

## Terms and Conditions

By accepting below, I acknowledge that:

My salary will be reduced by the amount I elect under the Federal FSA Program, known as FSAFEDS, continuing for each pay date until my enrollment is amended or terminated. My salary reductions will automatically end after the last pay date in the 2013 calendar year. These reductions do NOT automatically carry forward for the following calendar year.

I agree to use Electronic Funds Transfer (EFT) for my reimbursements.

**Please note: If you do not use the services of some type of financial institution and/or your financial institution is not capable of receiving Electronic Funds Transfers (EFT), you cannot enroll in the FSAFEDS Program. Please contact an FSAFEDS Benefits Counselor at 1-877-FSAFEDS (372-3337), (TTY: 1-800-952-0450), Monday through Friday, 9:00 A.M. until 9:00 P.M., Eastern Time for additional information.**

If I wish to participate in FSAFEDS in 2013 I must make an election. Enrollment is not automatic. The 2013 Benefit Period runs from January 1, 2013 through March 15, 2014.

### **I cannot change or revoke any of my elections:**

- Until the next Open Season, when I can make a new election.
- Unless I experience a [Qualifying Life Event](#) (for example, marriage, divorce and other such events allowed under the Internal Revenue Code and this Plan) and my election change is caused by, and consistent with, the Qualifying Life Event. If my Qualifying Life Event occurs on or after October 1, I will only be able to reduce my FSAFEDS election amount; I will not be able to increase it.

My FSAFEDS allotments are pre-tax elections and will reduce my salary for Social Security tax purposes. This means that my Social Security benefits could be slightly decreased.

**BENEFEDS** is the administrative system authorized by the Office of Personnel Management to handle payroll deduction functions for FSAFEDS. BENEFEDS works directly with ADP Benefit Services KY, Inc., the third party administrator for FSAFEDS, and Federal agencies to process the payroll deduction(s) of my FSAFEDS allotments. BENEFEDS also handles enrollment and payroll processing functions for the Federal Employees Dental and Vision Insurance Program (FEDVIP).

If I am enrolled in FEDVIP, I understand that BENEFEDS will send information about my FEDVIP enrollment to ADP, for purposes of coordination of benefits with my FSAFEDS account.

I understand that I must notify FSAFEDS if I am reimbursed for the same expense from both my FEDVIP plan and FSAFEDS. I agree that it will be my responsibility to return the duplicate reimbursement to FSAFEDS.

If I wish to continue my enrollment, I must make an election each year during Open Season, or my enrollment will automatically stop.

My allotment per pay date is my annual election divided by the number of remaining pay dates in the 2013 Benefit Period.

**I can only submit claims for reimbursement of eligible expenses for the 2013 Benefit Period that are incurred on or after my effective date as shown on my confirmation statement, through March 15, 2014.**

**If I go on leave without pay (LWOP) and will not be making allotments to my account (s), separate, or retire, I can only be reimbursed for eligible health care expenses I've incurred ON OR BEFORE my date of separation/leave/retirement. If I choose to cancel my enrollment as a result of a QLE, only expenses incurred ON OR BEFORE my cancellation date are eligible. I can be reimbursed, up to my account balance, for eligible dependent care expenses incurred from my separation/leave/retirement through December 31, 2013.**

**I must be employed by an agency that participates in FSAFEDS and actively making allotments from my pay through December 31 in order to participate in the [grace period](#) (an extra 2-1/2 months to use my annual election). The 2013 grace period is January 1 to March 15, 2014.**

**If I AM eligible for the grace period, I will forfeit any amounts I have remaining in my 2013 health care and/or dependent care account(s) after March 15, 2014, for which I have not incurred valid expenses and submitted valid claims. My agency does not have the authority to provide waivers for me or any employee regarding funds that may be forfeited.**

**If I am NOT eligible for the grace period, I will forfeit any amounts I have remaining in my 2013 health care and/or dependent care account(s) after December 31, 2013, for which I have not incurred valid expenses and submitted valid claims. My agency does not have the authority to provide waivers for me or any employee regarding funds that may be forfeited.**

**I must file all claims for the 2013 Benefit Period no later than April 30, 2014.**

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