

# **H R SUPPORT & CONSULTING SERVICES FLEX ADMINISTRATION**

## **BRUNSWICK SCHOOLS-AUGUST GROUP EMPLOYEE QUESTIONS & ANSWERS ON REIMBURSEMENT ACCOUNTS AUGUST 1, 2018 – JULY 31, 2019**

1. Q. **To whom and when must I return my completed election form?**  
A. Your completed election form should be returned to Karen Perry-Thames by July 1, 2018.
2. Q. **Will my Social Security Benefits be affected by the reduced W-2 reported income?**  
A. Since your Social Security Benefits are determined primarily by your top thirty-five years' average earnings, the reduction in reported income will only negligibly impact the determination of benefits.
3. Q. **How do I determine how much money to contribute (have withheld from my paycheck)?**  
A. You need to carefully estimate what you anticipate you will spend on eligible medical care and/or dependent care expenses during the year, including any applicable deductibles and co-payments. Allow only those expenses you are reasonably sure you will incur. If you overestimate and do not use the full amount during the Plan Year, you lose it.  
  
Explanations and forms to help you determine how much to contribute are provided in the enrollment information. Please refer to the Reimbursement Account Tax Savings Illustrations and Worksheets.
4. Q. **Must I submit an election form even if I choose not to participate in the reimbursement account program?**  
A. You must submit an election form indicating that you choose not to participate in the reimbursement account program.
5. Q. **If I have or participate in a Health Savings Account am I still able to participate in my employer's Medical Reimbursement Account?**  
A. No. You are not eligible to participate in your employer's Medical Reimbursement Account if you have or participate in a Health Savings Account (HSA)
6. Q. **If I elect to participate in the plan, when will the first contribution (payroll withholding) be made from my payroll check?**  
A. The first withholding will be made from the first payroll check you receive in August, 2018.
7. Q. **When will the first reimbursement check(s) be mailed?**  
A. The first reimbursement checks will be mailed August 9, 2018 for expense reimbursement requests received by 4pm, Friday, August 3, 2018.
8. Q. **May I submit expenses incurred prior to August 1, 2018 for reimbursement?**  
A. You may not submit expenses incurred prior to August 1, 2018. Only expenses incurred on or after August 1, 2018 are eligible for reimbursement during this plan year.

9. Q. **Under the “grace period”, how will claims from my Medical Reimbursement Account be paid should I have a balance in my account remaining on July 31, 2019?**  
A. Claims submitted for expenses incurred during the “grace period” in which you have a balance will first be paid from the prior Plan Years balance (August 1, 2018 - July 31, 2019) with any remaining amount next applied to the new Plan Years’ election (August 1, 2019 – July 31, 2020 Plan Year). See “Important Account Information” for all details.
10. Q. **When will reimbursement check(s) be distributed?**  
A. Reimbursement checks will be released Thursday of each week.
11. Q. **When must my request for reimbursement be received in order to be included in the next scheduled check run?**  
A. Your reimbursement request must be **received** no later than noon, Friday to be included in the following Thursday mailing. When mailing your request for reimbursement please assume the postal service will take two to four days to deliver your request to us. You may fax claims to us at (207) 655-6636, or scan to [information@hrscflex.com](mailto:information@hrscflex.com)
12. Q. **How do I submit a request for reimbursement?**  
A. You must complete a Reimbursement Request Form, attach a receipt or other proof of expense, sign and date the form. The form should be sent to H R Support & Consulting Services whose mailing address is printed on the reimbursement request form.
- Included with your election confirmation form will be a reimbursement request form and H R Support & Consulting Services Flex Administration envelope. Each time you submit a reimbursement request a new form and envelope will be provided with your reimbursement check.
13. Q. **Why must I sign and submit a Reimbursement Request Form each time I want to be reimbursed?**  
A. Federal regulations for section 125/129 plans require third party substantiation that an expense has been incurred. Additionally, your signature on each form confirms that you are not receiving reimbursement for those expenses from any other source.
14. Q. **Is there a minimum reimbursement amount?**  
A. If you submit a request for reimbursement for expenses less than \$20.00, payment will be delayed until we have received additional requests so that the total equals or exceeds \$20.00. At the end of your plan’s 90 day run out period, all eligible requests for reimbursements will be paid even if they total less than \$20.00.
15. Q. **If I am out on FML/Termination, what will happen to my reimbursement account(s)?**  
A. Generally, deductions are not made while you are on FMLA leave so claims incurred during that period are not eligible for reimbursement. However, you may submit claims incurred and paid before you went on leave and after, when you return to work. If you leave your employment the account will stop as of your last deduction taken, Cobra will be offered if you have a positive balance to continue it. Claims will be accepted from the start of the plan until your last deduction taken.
16. Q. **Where will my reimbursement check be sent?**  
A. Your reimbursement check will be sent to the address that you provide when enrolling in the plan. If you have a name or address change, please notify us by calling toll free 1-866-655-5397.
17. Q. **How long after the end of the plan year do I have to submit expenses for reimbursement?**  
A. You may submit requests for reimbursement 90 days following the end of the plan year. This plan year you **for the Dependent Care Account** you will have until October 31, 2019 to submit claims incurred between August 1, 2018 and July 31, 2019. **For the Medical Reimbursement Account**, with the “grace period”, should you have a balance in your account on July 31, 2019, you will have an the additional “77” days (October 16, 2019) to submit for claims incurred to avoid any forfeiture of monies in your Medical Reimbursement Account. **However, all reimbursements for services obtained – through July 1, 2019 to October 16, 2019 must still be received by October 30, 2019 or you will forfeit any balance back to your employer.**

Please feel free to call H R Support & Consulting Services at 207-655-5396 or 1-866-655-5397.