy
Delta Charter School	Maxine Gardina Charter School
East Carroll Parish School Board	Special Education District 1
Colleges and Universities	
Baton Rouge Community College	McNeese State University
Bossier Parish Community College	Nicholls State University
Delgado Community College	Southeastern Louisiana University
Grambling State University	University of Louisiana at Monroe
Louisiana Community and Technical College System	University of New Orleans
Louisiana Tech University	
Housing Authorities	
East Baton Rouge Parish Housing Authority	Ruston Housing Authority
Louisiana Housing Finance Agency	
Judicial Branch	
Criminal District Court of New Orleans	Jefferson Parish Judges
Eighteenth Judicial District Court	Office of the Judicial Administrator
Fifth Circuit Court of Appeal	Second Circuit Court of Appeal
Florida Parishes Juvenile Justice Commission	Supreme Court of Louisiana
Fourth Circuit Court of Appeal	Twenty-Fourth Judicial District Court
Legislative Branch	
Legislative Budgetary Control Council	Louisiana State Senate
Legislative Fiscal Office	Office of the Legislative Auditor
Levee Districts and Ports	
Atchafalaya Basin Levee District	Orleans Levee District
Caddo Levee District	Sabine River Authority
Greater Lafourche Port Commission	St. Bernard Port, Harbor and Terminal District
Natchitoches Levee and Drainage District	The Port of Morgan City
Non-Flood Protection Asset Management Authority	The Port of South Louisiana
Retirement Systems	
Louisiana School Employees Retirement System	Municipal Police Employees Retirement System
Louisiana State Employees' Retirement System	Teachers' Retirement System of Louisiana
Louisiana State Police Retirement System	

This Flexible Benefits Plan Summary is not a contract setting forth all terms and conditions for the determination of eligibility and the payment of benefits by the Flexible Benefits administrator. Such provisions are contained within the Plan Document of the Flexible Benefits Plan for the State of Louisiana. Oversight responsibility is assigned to the Division of Administration, Office of Group Benefits (OGB). OGB retains the right to amend any aspect of any plan, to discontinue contributions and to terminate any plan at OGB's discretion.

OGB Flexible Benefits Plan Year

January 1 through December 31, 2014

Introduction

The State of Louisiana offers a Flexible Benefits Plan that gives you a way to take home more money in every paycheck! Your eligible premiums and contributions for dependent care and medical care are deducted from your gross salary – before taxes. If applicable, this might produce lower Social Security benefits. This means you pay less in taxes and your spendable income increases.

Benefit Options under the Flexible Benefits Plan

- » **Premium Conversion** – allows you to pay the employee share of your eligible health coverage and insurance premiums before taxes are calculated.
 - » **General-Purpose Health Care Flexible Spending Arrangement (GPFSA)** – allows you to use pre-tax dollars to pay eligible out-of-pocket medical, dental and vision care expenses for you, your spouse and/or your federal tax dependents – even if they are not covered by your health plan. Employees cannot participate in the GPFSA and a Health Savings Account (HSA) at the same time.
 - » **Limited-Purpose Dental/Vision Flexible Spending Arrangement (LPFSA)** – limited to eligible out-of-pocket dental and vision expenses only.
 - The LPFSA is available for all full-time employees, including employees enrolled in the Consumer Driven health plan with a Health Savings Account (CDHP-HSA) option.
 - Employees cannot participate in both the GPFSA and the LPFSA at the same time.
 - » **Dependent Care Flexible Spending Arrangement (DCFSA)** – allows you to use pre-tax dollars to pay eligible dependent care expenses for your child or for a spouse, parent or other dependent, who is incapable of self-care.
 - » **Health Savings Account (HSA)** – allows you and your employer, if applicable, to contribute pre-tax dollars to an OGB Health Savings Account. Employees can only contribute to the Health Savings Account option when they also choose the qualifying Consumer-Driven health plan (CDHP-HSA) offered by the Office of Group Benefits and are not covered by any disqualifying non-high-deductible health plan.
- Employees can participate in the General-Purpose Health Care FSA option, the Limited-Purpose Dental/Vision FSA option or the Dependent Care FSA option even if they are not enrolled in an OGB health plan or the Premium Conversion option!**
- ### Eligibility Requirements for Flexible Benefits Plan Participation
- » Enrollment in the Flexible Benefits Plan is limited to active full-time employees (as defined by their employers).
 - » **Rehired retirees who are employed as active full-time employees are eligible for all options.**
 - » Enrollment in the General-Purpose Health Care FSA, the Limited-Purpose Dental/Vision FSA and the Dependent Care FSA options require the eligible employee to agree to pay the administrative fee. Failure to pay the administrative fee will result in denial of the privilege of participation in one or all of the FSAs.
 - » Enrollment in the General-Purpose Health Care FSA and the Limited-Purpose Dental/Vision FSA is limited to active, full-time employees who have a **minimum of 12 consecutive months of continuous employment at a participating agency from January 1, 2013, through December 31, 2013**, and who enroll during Annual Enrollment.
 - » **New hires who were not previously employed by a public agency** are eligible to enroll in the Premium Conversion option and the Dependent Care FSA **within 30 days of their hire date.**
 - » **New hires from a public agency** who were participating in a General-Purpose Health Care Flexible Spending Arrangement or a Limited-Purpose Dental/Vision Flexible Spending Arrangement offered by their prior public employer are eligible to enroll in the General-Purpose Health Care FSA or the Limited-Purpose Dental/Vision FSA within 30 days of their hire date for the remainder of the Flexible Benefits plan year, which runs from January 1, 2014, through December 31, 2014.
 - » **Enrollment in the Health Savings Account (HSA)** option is limited to a Health Savings Account-eligible individual who has enrolled in the OGB Consumer-Driven health plan with a Health Savings Account (CDHP-HSA) option and is not covered by any disqualifying non-high-deductible health plan.

Current participants who want to continue participation:

- **Premium Conversion option** – no action necessary
- **Flexible Spending Arrangement options** – must enroll each year
- **Health Savings Account option** – must enroll each year

Enrollment forms are available from your human resources or payroll office. To enroll, an employee must complete and submit all appropriate enrollment forms to the human resources or payroll office.

The human resources or payroll office must complete all required payroll fields on the enrollment forms.

Premium Conversion Enrollment Forms (for Human Resources/Payroll Personnel only)

The completed State of Louisiana Premium Conversion Enrollment/Stop Form must be mailed or faxed to:

Office of Group Benefits
ATTN: Flexible Benefits Plan
Administration
P.O. Box 44036
Baton Rouge LA 70804
Fax number: 225-925-4860

These forms must be sent in separately from OGB health plan enrollment documents.

Flexible Spending Arrangement Enrollment Forms

Copies of Flexible Spending Arrangement enrollment forms completed **during Annual Enrollment do not** need to be submitted to the Flexible Benefits Plan administrator.

Both HCM (ISIS/HR) and non-HCM (ISIS/HR) agencies must submit **mid-year** Flexible Spending Arrangement enrollment forms to the FSA administrator.

Enrollment Requirements and Forms

- » **Premium Conversion:** Employees who are currently participating do not need to re-enroll each year. Non-participating employees who wish to participate in the Flexible Benefits Plan must complete a Flexible Benefits Premium Conversion Enrollment/Stop Form during Annual Enrollment.
- » **Flexible Spending Arrangements:** Employees who want to enroll in the General-Purpose Health Care Flexible Spending Arrangement or the Limited-Purpose Dental/Vision Flexible Spending Arrangement or the Dependent Care Flexible Spending Arrangement must complete a Flexible Spending Arrangement Enrollment Form during Annual Enrollment. Participating employees must enroll each year to continue participation.
- » **Health Savings Account:** Employees who want to contribute to a Health Savings Account must complete a Health Savings Account enrollment form during Annual Enrollment. Participating employees must enroll each year and be enrolled in the qualifying OGB Consumer-Driven health plan.

OGB Flexible Benefits Annual Enrollment

October 1 through October 31, 2013

See your agency's human resources or payroll office for the deadline to enroll!

Less Taxes = More Spendable Income

Participation in the State of Louisiana Flexible Benefits Plan helps you pay less in taxes, which increases your spendable income. The examples below show how you can save.

Example 1: Premium Conversion		
<i>An eligible employee earns \$2,000 per month and is in the 20% tax bracket.</i>		
	With Flexible Benefits	Without Flexible Benefits
Monthly Salary	\$2,000.00	\$2,000.00
Pre-Tax Health Plan Premium	-420.00	-0.00
Taxable Income	\$1,580.00	\$2,000.00
Taxes (20%)	-316.00	-400.00
After-Tax Premium	-0.00	-420.00
Spendable Income	\$1,264.00	\$1,180.00
\$84 monthly savings x 12 months = \$1,008.00 yearly savings		

Example 2: Premium Conversion and Dependent Care FSA		
<i>An eligible employee earns \$3,000 per month and is in the 25% tax bracket.</i>		
	With Flexible Benefits	Without Flexible Benefits
Monthly Salary	3,000.00	3,000.00
Monthly Pre-Tax Premium	-420.00	0.00
Monthly DCFSA Deduction	-400.00	0.00
Monthly DCFSA Administrative Fee	-3.00	0.00
Monthly Taxable Income	2,177.00	3,000.00
Monthly Taxes (25%)	-544.25	-750.00
Monthly After-Tax Premium	0.00	-420.00
Monthly After-Tax Dependent Care Cost	0.00	-400.00
Monthly Spendable Income	1,632.75	1,430.00
\$202.75 monthly savings x 12 months = \$2,433.00 yearly savings		

Premium Conversion

This benefit of the Flexible Benefits Plan allows you to pay eligible health coverage and insurance premiums before taxes are taken out of your salary. Your net income is increased because you pay lower taxes.

There is no administrative fee for participating in the Premium Conversion option. Once you enroll in this option, you will automatically continue in it from one year to the next year unless you choose to end participation. Currently participating employees who want to stop participation in the Flexible Benefits Plan for the upcoming plan year must complete and submit a Premium Conversion Enrollment/Stop Form during Annual Enrollment to their human resources or payroll office.

Who is eligible to participate?

Active, full-time employees (as defined by their employers) who are employed in one of the payroll systems listed at the beginning of this document are eligible to participate.

Products Eligible for Premium Conversion

The following is a list of companies and the products they offer that are eligible for Premium Conversion through the **HCM (ISIS/HR) payroll system**. Other payroll systems may offer some of these products. Check with your human resources or payroll office to see which eligible products are offered through your payroll system.

Products Eligible for Premium Conversion		
Office of Group Benefits	All OGB Standard Health Plans Health Savings Account Basic and Basic Plus Supplemental Term Life (Prudential) – employee only	
American Family Life Assurance (AFLAC)	Cancer Hospital Indemnity Intensive Care	
American Heritage Life Insurance Co.	Cancer	
American Public Life Insurance Co.	Dental	
Colonial Life and Accident Insurance Co.	Cancer Hospital Indemnity Intensive Care	
Guaranty Assurance Co.	Dental (DINA)	
Guaranty Income Life	Dental (Q-Dent)	
MS of A Dent-All Plan, Inc.	DentalVision Rx Hearing Cosmetic Surgery	Teeth Whitening Weight Loss Massage Therapy Health Care Supplements
National Teachers Associates Life	Cancer Heart	
Starmount Life Insurance Co.	Dental Vision	
Trans America Life Insurance Co.	Cancer Heart	

Below are additional products eligible for Premium Conversion that are not offered through the HCM (ISIS/HR) payroll system but are offered through other payroll systems.

Products Eligible for Premium Conversion (Not HCM)	
Allstate Corporation	Cancer
American Family Life Assurance (AFLAC)	Dental Vision
American Public Life Insurance Co.	Cancer
Ameritas Group	Dental
Brokers National Life	Dental
Crescent (Meritain Health)	Dental Vision
Davis	Vision
Delta	Dental
Metlife	Dental
Spectera	Vision
UnitedHealthcare	Vision
VSP (Vision Service Plan Insurance Co.)	Vision

The Internal Revenue Service does not allow insurance products with cash value or return-of-premium riders to be included in the Premium Conversion option.

General-Purpose Health Care Flexible Spending Arrangement (GPFSA)

(HIPAA-excepted benefits plan)

Who is eligible to participate?

Enrollment in the General-Purpose Health Care Flexible Spending Arrangement (GPFSA) is limited to active, full-time employees with a minimum of 12 consecutive months of continuous employment from January 1 through December 31 of the current calendar year and who enroll during Annual Enrollment. **New hires from a public agency** who were participating in a General-Purpose Health Care FSA with their prior public employer are eligible to enroll in the General-Purpose Health Care FSA within 30 days of their hire date for the remainder of the Flexible Benefits plan year. Failure to pay the administrative fee will result in the denial of the privilege of participation in the GPFSA

Some Examples of Eligible Medical Expenses
Acupuncture
Ambulance service
Chiropractic care
Contact lenses (corrective)*
Dental fees
Diagnostic tests
Doctor fees
Drug addiction or alcoholism treatment
Drugs and medicines with a prescription
Experimental medical treatment
Eyeglasses***
Guide dogs
Hearing aids and exams
Injections and vaccines
In-vitro fertilization
Nursing services*
Optometrist fees
Orthodontic treatment*
Nicotine withdrawal prescription drugs
Reconstructive surgery after mastectomy****
Smoking cessation programs
Surgery*****
Transportation for local medical care
Wheelchairs

Some Examples of Ineligible Medical Expenses
Health premiums
Health or fitness club membership fees, unless medically necessary
Cosmetic surgery not deemed medically necessary to alleviate, mitigate, or prevent a medical condition

Minimum Deposit	Maximum Deposit
\$600	\$2,500 + any IRS-approved cost-of-living adjustment

General-Purpose Health Care FSA Reimbursement Claim Process

General-Purpose Health Care Flexible Spending Arrangement (GPFSA) reimbursement request forms and guidelines for filing claims and receiving reimbursement are available online.

You can have immediate access to your Flexible Spending Arrangement (FSA) dollars with the FSA card and use the FSA card for purchases of non-medicine items such as bandages, reading glasses and diabetes monitoring supplies. **You must obtain a receipt and fax a copy of the receipt to the Flexible Benefits Plan administrator within two weeks upon request.**

However, instead of using the FSA card for over-the-counter purchases such as allergy and cold medicines, ointments and pain relievers, participants must submit a doctor's prescription, a claim form and an itemized receipt for each prescribed item purchased. Participants only need to submit each prescription once during each plan year and can be reimbursed by check or by direct deposit.

The Grace Period modifies the IRS "use or lose" rule. **Participants have until March 15 to incur eligible expenses for reimbursement from unused amounts remaining at the end of the immediately preceding plan year, which ends December 31.**

The Run-Out Period is the 45-day time period after the end of the Grace Period, during which participants can request reimbursement for eligible expenses incurred during the preceding plan year. **Reimbursement requests must be received by April 29 to be paid from funds remaining at the end of the immediately preceding plan year.**

** To be eligible for reimbursement, some treatments, prescription drugs, or services deemed cosmetic in nature require written proof of medical necessity from your health care provider.*

**** The effective date for glasses and prosthetic devices is the date the item is available for pickup, not the date ordered.*

***** Verify with your health care provider (prior to the beginning of the upcoming plan year) that you are a suitable candidate for any surgical procedure before committing the money to your GPFSA.*

Limited-Purpose Dental/Vision Flexible Spending Arrangement (LPFSA)

(HIPAA-excepted benefits plan)

Who is eligible to participate?

Enrollment in the Limited-Purpose Dental/Vision Flexible Spending Arrangement (LPFSA) is limited to active, full-time employees with a minimum of 12 consecutive months of continuous employment from January 1 through December 31 of the current calendar year and who enroll during Annual Enrollment. **New hires from a public agency** who were participating in a similar flexible spending arrangement with their prior public employer are eligible to enroll in the Limited-Purpose Dental/Vision FSA within 30 days of their hire date for the remainder of the Flexible Benefits plan year. Failure to pay the administrative fee will result in the denial of the privilege of participation in the LPFSA.

Minimum Deposit	Maximum Deposit
\$600	\$2,500 + any IRS-approved cost-of-living adjustment

The LPFSA is limited to eligible out-of-pocket **dental and vision expenses only**. Employees cannot participate in GPFSA and LPFSA at the same time. However, an employee who enrolls in the Consumer Driven health plan with a Health Savings Account (CDHP-HSA) option can participate in the LPFSA.

Limited-Purpose Dental/Vision FSA Reimbursement Claim Process

LPFSA reimbursement request forms and guidelines for filing claims and receiving reimbursement are available online.

You must obtain a receipt and fax a copy of the receipt to the Flexible Benefits Plan administrator within two weeks upon request.

The Grace Period modifies the IRS “use or lose” rule. **Participants have until March 15 to incur eligible expenses for reimbursement from unused amounts remaining at the end of the immediately preceding plan year, which ends December 31.**

The Run-Out Period is the 45-day time period after the end of the Grace Period, during which participants can request reimbursement for eligible expenses incurred during the preceding plan year. **Reimbursement requests must be received by April 29 to be paid from funds remaining at the end of the immediately preceding plan year.**

Qualified Reservist Distribution (QRD)

for Eligible GPFSA or LPFSA Participants Called to Active Duty

A Qualified Reservist Distribution (QRD) is a refund made to an employee of all or a portion of the balance remaining in the employee’s unused General-Purpose Health Care Flexible Spending Arrangement (GPFSA) or Limited-Purpose Dental/Vision Flexible Spending Arrangement (LPFSA) account. To qualify for a QRD, the employee must be a member of a reserve unit ordered to active duty for a period of 180 days or more, or for an indefinite period of time. The employee can request distribution during the period that begins with the date the order was given or he or she was called to active duty and ends on the last day of the Grace Period for the plan year. The amount of the distribution is limited to the amount contributed to the GPFSA or LPFSA as of the date of the QRD request, less any GPFSA or LPFSA reimbursements and prior QRDs. QRD request forms can be downloaded online.

Dependent Care Flexible Spending Arrangement (DCFSA)

Working parents with young children may benefit from the Dependent Care Flexible Spending Arrangement (FSA). Many people are also caring for elderly or disabled dependents, who are unable to care for themselves. Child and elder care can be very expensive. With the Dependent Care FSA, you can redirect a part of your pay into a tax-free account and then reimburse yourself for eligible expenses. You save money because taxes never need to be paid on the money set aside in the account. Dependent care expenses must meet IRS eligibility requirements. The expenses must be necessary for you to continue working. If married, you and your spouse must both be working, or your spouse must be a full-time student or disabled. Reimbursed expenses cannot be deducted on your income tax return.

Minimum Deposit	Maximum Deposit
\$600	\$5,000, depending upon tax-filing status

Participants in the Dependent Care FSA must file IRS Form 2441 each year!

Who is eligible to participate?

- » Active, full-time employees of employers participating in one of the payroll systems listed at the beginning of this document
- » Rehired retirees who are employed as active, full-time employees

Eligible Dependents

- » Children under age 13 who reside in your household
- » Adults or children who are physically or mentally incapable of self-care and spend at least 8 hours a day in your household

Eligible Expenses

- » Child care services inside the employee's home or someone else's home
- » Charges by a licensed day care facility
- » Adult day care in your home or someone else's home
- » Expenses for summer day camp

Ineligible Expenses

The following expenses are not eligible. However, if an expense is incident to, and cannot be separated from, the cost of caring for the qualified person, you can claim it.

- » Deposits, registration fees, activity fees, books, T-shirts or supplies
- » Tuition, meals or diapers
- » Transportation fees
- » Learning disability schools
- » Kindergarten tuition and fees

How does the Dependent Care Flexible Spending Arrangement (FSA) work?

- » You **carefully estimate** your dependent or elderly care expenses for the Flexible Benefits plan year (January 1, 2014, through December 31, 2014).
- » You have money withheld from your paycheck, by completing a Flexible Spending Arrangement enrollment form. Deductions from your paycheck are deposited into your DCFSA account.
- » You submit a claim to be reimbursed for your expenses. As soon as you receive the necessary proof of your expenses, you can submit a claim for what you spent.
- » You are reimbursed for each claim up to the amount in your DCFSA account.
- » Expenses must be incurred before they can be reimbursed.

How much can I contribute to a Dependent Care FSA?

Deposits cannot exceed the established annual limits set by the Internal Revenue Service as listed below:

- » If you are married and filing jointly, or single and filing as head of household, the maximum contribution is \$5,000.
- » If you are married and filing separately, or single, the maximum contribution is \$2,500.
- » If your spouse is a full-time student or incapable of self-care, the maximum contribution is \$5,000.

The maximum contribution applies to the taxable year and the Flexible Benefits plan year (January 1 through December 31). If an employee and spouse are enrolled in separate Dependent Care Flexible Spending Arrangements, they can both make contributions and submit claims, but the total for both cannot exceed \$5,000. The minimum contribution per family is \$600 per Flexible Benefits plan year. Failure to pay the administrative fee

will result in the denial of the privilege of participation in the DCFSA.

Dependent Care FSA versus Child Care Tax Credit

Generally, employees with an adjusted gross income of \$25,000 or more may receive a larger tax savings from the Dependent Care FSA in place of the child care tax credit. Of course, individual circumstances (such as income, dependent care expenses and the number of dependents) affect the tax savings you receive. Consult your tax advisor to determine which choice is best for you.

Dependent Care FSA Reimbursement Claim Process

Reimbursement request forms and guidelines for filing claims and receiving reimbursement are available online for Dependent Care FSA participants.

The Grace Period modifies the IRS “use or lose” rule.

Participants have until March 15 to incur eligible expenses for reimbursement from unused amounts remaining at the end of the immediately preceding plan year, which ends December 31.

The Run-Out Period is the 45-day time period after the end of the Grace Period, during which participants can request reimbursement for eligible expenses incurred during the preceding plan year. **Reimbursement requests must be received by April 29 to be paid from funds remaining at the end of the immediately preceding plan year.**

To make this option as convenient as possible, OGB’s Flexible Spending Arrangement vendor offers a **Recurring Expense Service**. This service pre-certifies your regularly recurring dependent care expense so you never have to keep a receipt, complete a claim form or swipe your FSA card.

What You Should Know About IRS Rules and Regulations

- » **Elections are irrevocable unless you experience an IRS-recognized qualifying event.** Simply put, this means you cannot change the amount of your elections (deductions from your paycheck) or your participation during the Flexible Benefits plan year unless you experience an IRS-recognized qualifying event and your election change request is consistent with that event.
- » **IRS-recognized qualifying events are limited.** Examples of IRS-recognized qualifying events are marriage; birth of a child; death of the employee, his spouse or dependent; change in eligibility of a dependent; gain or loss of Medicaid eligibility; etc. (See the complete list later in this booklet). If you experience an IRS-recognized qualifying event and wish to change your elections, you must submit a Request for Change to Flexible Benefits Plan Elections form, along with proof of the qualifying event, to your payroll office.
 - It is to your advantage to submit your request as soon as possible after an IRS-recognized qualifying event occurs. Changes are approved and will affect deductions from your future paychecks only. Requests for an election change cannot be processed until you provide proof of the qualifying event.
- » **Financial hardship is not an IRS-recognized qualifying event.** According to the IRS, financial hardship is not a qualifying event that allows you to change your elections or drop out of the Flexible Benefits Plan. Once you enroll in the Flexible Benefits Plan, you are bound by Flexible Benefits Plan rules and regulations.
- » **A change in elections must be consistent with the IRS-recognized qualifying event.** For example, if a dependent becomes ineligible due to age, you can reduce your deductions from your future paychecks for that dependent only, but you cannot make other changes.
- » **Money left in your FSA cannot be refunded or rolled over.** In accordance with the IRS “use or lose” rule, any money that remains in your General-Purpose Health Care FSA, Limited-Purpose Dental/Vision FSA or Dependent Care FSA at the end of the plan year (including the Grace Period and the Run-Out Period) that was not used to reimburse eligible expenses incurred during the plan year is forfeited. The money will not be returned to you or carried over to the next Flexible Benefits plan year. Be sure to calculate your FSA contribution amount carefully.
- » **IRS Form 2441** must be submitted. IRS Form 2441 must be attached to the tax return of any participant who receives dependent care benefits or who files for a child-care tax credit.

Mid-Year Election Changes

Payroll deductions in the Premium Conversion, the General-Purpose Health Care FSA, the Limited-Purpose Dental/Vision FSA and the Dependent Care FSA options are locked in for 12 months and cannot be increased or decreased during the Flexible Benefits plan year (January 1, 2014, through December 31, 2014) without an IRS-recognized qualifying event.

A **Health Savings Account (HSA) election** can be increased, decreased or revoked to affect your future paychecks as often as once a month during the plan year, effective no later than the first day of the next calendar month following the date that the election change was submitted to your human resources or payroll office. No IRS-recognized qualifying event is required for an HSA election change.

Submittal of Change Forms and Documentation

Request for changes to Flexible Benefits Plan elections are to be submitted to your human resources or payroll office on the Request for Change to Flexible Benefits Plan Elections form for the current plan year with appropriate documentation of the IRS-recognized qualifying event. Changes **cannot be made** until the form and documentation have been received by your human resources or payroll office. It is very important that the form and documentation be submitted in a timely manner for all IRS-recognized qualifying events during the Flexible Benefits plan year January 1, 2014, through December 31, 2014.

For human resources or payroll office only, the mailing address for submittal of forms and documentation is:

**Office of Group Benefits
ATTN: Flexible Benefits Plan Administration
P.O. Box 44036
Baton Rouge, LA 70804**

It is to your advantage to submit your request as soon as possible after an IRS-recognized qualifying event occurs.

The chart on the following pages lists IRS-recognized qualifying events that allow you to make a mid-year change in your Flexible Benefits Plan elections and lists the type of documentation that must be submitted.

IRS-Recognized Qualifying Event Matrix

Event Description	Premium Conversion	GPFS & LPFSA	Dependent Care FSA	Required Documentation	Flexible Benefits Change Form Event
A. Change in Participating Employee's Legal Marital Status					
1. Marriage	Employee may enroll or increase election to include coverage for eligible spouse and dependent children. Also, employee may revoke or decrease for employee or dependent coverage only when such coverage becomes effective or is increased under the spouse's plan.	Employee may enroll or increase election to include coverage for eligible spouse and dependent children. Also, employee may revoke or decrease coverage only when such coverage becomes effective or is increased under the spouse's plan.	Employee may enroll or increase election to accommodate eligible dependents or revoke or decrease election for coverage if new spouse is not employed or makes a DCAP coverage election under spouse's plan.	To increase election: (1) Flexible Benefits change form; (2) marriage certificate; (3) dependent birth certificate. To revoke or decrease election: (1) Flexible Benefits change form; (2) marriage certificate; (3) documentation of coverage under spouse's plan.	Marriage
2. Divorce	Employee may enroll or revoke election for coverage of spouse and any dependents who become covered under ex-spouse's coverage. Employee may elect coverage for self or dependents who lose eligibility under ex-spouse's health coverage due to the divorce.	Employee may enroll or decrease election to reflect loss of spouse's eligibility or increase election when dependent coverage is lost under spouse's plan.	Employee may enroll or increase to accommodate newly eligible dependents or revoke election if eligibility is lost (e.g., due to dependent now residing with ex-spouse).	To revoke election: (1) Flexible Benefits change form; (2) final judgment of divorce for Louisiana residents. To increase election for self or dependent coverage: (1) Flexible Benefits change form; (2) final judgment of divorce for Louisiana residents; (3) dependent birth certificate.	Divorce/Annulment/Legal Separation
3. Annulment	Employee may enroll or revoke election for coverage of spouse and any dependents who become covered under ex-spouse's coverage. Employee may increase election to include coverage for self or dependents who lose eligibility under ex-spouse's health coverage due to the annulment.	Employee may enroll or decrease election to reflect loss of spouse's eligibility or increase election where dependent coverage is lost under spouse's plan.	Employee may enroll or increase election to accommodate newly eligible dependents or revoke coverage if eligibility is lost (e.g., due to dependent now residing with ex-spouse).	To revoke election for spouse's coverage: (1) Flexible Benefits change form; (2) annulment documents. To increase election for self or dependent coverage: (1) Flexible Benefits change form; (2) annulment documents; (3) dependent birth certificate.	Divorce/Annulment/Legal Separation

IRS-Recognized Qualifying Event Matrix

Event Description	Premium Conversion	GPFS & LPFSA	Dependent Care FSA	Required Documentation	Flexible Benefits Change Form Event
A. Change in Participating Employee's Legal Marital Status					
4. Death of spouse	Employee may enroll or revoke election only for spouse's coverage. Employee may increase election for self or dependent coverage who lose eligibility due to spouse's death.	Employee may enroll or decrease election to reflect loss of spouse's eligibility or increase election where dependent coverage is lost under spouse's plan.	Employee may enroll or increase election to accommodate newly eligible dependents due to coverage lost under spouse's plan.	To revoke election for spouse's coverage: (1) Flexible Benefits change form; (2) spouse's death certificate. To increase election for self or dependent coverage: (1) Flexible Benefits change form; (2) spouse's death certificate; (3) dependent birth certificate.	Death of Dependent/ Spouse
5. Legal separation	Available only for employees whose marital status is governed by a state that recognizes legal separation. Permitted action is same as for divorce.	Available only for employees whose marital status is governed by a state that recognizes legal separation. Permitted action is same as for divorce.	Available only for employees whose marital status is governed by a state that recognizes legal separation. Permitted action is same as for divorce.	To revoke spouse's coverage: (1) Flexible Benefits change form; (2) legal separation court order. To increase election for self or dependent coverage: (1) Flexible Benefits change form; (2) legal separation court order; (3) dependent birth certificate.	Divorce/Annulment/Legal Separation
B. Change in the Number of Participating Employee's Dependents					
1. Birth (<i>HIPAA special enrollment rights may apply</i>)	Employee may enroll or increase election for newly eligible dependent (and any other dependents not previously covered). Employee may revoke or decrease election for employee or dependent coverage if employee or dependent becomes eligible under spouse's plan.	Employee may enroll or increase election for newly eligible dependent (also any other dependents who were not previously covered). Employee may revoke or decrease election for employee or dependent coverage if employee or dependent becomes eligible under spouse's plan.	Employee may enroll or increase election for newly eligible dependent (and any other dependents not previously covered). Employee may revoke or decrease election for employee or dependent coverage if employee or dependent becomes eligible under spouse's plan.	To increase election: (1) Flexible Benefits change form; (2) dependent birth certificate. To revoke election for employee coverage or dependent coverage: (1) Flexible Benefits change form; (2) documentation of coverage under spouse's plan.	Birth, adoption or placement for adoption of dependent

IRS-Recognized Qualifying Event Matrix

Event Description	Premium Conversion	GPFS & LPFSA	Dependent Care FSA	Required Documentation	Flexible Benefits Change Form Event
B. Change in the Number of Participating Employee's Dependents (continued)					
2. Adoption (<i>HIPAA special enrollment rights may apply</i>)	Employee may enroll or increase election for newly eligible dependent (and any other dependents not previously covered). Employee may revoke or decrease election for employee or dependent coverage if employee or dependent becomes eligible under spouse's plan.	Employee may enroll or increase election for newly eligible dependent (and any other dependents not previously covered). Employee may revoke or decrease election for employee or dependent coverage if employee or dependent becomes eligible under spouse's plan.	Employee may enroll or increase election for newly eligible dependent (and any other dependents not previously covered). Employee may revoke or decrease election for employee's or dependent's coverage if employee or dependent becomes eligible under spouse's plan.	To increase election: (1) Flexible Benefits change form; (2) adoption papers; (3) dependent birth certificate. To revoke election for employee coverage or dependent coverage: (1) Flexible Benefits change form; (2) documentation of coverage under spouse's plan.	Birth, adoption or placement for adoption of dependent
3. Death of dependent	Employee may decrease election for dependent coverage only.	Employee may decrease election for dependent who loses eligibility.	Employee may revoke or decrease election for dependent who loses eligibility.	To decrease election for dependent coverage: (1) Flexible Benefits change form; (2) dependent death certificate.	Death of dependent/spouse
C. Change of Employment by Participating Employee, Spouse, or Dependent That Affects Eligibility					
1. Beginning of employment for spouse	Employee may revoke or decrease election under employee coverage if employee, spouse or dependent is added under spouse's plan.	Employee may revoke or decrease election under employee coverage if employee, spouse or dependent is added under spouse's plan.	Employee may revoke or decrease election for dependent who gains eligibility under spouse's plan.	To revoke or decrease election: (1) Flexible Benefits change form; (2) documentation of spouse's employment; (3) documentation of coverage under spouse's plan.	Beginning or end of employment of spouse or dependent (including strike or lockout)
2. Beginning of employment for dependent	Employee may decrease election for dependent coverage only.	Employee may decrease election for dependent coverage only.	Not applicable due to age of dependent	To decrease election: (1) Flexible Benefits change form; (2) documentation of dependent's employment; (3) documentation of dependent's employment coverage.	Beginning or end of employment of spouse or dependent (including strike or lockout)
3. Employee changes from full-time to part-time status, resulting in loss of eligibility	Employee may revoke or decrease election for employee, spouse or dependent who loses eligibility.	Employee loses eligibility to participate and election is revoked automatically.	Employee loses eligibility to participate and election is revoked automatically.	To revoke or decrease election: (1) Flexible Benefits change form; (2) documentation of employee's employment change.	Full-time to part-time employment or vice versa

IRS-Recognized Qualifying Event Matrix

Event Description	Premium Conversion	GPFS & LPFSA	Dependent Care FSA	Required Documentation	Flexible Benefits Change Form Event
C. Change of Employment by Participating Employee, Spouse, or Dependent That Affects Eligibility (continued)					
4. Spouse changes from full-time to part-time status, resulting in loss of eligibility	Employee may enroll or increase election coverage for spouse or dependents who lose eligibility under spouse's plan.	Employee may enroll or increase election to include coverage for spouse or dependents who lose eligibility under spouse's plan.	Employee may enroll or increase coverage for eligible dependent who loses eligibility under spouse's plan.	To increase election: (1) Flexible Benefits change form; (2) documentation of change in spouse's employment.	Full-time to part-time employment or vice versa
5. Dependent changes from full-time to part-time, resulting in loss of eligibility	Employee may enroll or increase election to include coverage for dependent who loses eligibility.	Employee may enroll or increase election to include coverage for dependent who loses eligibility.	Not applicable due to age of dependent	To increase election: (1) Flexible Benefits change form; (2) documentation of change in dependent's employment.	Full-time to part-time employment or vice versa
6. Termination of spouse's employment resulting in loss of eligibility	Employee may enroll or increase election to include coverage for spouse or dependents who lose eligibility under spouse's plan.	Employee may enroll or increase election to include coverage for spouse or dependents who lose eligibility under spouse's plan.	Employee may enroll or increase election to include coverage for eligible dependent who loses eligibility under spouse's plan.	To increase election: (1) Flexible Benefits change form; (2) documentation of termination of spouse's employment.	Beginning or end of employment of spouse or dependent (including strike or lockout)
7. Termination of dependent's employment resulting in loss of eligibility	Employee may enroll or increase election to include coverage for dependent who loses eligibility.	Employee may enroll or increase election to include coverage for dependent who loses eligibility.	Not applicable due to age of dependent	To increase election: (1) Flexible Benefits change form; (2) documentation of termination of dependent's employment.	Beginning or end of employment of spouse or dependent (including strike or lockout)
8. Rehired within 30 days of termination date	Prior coverage election as of termination date is reinstated.	Prior coverage election as of termination date is reinstated.	Prior coverage election as of termination date is reinstated.	Not applicable	Not applicable
9. Transfer of employee from one participating agency to another participating agency	Prior election as of transfer date is reinstated at the new participating agency.	Prior election as of transfer date is reinstated with prior participating agency.	Prior election as of transfer date is reinstated with prior participating agency.	Written proof of prior participation plus new enrollment form with prior participation at new agency.	Not applicable
10. Rehired of employee 31 or more days after termination date	Employee may make new election and re-enroll in Premium Conversion.	Employee is not eligible due to break in employment. Employee may regain eligibility after twelve consecutive months of employment that include the entire previous Flexible Benefits plan year.	Employee may make a new election limited to the pay period maximum benefit for the remainder of the Flexible Benefits plan year.	(1) To re-enroll in Premium Conversion: Premium Conversion form. (2) To re-enroll in Dependent Care FSA: Dependent Care Flexible Spending Arrangement Enrollment form.	Not applicable

IRS-Recognized Qualifying Event Matrix

Event Description	Premium Conversion	GPFS & LPFSA	Dependent Care FSA	Required Documentation	Flexible Benefits Change Form Event
D. Change in Place of Residence of Participating Employee, Spouse, or Dependent					
1. Employee's change in place of residence causes loss of eligibility	Employee may revoke or make new election and enroll if change in residence affects eligibility	No change allowed	Not applicable	To revoke or make a new election: (1) Flexible Benefits change form; (2) documentation of change of residence.	Change in place of residence or workplace
2. Employee's dependent changes place of residence which causes loss of eligibility	Employee may revoke or make new election and enroll if the change in dependent's residence affects eligibility.	No change allowed	Not applicable	To revoke or make a new election: (1) Flexible Benefits change form; (2) documentation of change of residence for dependent.	Change in place of residence or workplace
E. Judgment, Decree, or Order Causing Required Coverage for Participating Employee's Dependent					
1. Order that requires coverage for dependent under employee's plan	Employee may enroll or increase election to provide coverage for dependent.	Employee may enroll or increase election to provide coverage for dependent.	No change allowed	To increase election: (1) Flexible Benefits change form; (2) Judgment, decree, order documents.	Acknowledgement, judgment, decree, or order to cease/provide coverage for a dependent or spouse
2. Order requires spouse, former spouse or other individual to provide coverage for dependent	Employee may decrease election to cancel dependent coverage.	Employee may decrease election to cancel dependent coverage.	No change allowed	To decrease election: (1) Flexible Benefits change form; (2) Judgment, decree, order documents.	Acknowledgement, judgment, decree, or order to cease/provide coverage for a dependent or spouse
F. Medicare or Medicaid Entitlement Causing Change to Participating Employee, Spouse, or Dependent Coverage					
1. Employee becomes entitled to Medicare or Medicaid	Employee may revoke or decrease election to decrease coverage.	Employee may revoke or decrease election to decrease coverage.	No change allowed	To decrease election: (1) Flexible Benefits change form; (2) documentation of Medicare or Medicaid entitlement.	Medicare or Medicaid (gain or loss of eligibility)
2. Employee's spouse becomes entitled to Medicare or Medicaid	Employee may revoke or decrease election to cancel spouse coverage.	Employee may decrease election to cancel spouse coverage.	No change allowed	To decrease election: (1) Flexible Benefits change form; (2) documentation of Medicare or Medicaid entitlement.	Medicare or Medicaid (gain or loss of eligibility)
3. Employee's dependent becomes entitled to Medicare or Medicaid	Employee may revoke or decrease election to cancel dependent coverage.	Employee may decrease election to cancel dependent coverage.	No change allowed	To decrease election: (1) Flexible Benefits change form; (2) documentation of Medicare or Medicaid entitlement.	Medicare or Medicaid (gain or loss of eligibility)

IRS-Recognized Qualifying Event Matrix

Event Description	Premium Conversion	GPFS & LPFSA	Dependent Care FSA	Required Documentation	Flexible Benefits Change Form Event
F. Medicare or Medicaid Entitlement Causing Change to Participating Employee, Spouse, or Dependent Coverage (continued)					
4. Employee loses eligibility for Medicare or Medicaid	Employee may enroll or increase election to include coverage for employee and other eligible tag-along dependents.	Employee may enroll or increase election to include coverage for employee and other eligible tag-along dependents.	No change allowed	To increase election: (1) Flexible Benefits change form; (2) documentation of loss of Medicare or Medicaid eligibility.	Medicare or Medicaid (gain or loss of eligibility)
5. Employee's spouse loses eligibility for Medicare or Medicaid	Employee may enroll or increase election to include coverage for employee and other eligible tag-along dependents.	Employee may enroll or increase election to include coverage for employee and other eligible tag-along dependents.	No change allowed	To increase election: (1) Flexible Benefits change form; (2) documentation of loss of Medicare or Medicaid eligibility.	Medicare or Medicaid (gain or loss of eligibility)
6. Employee's dependent loses eligibility for Medicare or Medicaid	Employee may enroll or increase election to include coverage for dependent and other eligible tag-along dependents.	Employee may enroll or increase election to include coverage for dependent and other eligible tag-along dependents.	No change allowed	To increase election: (1) Flexible Benefits change form; (2) documentation of loss of Medicare or Medicaid eligibility.	Medicare or Medicaid (gain or loss of eligibility)
G. Cost or Coverage Changes to Participating Employee					
1. Significant Cost Increase	Employee may increase election correspondingly or can revoke election and elect coverage under another benefits package option with similar coverage. If no option with similar coverage is available, employee can revoke election.	No change allowed	Employee may increase election correspondingly or can revoke election, except no change can be made when the cost change is imposed by a dependent care provider who is a relative of the employee.	To increase election: (1) Flexible Benefits change form; (2) documentation of significant cost increase.	Significant increase in cost or curtailment of coverage
2. Significant addition to benefits under an existing benefits package	Eligible employees may revoke their existing election and elect the newly added (or newly improved) option. Eligible employees may enroll in Premium Conversion.	No change allowed	Eligible employees may revoke their existing election and elect the newly added (or newly improved) option. Eligible employees may enroll in DCFSA.	To change election: (1) Flexible Benefits change form; (2) documentation of significant addition of benefits.	Significant increase in cost or curtailment of coverage
3. New benefits package option	Eligible employee may revoke existing election and elect the newly added (or newly improved) option. Eligible employees may enroll in Premium Conversion.	No change allowed	Employee may revoke existing election and elect coverage under another dependent care provider. Eligible employees may enroll in DCFSA.	To change election: (1) Flexible Benefits change form; (2) documentation of the new benefits package option.	Significant increase in cost or curtailment of coverage

IRS-Recognized Qualifying Event Matrix

Event Description	Premium Conversion	GPFSA & LPFSA	Dependent Care FSA	Required Documentation	Flexible Benefits Change Form Event
G. Cost or Coverage Changes to Participating Employee (continued)					
4. Significant curtailment of coverage	Affected employee may revoke election for curtailed coverage and make a new prospective election for coverage under another benefit package option with similar coverage or revoke coverage if no similar benefit package option is available.	No change allowed	Employee may change or revoke election and elect coverage under another dependent care provider.	To change or revoke election: (1) Flexible Benefits change form; (2) documentation of significant curtailment of coverage.	Significant increase in cost or curtailment of coverage
H. Change in Coverage of Spouse or Dependent Under Other Employer's Plan					
1. Other employer's plan increases coverage	Employee may decrease or revoke election for employee, spouse or dependent coverage if employee, spouse or dependents have elected or received corresponding increased coverage under other employer's plan.	No change allowed	Employee may decrease election for dependent coverage if election corresponds with increased coverage under other employer's plan.	To decrease or revoke election: (1) Flexible Benefits change form; (2) documentation of increased coverage under other employer's plan.	Spouse's Enrollment
2. Other employer's plan decreases or ceases coverage	Employee may increase election for spouse or dependents if spouse, or dependents have elected or received corresponding decreased coverage under other employer's plan.	No change allowed	Employee may increase election for dependent coverage if election corresponds with decreased coverage under other employer's plan.	To increase election: (1) Flexible Benefits change form; (2) documentation of decreased coverage under other employer's plan.	Spouse's Enrollment
3. Open or annual enrollment under other employer's plan or different plan year	Employee may change election to reflect corresponding changes made under other employer's plan.	No change allowed	Employee may make election changes corresponding to those made under other employer's plan.	To make corresponding election changes: (1) Flexible Benefits change form; (2) documentation of other employee plan open or annual enrollment.	Spouse's Enrollment

IRS-Recognized Qualifying Event Matrix

Event Description	Premium Conversion	GPFS & LPFSA	Dependent Care FSA	Required Documentation	Flexible Benefits Change Form Event
I. HIPAA Special Enrollment Event Within 30 days of Event					
1. Birth, with change retroactive to birth date, when submitted within 30 days; and with change effective on date documentation received by employer if submitted after 30 days	Employee may enroll or increase election for newly-eligible dependent (and other dependents not previously covered). Employee may revoke or decrease election for employee or dependent coverage if employee or dependent becomes eligible under spouse's plan.	Employee may enroll or increase election to include coverage for employee, spouse or new dependent and other eligible tag-along dependents, subject to pay-period maximum for the remainder of the Flexible Benefits plan year. Change may be made only on prospective basis. (No retroactive action allowed as FSA Plan is an ERISA-exempt plan).	No change allowed	To increase election: (1) Flexible Benefits change form; (2) dependent birth certificate. To revoke or decrease election for employee or dependent coverage: (1) Flexible Benefits change form; (2) documentation of coverage under spouse's plan.	HIPAA Special Enrollment
2. Adoption, with change retroactive to birth date, when submitted within 30 days; and with change effective on date documentation received by employer, if submitted after 30 days	Employee may enroll or increase election for newly-eligible dependent (also any other dependents who were not previously covered). Employee may revoke or decrease election for employee's or dependent's coverage if employee or dependent becomes covered under spouse's plan.	Employee may enroll or increase election to include coverage for employee, spouse or new dependent and other eligible tag-along dependents, subject to pay-period maximum for the remainder of the Flexible Benefits plan year. Change may be made only on prospective basis. (No retroactive action allowed as FSA Plan is an ERISA-exempt plan).	No change allowed	To increase coverage: (1) Flexible Benefits change form; (2) adoption papers; (3) dependent birth certificate. To revoke election for employee or dependent coverage: (1) Flexible Benefits change form; (2) documentation of coverage under spouse's plan.	HIPAA Special Enrollment
J. Paid FMLA Leave of Absence					
1. Employee's commencement of FMLA leave	When not required to continue election, employee may revoke or continue election.	Employee may revoke election, or continue coverage by paying via payroll deduction, by pre-paying with pre-tax dollars, by paying return to work or by paying with after-tax dollars during leave.	Employee may revoke election, or continue coverage by paying via payroll deduction, by pre-paying with pre-tax dollars, by paying return to work or by paying with after-tax dollars during leave.	To revoke election: (1) Flexible Benefits change form; (2) documentation of commencement of FMLA leave from employer. To continue election with pre-tax dollars: prior to commencement of FMLA leave agreement.	Begin or return from FMLA/unpaid leave/Military

IRS-Recognized Qualifying Event Matrix

Event Description	Premium Conversion	GPFSA & LPFSA	Dependent Care FSA	Required Documentation	Flexible Benefits Change Form Event
J. Paid FMLA Leave of Absence (continued)					
2. Employee's return from FMLA leave	Employee may be reinstated with same election if election was revoked.	Upon return to work, employee who revoked election may resume election at prior level (and make up unpaid deductions) or at level reduced for missed deductions.	Upon return to work, employee who revoked election may resume election at prior level (and make up unpaid deductions) or at level reduced for missed deductions.	To re-instate election: (1) Flexible Benefits change form; (2) documentation of employee's return to work. To resume election at prior level and make up unpaid deductions: prior to commencement of FMLA leave agreement.	Begin or return from FMLA/unpaid leave/Military
K. Unpaid FMLA Leave of Absence					
1. Employee's commencement of unpaid FMLA leave	Employee may revoke or continue election.	Employee may revoke election, or continue coverage by paying via payroll deduction, by pre-paying with pre-tax dollars, by paying with pre-tax dollars after return to work or by paying with after-tax dollars during leave.	Employee may revoke election, or continue coverage by paying via payroll deduction, by pre-paying with pre-tax dollars, by paying with pre-tax dollars after return to work or by paying with after-tax dollars during leave.	To revoke election: (1) Flexible Benefits change form; (2) documentation of unpaid FMLA leave from employer. To continue election with pre-tax dollars: prior to commencement of FMLA leave agreement.	Begin or return from FMLA/unpaid leave/Military
2. Employee's return from unpaid FMLA leave	Employee may be reinstated with same election if election was revoked.	Upon return to work, employee who revoked election may resume election at prior level (and make up unpaid deductions) or at level reduced for missed deductions.	Upon return to work, employee who revoked election may resume election at prior level (and make up unpaid deductions) or at level reduced for missed deductions.	To re-instate election: (1) Flexible Benefits change form; (2) documentation of employee's return to work. To resume election at prior level and make up unpaid deductions: prior to commencement of FMLA leave agreement.	Begin or return from FMLA/unpaid leave/Military

IRS-Recognized Qualifying Event Matrix

Event Description	Premium Conversion	GPFSA & LPFSA	Dependent Care FSA	Required Documentation	Flexible Benefits Change Form Event
L. Non-FMLA Leave of Absence					
1. Employee's commencement of non-FMLA leave	When employee is not required to continue election, employee may revoke or continue election.	Employee may revoke election, or continue coverage by paying via payroll deduction, by pre-paying with pre-tax dollars, by paying with pre-tax dollars after return to work or by paying with after-tax dollars during leave.	Employee may revoke election, or continue coverage by paying via payroll deduction, by pre-paying with pre-tax dollars, by paying with pre-tax dollars after return to work or by paying with after-tax dollars during leave.	To revoke election: (1) Flexible Benefits change form; (2) documentation of Non-FMLA leave from employer.	Begin or return from FMLA/unpaid leave/Military
2. Employee's return from non-FMLA leave	Employee may be reinstated with same election if election was revoked.	Upon return to work, employee who revoked election at prior level (and make up unpaid deductions) or at level reduced for missed deductions.	Upon return to work, employee who revoked election at prior level (and make up unpaid deductions) or at level reduced for missed deductions.	To re-instate election: (1) Flexible Benefits change form; (2) documentation of employee's return to work. To resume election at prior level and make up unpaid deductions: prior to commencement of FMLA leave agreement.	Begin or return from FMLA/unpaid leave/Military
M. Military Leave of Absence					
1. Employee's commencement of military leave	Employee may revoke or decrease election.	Employee may revoke election.	Employee may revoke election.	To revoke or decrease election: (1) Flexible Benefits change form; (2) documentation of military orders.	Begin or return from FMLA/unpaid leave/Military
2. Employee's return from military leave	Employee may enroll or increase election.	Employee may enroll within 30 days of return to work from military leave on a pro-rated basis.	Employee may enroll within 30 days of return to work from military leave on a pro-rated basis.	To enroll or increase election: (1) Flexible Benefits change form; (2) documentation of military release and return to work.	Begin or return from FMLA/unpaid leave/Military

Frequently Asked Questions

» **How long do I have to submit my Request for Change to Flexible Benefits Plan Elections form?**

You can make a request and submit your form and documentation of an IRS-recognized qualifying event to your human resources or payroll office at any time after you experience a qualifying event. It is to your advantage to submit your request for an election change as soon as possible after experiencing the qualifying event.

» **If my employer knows I'm pregnant, won't my baby be added to my coverage and my Flexible Benefits Plan elections changed automatically?**

No. You must complete health coverage documents and notify your human resources or payroll office in writing within 30 days of the child's date of birth. In addition, if you want to pay the additional premium amount with pre-tax dollars through the Flexible Benefits Plan, you must submit a Request for Change to Flexible Benefits Plan Elections form with proof of the event. If approved, your election change will affect future paychecks only. Retroactive adjustments are not allowed, except for a HIPAA Special Enrollment.

» **If I'm dissatisfied with the service that I have received from a health plan or insurance company, can I drop my coverage and my Flexible Benefits Plan pre-tax premium for that coverage?**

Yes and no. You can drop your coverage at any time; however, your pre-tax premium election is governed by the rules and regulations of the Flexible Benefits Plan. Dissatisfaction with service is not an IRS-recognized qualifying event for an election change and cannot be used to reduce your premium election, even if you drop the policy.

» **I did not enroll in the Flexible Benefits Plan during Annual Enrollment for this plan year. However, my spouse recently lost his job and I will now be paying the health coverage premiums for my family. Can I enroll in the Flexible Benefits Plan and pay my premiums with pre-tax dollars?**

Yes.

» **I am having financial difficulty and would like to change my elections in the Flexible Benefits Plan. Can I do that?**

No. Financial difficulty is not an IRS-recognized qualifying event for an election change.

» **Why does the Flexible Benefits Plan require an IRS-recognized qualifying event to allow changes to my coverage? It's my money, isn't it?**

Yes, it's your money. However, you paid your premiums on a pre-tax dollar basis. Because it is appropriate for the IRS to monitor pre-tax deductions, there are rules to prohibit people from changing their deductions at any time. Please refer to the "IRS-Recognized Qualifying Event Matrix" in this booklet for more information about events that allow you to make election changes at times other than during Annual Enrollment.

» **I am divorced and have custody of my children, although my former spouse claims them as dependents on his tax return. Can I still participate in the Dependent Care FSA?**

Yes. You don't have to declare your children as dependents on your tax return to qualify for a Dependent Care FSA. However, you must be the custodial parent. (The child must reside with you for more than half the year).

» **One of my relatives takes care of our children while we work. Is this an eligible expense for dependent care?**

Yes, as long as you or your spouse cannot claim this relative as a dependent and the relative is not under age 19. For instance, if you pay your daughter for dependent care and you want to be reimbursed through your Dependent Care FSA, your daughter must be at least age 19 by the end of the Flexible Benefits plan year. Also, you must provide your daughter's Social Security number.

» **If I enroll in the Flexible Benefits Plan, will I ever have to pay taxes on the money I put into the plan?**

Never. As an IRS Section 125 benefit, it's tax-free. Your W-2 form shows your gross income, less any amounts paid for a Flexible Benefits Plan benefit option. Flexible Benefits Plan contributions are reported as non-taxable wages and income on your W-2 form. If the IRS audits you, you will need to show total expenses and receipts from your service provider(s). Keep a copy of your reimbursement request forms and receipts for your records.

Notice of Administrator's Capacity

1. OGB has been authorized by the State of Louisiana to provide administrative services for the offered health plans. In some instances, OGB may also be authorized by one or more of the companies underwriting some of the benefits to provide certain services, including (but not limited to) marketing, billing and collection of premiums, processing claims payments and other services. OGB is not an insurance company or the policyholder.
2. The policyholder is the entity to which the insurance policy has been issued. The policyholder is identified on either the face page or schedule page of the policy or certificate.
3. The insurance companies noted in this booklet have been approved by the state and are liable for the funds to pay your insurance claims.
4. The administrator can rely on the direction, information or election of a participant and shall not be responsible for any act or failure to act or lack of direction by a participant.
5. To the extent permitted by law, the administrator shall not incur any liability for any acts or for failure to act except for his own willful misconduct or willful breach of the provisions of the Flexible Benefits Plan Document.
6. If the administrator is unable to reimburse any FSA participant because the identity or whereabouts of such participant cannot be ascertained, subsequent payments otherwise due to such participant shall be forfeited after the end of the Run-Out Period of the Flexible Benefits plan year.
7. In the event of a mistake regarding the eligibility or participation of an employee, or the allocations made to the account of any participant, or the reimbursements paid or to be paid to a participant or other person, the administrator shall, to the extent possible and otherwise permissible, cause to be allocated or cause to be withheld or accelerated, or otherwise make adjustment of such amounts as will, in the administrator's judgment, accord to such participant or other person the credits to the account or distributions to which he is properly entitled under this Flexible Benefits Plan. Such action by the administrator may include withholding of any amounts due to this Flexible Benefits Plan or the employer from the salary paid by the employer.

This notice advises insured persons of the identity and relationship among the administrator, the policyholder and the insurer.

For more information on your Flexible Benefits Plan

OGB Flexible Benefits Administration

Office of Group Benefits
ATTN: Flexible Benefits Plan Administration
P.O. Box 44036
Baton Rouge LA 70804

Telephone: 225-925-3739, 225-925-4686, 225-925-7540, or 225-925-6656
Fax: 225-925-4860
Website: www.groupbenefits.org

NOTICE – This Flexible Benefits Plan Summary is a summary description of your benefits. The summary and the Flexible Benefits Plan do not constitute a contract of employment. Your employer retains the right to terminate your employment and otherwise deal with your employment as if this Plan Summary and the Flexible Benefits Plan had never existed. OGB retains the right to amend any aspect of any plan, to discontinue contributions and to terminate any plan at OGB’s discretion.

This document was printed for the Office of Group Benefits in September 2013 by State Printing to inform state employees about benefits at a cost of \$8,356.80 for 30,000 copies (28 cents each) in this first and only printing under authority of the Division of Administration in accordance with standards for printing by state agencies established pursuant to LA R.S. 43:31.