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# 2027 Changes & Reminders

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| **Health Care FSA Rollover** |
| You can roll over up to $680 of unused funds into the next plan year, provided you have a minimum balance of $25. The rollover is only available for the Health Care FSA. |
| **Two and a Half Month Extension for Dependent Day Care FSA Only** |
| Eligible Dependent Day Care FSA expenses can be incurred between January 1, 2027 (or your participation date, if later) and March 15, 2028 provided you remain active through December 31, 2027. Claims for expenses must be postmarked, faxed or submitted online by March 31, 2028. |
| **Reminder: Dependent Care FSA Limit Increased for 2026** |
| Effective January 1, 2026, account holders can contribute up to $7,500 annually ($3,750 if married and filing separately) - allowing you to save even more pre-tax dollars on eligible childcare and adult dependent care costs. |
| **Direct Deposits** |
| Reimbursements are issued via direct deposit into the same account as your paycheck. Please notify your HBR or benefits department if you change banks or switch accounts. |
| **Health Care FSA Coverage Available for Dependents Up to Age 26** |
| You may cover children up to age 26 under the HCFSA, regardless of student, tax, or marital status. |
| **P&A Group Mobile App** |
| Download P&A's MyBenefits mobile app from the App Store or Google Play. Upload claims, request additional Convenience Cards and more. See page 5 for more info. |
| **Convenience Cards are Available for the Health Care FSA & the Dependent Day Care FSA** |
| If you previously enrolled in the 2026 HCFSA or DDCFSA plan and are re-enrolling in the 2027 HCFSA or DDCFSA, your 2027 funds for both accounts will automatically load onto your existing Convenience Card. |
| **First-Time Health Care FSA & Dependent Day Care Participants Will be Issued a Convenience Card for 2027** |
| Convenience Cards are automatically activated upon first use. Your card's expiration date is located on the front of the card. Additional cards for your spouse or dependent(s) can be ordered online at ncflex.padmin.com. |
| **Swiping Your Card at IIAS Stores** |
| IRS rules allow you to use your NCFlex Convenience Card at participating providers and services, pharmacies, discount stores, supermarkets, and daycare centers that can identify FSA eligible items at checkout. The Information Inventory Approval System (IIAS) helps you determine which items are eligible or ineligible expenses. |
| **Only Submit a Receipt/Bill for Debit Card Transactions When Notified** |
| You do not need to automatically submit your receipts/bill for debit card transactions. P&A Group will issue you a letter via mail or e-mail asking you to submit documentation for your debit card transactions. It is always recommended that you save all of your receipts for personal record keeping or in the event that P&A requests documentation for a specific transaction. |
| **Get Claim Status Updates Via E-mail** |
| Update your P&A online account with your current e-mail address and receive e-mail notifications of your claim and payment status. If no e-mail address is on file, you will continue to receive paper statements. |
| **Check Your Pay Stub** |
| Review your paycheck to verify the correct per pay deductions are taken out for your 2027 NCFlex Flexible Spending Account(s). If you notice any errors, please contact your HBR or benefits department. |
| **Live Online Chat through P&A's Participant Support Center** |
| Chat online with a Participant Support Specialist at ncflex.padmin.com Monday - Friday, 8:00 a.m. - 10:00 p.m. EST. |

# About Your Flexible Spending Account

NCFlex offers both a Health Care Flexible Spending Account (HCFSA) and a Dependent Day Care Flexible Spending Account (DDCFSA) as part of the NCFlex Benefits Program. You have elected to participate in the Health Care Flexible Spending Account, the Dependent Day Care Flexible Spending Account, or both. You may only be reimbursed for expenses incurred for yourself and your eligible dependents. These accounts are completely separate – you cannot use money from one account to pay for expenses from the other account. The IRS governs the use of FSAs and requires that proper documentation be submitted to verify eligible expenses. You should keep FSA receipts for 10 years in the event of an audit.

# How the FSA Works

An FSA allows you to save money on taxes you pay for eligible expenses by setting aside money pre-tax into a special designated account. When you enroll in the FSA, you determine how much money you want to have payroll deducted and put into a Health Care FSA, Dependent Day Care FSA or both. You can use your NCFlex Convenience Card, or pay out-of-pocket for an eligible expense and submit a claim to P&A Group for reimbursement.

### HCFSA ELECTION AMOUNTS

Minimum annual contribution amount: $120 | Maximum annual contribution amount: $3,400

### DDCFSA Election Amounts

Minimum annual contribution amount: $120 | Maximum annual contribution amount: $7,500

# Paying with Your NCFlex Convenience Card

You can use the NCFlex Convenience Card to pay for eligible health care and dependent day care expenses. With the Convenience Card you have access to the available balance in your account without paying out-of-pocket. Remember to save all of your receipts, and keep in mind you may need to submit appropriate documentation (e.g., Explanation of Benefits (EOB) or receipt(s)) to substantiate expenses.

The NCFlex Convenience Card lets you pay a provider or vendor directly from your FSA at the point of purchase (if the provider accepts this form of payment). You will swipe it as a credit card transaction, not as a debit card (no PIN required). Keep in mind that your NCFlex Convenience Card is to be used to pay for FSA eligible expenses only. Be sure to save your receipts and documentation. Certain NCFlex Convenience Card transactions may require the submission of additional documentation.

When you use your NCFlex Convenience Card for an eligible Health Care FSA expense, you have access to your full annual election amount on the first day coverage begins, before payroll deductions have occurred. This is unique to only the HCFSA. When you use your NCFlex Convenience Card for an eligible Dependent Day Care FSA expense, you have access to only the amount that has been payroll deducted to date into your DDCFSA. You will be required to pay for any amount greater than your DDCFSA balance out-of-pocket, and then submit a claim to P&A Group for reimbursement (see page 3 for directions on how to submit a claim).

### USING YOUR NCFLEX CONVENIENCE CARD AT THE POINT-OF-SERVICE

Step 1. Present your NCFlex Convenience Card and swipe it for payment as a credit card (no PIN required).

a. If the card transaction is approved (e.g., there are sufficient funds in the account), the amount is deducted from your account balance.

b. If the card transaction is declined, the clerk or provider will ask for another form of payment for the total amount due.

Step 2. If required, submit supporting documentation to substantiate the transaction.

*Please note: you do not automatically need to submit your receipts/bill for debit card transactions. P&A Group will issue you a letter via mail or e-mail to submit documentation for your debit card transactions. It is always recommended that you save all of your receipts for personal record keeping or in the event that P&A does request documentation for a specific transaction.*

### SWIPING YOUR CARD AT IIAS STORES FOR HCFSA EXPENSES

You can use your NCFlex Convenience Card at participating pharmacies, discount stores and supermarkets that are able to identify FSA eligible items at checkout. The nationwide IRS Information Inventory Approval System (IIAS) further enhances the point-of-sale transaction and helps you determine which items are eligible expenses and which are ineligible.

Visit ncflex.padmin.com to view a current list of IIAS compliant stores. Go to **Forms** and select the box labeled IIAS. If you attempt to use your NCFlex Convenience Card at a non-IIAS pharmacy, your transaction will be declined. As an alternative, you may:

- Continue using the same pharmacy but pay for eligible expenses out-of-your pocket and request reimbursement from your Health Care Spending Account by submitting an FSA claim form and supporting documentation; or
- Continue using your NCFlex Convenience Card by transferring your prescriptions to a pharmacy that has IIAS technology.

### NOTES

The IRS governs the use of Convenience Cards and requires that in some cases proper documentation be submitted to verify eligible expenses. If you use the NCFlex Convenience Card and documentation is required, you could receive up to three letters requesting documentation to verify the expense. The letters will be sent over a period of 39 days. If you are unable to provide the required documentation or the expense is deemed ineligible, it is your responsibility to repay the plan immediately. If your reimbursement is not received, the following actions may occur:

- Suspension of your NCFlex Convenience Card
- Future reimbursements may be decreased by the amount owed
- Subject to tax consequences at the end of the calendar year

Your card will be reactivated once appropriate documentation or repayment is received. Any amount you repay will be placed back in your FSA for reimbursement of future eligible expenses. Checks should be made payable to P&A Group. Send a copy of your letter and your payment for the total claim amount by personal check, certified check or money order (do not send cash) to: P&A Group ATTN: NC FSA Plan, 6400 Main Street, Suite 210 Williamsville, NY 14221.

# How to Submit a Claim

If you are unable to use your Convenience Card, you can pay out-of-pocket and submit a claim for your eligible expense through one of the following ways*.

### MOBILE APP

Manage your account through our mobile app. Go to the App Store or Google Play and search “P&A Group MyBenefits” to download the app. To submit a claim, log into your account, go to the menu and tap **Upload Claim/Documentation**.

Download on the App Store

GET IT ON Google Play

### UPLOAD CLAIMS FROM YOUR COMPUTER & SMARTPHONE

Log into your P&A account at ncflex.padmin.com and select **Upload Claim/Documentation** under Member Tools. Select **New Claim**, choose the account you are requesting reimbursement from, and enter your service dates. Next, enter your claim amount and upload the IRS required documentation (e.g., register receipt). You can upload the image of your documentation from your picture gallery.

### CLAIM FORMS

Fax or mail a claim to P&A Group. Complete the enclosed FSA Claim Form to request reimbursement (see page 10). Sign and attach the appropriate IRS required documentation when you submit your claim. You may also print additional claim forms at www.ncflex.org.

Documentation required for health care claims (such as Indemnity, PPO or HMO plan):

- Name of service provider
- Date expense was incurred (this is the date of service and not paid date or billing date)
- Type of service
- Amount of expense

### IMPORTANT NOTES

*When submitting a claim, proper documentation must be provided. An EOB printed from a health plan website, such as BlueCross BlueShield, can be used as an acceptable receipt if it has the name of the person receiving service and the required health care claim information. Cancelled checks and balance forward receipts are not considered acceptable forms of documentation for reimbursement.

# Special Payment Options and Documentation Required for Orthodontia

If you participate in a dental plan, it is your responsibility to submit your EOB with your orthodontia claim. There are typically two different payment plans offered by most orthodontia providers. Please contact the NCFlex FSA Participant Support Center concerning how to file a claim based on your payment plan.

- Payment in full — submit itemized receipt showing provider name, date of service and amount paid.
- Month to month — each month, submit itemized receipt with provider name, date of service and amount paid.

### DOCUMENTATION REQUIRED FOR DEPENDENT DAY CARE CLAIMS

- Name of service provider
- Receipt / invoice that shows the beginning and ending date(s) of service, dependent's name and the amount(s) charged
- Provider's address, signature and date
- Provider's Social Security number or taxpayer identification number

### IMPORTANT NOTES

- The taxpayer identification number is not necessary if the provider is a non-profit, religious, charitable or educational organization (under IRC Section 501 (c)(3)).
- Canceled checks and credit card receipts are not considered acceptable documentation.

### PROCESSING YOUR CLAIMS

It is important to file your request for reimbursement (including appropriate documentation to substantiate your claim) as soon as possible to allow time to re-submit if additional documentation is requested. Note: If you become ineligible for the plan or stop working, please see your HBR for information regarding claims and contributions.

### HEALTH CARE FSA (HCFSA) CLAIMS

Claim reimbursement is based on the date you receive eligible expenses, not the date you pay the invoice or the date you are billed, which must be between January 1, 2027 (or your plan effective date) and December 31, 2027. You can carry forward up to $680 of unused funds into the 2028 plan, provided you have a minimum balance of $25. Claims for the 2027 Health Care FSA must be submitted by March 31, 2028.

If you previously enrolled in the 2026 HCFSA plan year and are re-enrolling in the 2027 HCFSA, your 2027 funds will automatically load onto your existing Convenience Card. **Any claims with dates of service incurred within the 2026 calendar year and submitted on or after January 1, 2027, must be done via upload, mail or fax. You cannot utilize the debit card to pay claims with dates of service in 2026 on or after January 1, 2027.** Once those claims are submitted to P&A via upload, fax or mail, reimbursements will pay from the 2026 first, then (when funds are exhausted) the FSA rollover account. All 2027 expenses can be paid for with the NCFlex Convenience Card. Claims with dates of service incurred in 2027 will pay from the 2027 FSA first. When 2027 FSA funds are exhausted, claims will pay from the rollover account.

### DEPENDENT DAYCARE FSA (DDCFSA) CLAIMS

Claim reimbursement is based on the date you receive the dependent day care service, not the date you pay the invoice or the date you are billed, which must be between January 1, 2027 (or your plan effective date) and March 15, 2028. Claims for the DDCFSA must be submitted by March 31, 2028.

If you previously enrolled in the 2026 DDCFSA plan year and are re-enrolling in the 2027 DDCFSA, your 2027 funds will automatically load onto your existing Convenience Card. If you have a remaining balance in the 2026 DDCFSA, the Convenience Card will first extract any remaining funds from the 2026 account until March 15, 2027, and then the card will use the 2027 DDCFSA for any expenses incurred from January 1, 2027 – March 15, 2028.

# Accessing Your Account

### MOBILE APP

Manage your account through our mobile app. Go to the App Store or Google Play and search "P&A Group MyBenefits" to download it today!

- Register for account alerts
- Submit claims
- Order a Benefits Card
- Check your account balance & more!

Download on the App Store

GET IT ON Google Play

### ONLINE

Quickly access your FSA through P&A Group's website at ncflex.padmin.com. If you're a first time user, you will need your FSA Member ID or your Social Security number. After logging in for the first time, you can create your own unique user ID and password.

When you log into your P&A account, you can:

- Upload online claims
- Make claims inquiries
- View claims payment and contribution history
- Update your e-mail address in order to receive an e-mail notification when a claim is approved or denied and when payment is issued
- Update your profile with your mobile number so you can receive account information via text message

### TEXT MESSAGE

Receive your account balance(s) and claim statuses via text message by updating your P&A online account with your mobile number. Log into your P&A account at ncflex.padmin.com, go to your profile and enter your cell phone number. Once complete, text BAL to the number (716) 869-1703 to receive a text with your account balance, or text CLM to receive a text with your claim status.

### PHONE

Call (716) 362-5595 or (866) 916-3475 to connect with the NCFlex FSA Participant Support Center. Participant Support Specialists are available Monday through Friday, from 8:00 a.m. - 10:00 p.m. EST.

### LIVE WEBCHAT

Go to ncflex.padmin.com and choose **Online Chat** at the top of the page to speak with a Participant Support Specialist through online webchat. Online Chat is available Monday - Friday, 8:00 a.m. - 10:00 p.m. EST.

# Shop for Eligible Expenses Online at FSA Store

Experience convenience and savings when you shop at FSA Store, a one-stop-shop that offers significant discounts on thousands of pre-approved eligible FSA products. Take advantage of the FSA Store's robust inventory and use your NCFlex Convenience Card when you checkout. Visit ncflex.padmin.com to access the FSA Store today!

FSA store®

# NCFlex Health Care Flexible Spending Account
# HIPAA Privacy Notice

THIS NOTICE DESCRIBES HOW HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

**SUMMARY:** The Health Insurance Portability and Accountability Act of 1996 (HIPAA) requires health plans to notify plan participants and beneficiaries about its policies and practices to protect the confidentiality of their health information. This document is intended to satisfy HIPAA's Notice requirement with respect to all health information created, received, or maintained by the NCFlex Health Care Flexible Spending Account (the "Plan"), as administered by the Office of State Human Resources (the "Employer").

The Plan needs to create, receive, and maintain records that contain health information about you to administer the Plan and provide you with health care benefits. This Notice describes the Plan's health information privacy policy with respect to your Medical Reimbursement Account. The Notice tells you the ways the Plan may use and disclose health information about you, describes your rights and the obligations the Plan has regarding the use and disclosure of your health information. However, it does not address the health information policies or practices of your health care providers.

## THE OFFICE OF STATE HUMAN RESOURCES' PLEDGE REGARDING HEALTH INFORMATION PRIVACY

The privacy policy and practices of the Plan protects confidential health information that identifies you or could be used to identify you, and relates to a physical or mental health condition or the payment of your health care expenses. This individually identifiable health information is known as "protected health information" (PHI). Your PHI will not be used or disclosed without a written authorization from you, except as described in this Notice or as otherwise permitted by federal and state health information privacy laws.

## PRIVACY OBLIGATIONS OF THE PLAN

The Plan is required by law to:
- make sure that health information that identifies you is kept private;
- give this Notice of the Plan's legal duties and privacy practices with respect to health information about you; and,
- follow the terms of the Notice that is currently in effect.

## HOW THE PLAN MAY USE AND DISCLOSE HEALTH INFORMATION ABOUT YOU

The following are the different ways the Plan may use and disclose your PHI:

- **For Treatment**. The Plan may disclose your PHI to a health care provider who renders treatment on your behalf. For example, if you are unable to provide your medical history as the result of an accident, the Plan may release the names of the prescription drugs you are taking to an emergency room physician.

- **For Payment**. The Plan may use and disclose your PHI so that claims for health care treatment, services and supplies you receive from health care providers may be paid according to the Plan's terms. For example, the Plan may receive and maintain orthodontic information, such as the contract, so the monthly expense can be automatically reimbursed.

- **For Health Care Operations**. The Plan may use and disclose your PHI to enable it to operate or operate more efficiently or make certain all of the Plan's participants receive their health benefits. For example, the Plan may use your PHI to conduct compliance reviews, audits, actuarial studies, and/or for fraud and abuse detection. The Plan may also combine health information about many Plan participants and disclose it to the Employer in summary fashion so it can decide what coverage the Plan should provide. The Plan may remove information that identifies you from health information disclosed to the Employer so it may be used without the Employer learning who the specific participants are.

- **To the Employer**. The Plan may disclose your PHI to designated Employer personnel so they can carry out their Plan-related administrative functions, including the uses and disclosures described in this Notice. Such disclosures will be made only to the NCFlex Program Manager ("the Plan Administrator") and/or the members of the NCFlex Office. These individuals will protect the privacy of your health information and ensure it is used only as described in this Notice or as permitted by law. Unless authorized by you in writing, your health information: (1) may not be disclosed by the Plan to any other Employer, employee or department and (2) will not be used by the Employer for any employment-related actions and decisions or in connection with any other employee benefit plan sponsored by the Employer.

- **To a Business Associate**. Certain services are provided to the Plan by third party administrators known as "business associates." For example, the Plan may input information about your health care treatment into an electronic claims processing system maintained by the Plan's business associate so your claim may be paid. In so doing, the Plan will disclose your PHI to its business associate so it can perform its claims payment function. However, the Plan will require its business associates, through contract, to appropriately safeguard your health information.

- **Treatment Alternatives**. The Plan may use and disclose your PHI to tell you about possible treatment options or alternatives that may be of interest to you.

- **Health-Related Benefits and Services**. The Plan may use and disclose your PHI to tell you about health-related benefits or services that may be of interest to you.

• **Individual Involved in Your Care or Payment of Your Care**. The Plan may disclose your PHI to a close friend or family member involved in or who helps pay for your health care.

• **As Required by Law**. The Plan will disclose your PHI when required to do so by federal, state or local law, including those that require the reporting of certain types of wounds or physical injuries.

## SPECIAL USE AND DISCLOSURE SITUATIONS

The Plan may also use or disclose your PHI under the following circumstances:

• **Lawsuits and Disputes**. If you become involved in a lawsuit or other legal action, the Plan may disclose your PHI in response to a court or administrative order, a subpoena, warrant, discovery request or other lawful due process.

• **Law Enforcement**. The Plan may release your PHI if asked to do so by a law enforcement official, for example, to identify or locate a suspect, material witness, or missing person or to report a crime, the crime's location or victims, or the identity, description, or location of the person who committed the crime.

• **Workers' Compensation**. The Plan may disclose your PHI to the extent authorized by and to the extent necessary to comply with workers' compensation laws or other similar programs.

• **Military and Veterans**. If you are or become a member of the U.S. armed forces, the Plan may release medical information about you as deemed necessary by military command authorities.

• **To Avert Serious Threat to Health or Safety**. The Plan may use and disclose your PHI when necessary to prevent a serious threat to your health and safety, or the health and safety of the public or another person.

• **Public Health Risks**. The Plan may disclose health information about you for public heath activities. These activities include preventing or controlling disease, injury or disability; reporting births and deaths; reporting child abuse or neglect; or reporting reactions to medication or problems with medical products or to notify people of recalls of products they have been using.

• **Health Oversight Activities**. The Plan may disclose your PHI to a health oversight agency for audits, investigations, inspections, and licensure necessary for the government to monitor the health care system and government programs.

• **Research**. Under certain circumstances, the Plan may use and disclose your PHI for medical research purposes.

• **National Security, Intelligence Activities, and Protective Services**. The Plan may release your PHI to authorized federal officials: (1) for intelligence, counterintelligence and other national security activities authorized by law and (2) to enable them to provide protection to the members of the U.S. government or foreign heads of state, or to conduct special investigations.

• **Organ and Tissue Donation**. If you are an organ donor, the Plan may release medical information to organizations that handle organ procurement or organ, eye or tissue transplantation or to an organ donation bank to facilitate organ or tissue donation and transplantation.

• **Coroners, Medical Examiners, and Funeral Directors**. The Plan may release your PHI to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or to determine the cause of death. The Plan may also release your PHI to a funeral director, as necessary, to carry out his/her duty.

## BREACH OF UNSECURED PHI

You must be notified in the event of a breach of unsecured PHI. A "breach" is the acquisition, access, use, or disclosure of PHI in a manner that compromises the security or privacy of PHI. PHI is considered compromised when the breach poses a significant risk of financial harm, damage to your reputation, or other harm to you. This does not include good faith or inadvertent disclosures or when there is no reasonable way to retain the information. You must receive a notice of the breach as soon as possible and no later than 60 days after the discovery of the breach.

## YOUR RIGHTS REGARDING HEALTH INFORMATION ABOUT YOU

Your rights regarding the health information the Plan maintains about you are as follows:

• **Right to Inspect and Copy**. You have the right to inspect and copy your PHI, including your PHI maintained in an electronic format. This includes information about your plan eligibility, claim and appeal records, and billing records, but does not include psychotherapy notes. If your PHI is maintained in an electronic format you may require that this be transmitted directly to someone you designate. If your PHI is available in an electronic format, you may request access electronically.
To inspect and copy health information maintained by the Plan, submit your request in writing to the Plan Administrator. The Plan may charge a reasonable fee for the cost of copying and/or mailing your request. This fee must be limited to the cost of labor involved in responding to your request if you requested access to an electronic record. In limited circumstances, the Plan may deny your request to inspect and copy your PHI. Generally, if you are denied access to health information, you may request a review of the denial.

• **Right to Amend**. If you feel that health information the Plan has about you is incorrect or incomplete, you may ask the Plan to amend it. You have the right to request an amendment for as long as the information is kept by or for the Plan.
To request an amendment, send a detailed request in writing to the Plan Administrator. You must provide the reason(s) to support your request. The Plan may deny your request if you ask the Plan to amend health information that was: accurate and complete; not created by the Plan; not part of the health information kept by or for the Plan; or not information that you would be permitted to inspect and copy.

• **Right to an Accounting of Disclosures**. You have the right to request an "accounting of disclosures." This is a list of disclosures of your PHI that the Plan has made to others, except for those necessary to carry out health care treatment, payment or operations (does not apply to electronic health records); disclosures made to you; disclosures made pursuant to your authorization; or in certain other situations.

To request an accounting of disclosures, submit your request in writing to the Plan Administrator. Your request must state a time period, which may not be longer than six years prior to the date the accounting was requested and may not include dates before April 14, 2003. Your request should indicate in what form you want the list (for example, paper or electronic). The first list you request within a 12-month period will be provided free of charge. For additional lists, we may charge you for the costs of providing the list. We will notify you of the cost involved.

• **Right to Request Restrictions**. You have the right to request a restriction on the health information the Plan uses or discloses about you for treatment, payment or health care operations. You also have the right to request a limit on the health information the Plan discloses about you to someone who is involved in your care or the payment for your care, like a family member or friend. For example, you could ask that the Plan not use or disclose information about a surgery you had. In addition, you have the right to restrict disclosure of your PHI to the Plan for payment or healthcare operations (but not for carrying out treatment) in situations where you have paid the healthcare provider out-of-pocket in full.

To request restrictions, make your request in writing to the Plan Administrator. You must advise us: (1) what information you want to limit; (2) whether you want to limit the Plan's use, disclosure or both; and (3) to whom you want the limit(s) to apply.

**Note**: The Plan is not required to agree to your request. However, if we do agree to your request, we will honor the restriction until you revoke it or you are notified that we are revoking the request.

• **Right to Request Confidential Communications**. You have the right to request that the Plan communicate with you about health matters in a certain way or at a certain location. For example, you can ask that the Plan send you Explanation of Benefits (EOB) forms about your benefit claims to a specified address.

To request confidential communications, make your request in writing to the Plan Administrator. The Plan will make every attempt to accommodate all reasonable requests. Your request must specify how or where you wish to be contacted.

• **Right to a Paper Copy of this Notice**. You have the right to a paper copy of this Notice. You may write to the Plan Administrator to request a written copy of this Notice at any time.

## CHANGES TO THIS NOTICE

The Plan reserves the right to change this Notice at any time and to make the revised or changed Notice effective for health information the Plan already has about you, as well as any information the Plan receives in the future. The Plan will post a copy of the current Notice on the www.ncflex.org web site and in the NCFlex Office at all times.

## COMPLAINTS

If you believe your privacy rights under this policy have been violated, you may file a written complaint with the Plan Administrator at the address listed below. Alternatively, you may contact to the Secretary of the U.S. Department of Health and Human Services, generally, within 180 days of when the act or omission complained of occurred. Note: You will not be penalized or retaliated against for filing a complaint.

## OTHER USES AND DISCLOSURES OF HEALTH INFORMATION

Other uses and disclosures of health information not covered by this Notice or by the laws that apply to the Plan will be made only with your written authorization. If you authorize the Plan to use or disclose your PHI, you may revoke the authorization, in writing, at any time. If you revoke your authorization, the Plan will no longer use or disclose your PHI for the reasons covered by your written authorization; however, the Plan will not reverse any uses or disclosures already made in reliance on your prior authorization.

## CONTACT INFORMATION

If you have any questions about this Notice, please contact:

NCFlex Program Manager
NC Office of State Human Resources
1331 Mail Service Center Raleigh, NC 27699-1331 Courier 51-01-03
Phone: (984) 236-0800
Notice Effective Date: April 14, 2003

# General Notice of COBRA Continuation Coverage Rights
# **Continuation Coverage Rights Under COBRA**

## INTRODUCTION

You are receiving this notice because you have recently become covered under the NCFlex Health Care Flexible Spending Account (the Plan). This notice contains important information about your right to COBRA continuation coverage, which is a temporary extension of coverage under the Plan. This notice generally explains COBRA continuation coverage, when it may become available to you and your family, and what you need to do to protect the right to receive it.

The right to COBRA continuation coverage was created by a federal law, the Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA). COBRA continuation coverage can become available to you when you would otherwise lose your group health coverage. It can also become available to other members of your family in the case of your death. For additional information about your rights and obligations under the Plan and under federal law, you should review the Plan's Summary Plan Description or contact the Plan Administrator. This continuation coverage does not apply to the Dependent Care Reimbursement Plan (Account).

## WHAT IS COBRA CONTINUATION COVERAGE?

COBRA continuation coverage is a continuation of Plan coverage when coverage would otherwise end because of a life event known as a "qualifying event." Specific qualifying events are listed later in this notice. After a qualifying event, COBRA continuation coverage must be offered to you (as a "qualified beneficiary") if you lose coverage under the Plan. If you elect COBRA continuation coverage, you must pay the full cost of the coverage. As an employee and Plan participant, you will become a qualified beneficiary if you lose your coverage under the Plan because either one of the following qualifying events happens:

- Your hours of employment are reduced; or
- Your employment ends for any reason other than your gross misconduct.

Also, if you were a Plan participant on the date of your death, COBRA continuation coverage will be available to your spouse until the end of the current plan year.

## WHEN IS COBRA COVERAGE AVAILABLE?

The Plan will offer COBRA continuation coverage to qualified beneficiaries only after the Plan Administrator has been notified by the employer that a qualifying event has occurred.

## HOW IS COBRA COVERAGE PROVIDED?

Once the Plan Administrator receives notice that a qualifying event has occurred, COBRA continuation coverage will be offered to you (or your spouse in the case of your death).
COBRA continuation coverage is a temporary continuation of coverage and only covers you (or your spouse in the case of your death) until the end of the current plan year.

## IF YOU HAVE QUESTIONS

Questions concerning your Plan or your COBRA continuation coverage rights should be addressed to the contact or contacts identified below. For more information about your rights under COBRA, the Health Insurance Portability and Accountability Act (HIPAA), and other laws affecting group health plans, contact the nearest Regional or District Office of the U.S. Department of Labor's Employee Benefits Security Administration (EBSA) in your area or visit the EBSA website at www.dol.gov/ebsa. (Addresses and phone numbers of Regional and District EBSA Offices are available on EBSA's website.)

## KEEP YOUR PLAN INFORMED OF ADDRESS CHANGES

In order to protect your rights, you should keep the Plan Administrator informed of any changes in your address. You should also keep a copy, for your records, of any notices you send to the Plan Administrator.

## PLAN CONTACT INFORMATION

If you or your spouse (in the case of your death), have any questions about the law, or if you or your spouse has changed addresses, please contact:
Mailing Address: P&A Group NCFlex Enrollment Flex Administration 6400 Main Street, Suite 210 Williamsville, NY 14221.
Phone: (716) 362-5595 or (866) 916-3475

# FSA Claim Form

P&A GROUP EST. 1975

Submit this completed claim form via fax or mail.
If you have any questions call (716) 362-5595 or (866) 916-3475.
Fax: (877) 213-8917
Mail: P&A Group Attn: NC FSA Plan 6400 Main Street, Suite 210 Williamsville, NY 14221.

NCFLEX
STATE INSURANCE PLANS
NCFLEX.ORG

Today's date:__/__/__ ____ # of pages Plan Year beginning for: 20____ ❑ New claim ❑ Re-submission of claim ❑ Response to claim denial

| Employee Name: | FSA ID Number or Social Security Number: | |
|---|---|---|
| Address: | | |
| E-mail Address: | Home Phone: | Work Phone: |

| ❑ Health Flexible Spending Account | | | Total Amount Requested: _____ | |
|---|---|---|---|---|
| **Date of Service** | **Employee, Spouse or Dependent** | **Amount Requested** | **Type of Service** (Rx, co-pay, dental expense, etc). | **Service Provider/Rx Number** (Must be provided) |
| 1. | | | | |
| 2. | | | | |
| 3. | | | | |
| 4. | | | | |

*Enclose insurance company statement or itemized bill from provider showing date of service, services rendered, provider of service, amount paid and, if applicable, amount covered by insurance; prescription claims MUST include the Rx number pharmacy receipt, not the cash register receipt.*

| ❑ Dependent Care Reimbursement Account | | | Total Amount Requested: _____ | |
|---|---|---|---|---|
| Dependent Care Provider Signature: _____ Date: __/__/__ | | | | |
| PLEASE NOTE: *For all Dependent Care FSA claims, you must provide the business Tax ID Number, date(s) of service, name of child(ren) and services rendered. If you're using the account to pay for the cost of an individual/babysitter, you must provide the person's Social Security Number in the table below. If you cannot remit a copy of your bill/contract, your daycare provider must sign on the line above in lieu of submitting a receipt.* | | | | |
| **Date(s) of Service** | **Name of Dependent** | **Amount Requested** | **Type of Service** (i.e., day care center, after school program, adult day care) | **Service Provider/Number** (Must be provided) |
| 1. | | | | |
| 2. | | | | |
| 3. | | | | |
| 4. | | | | |

**PARTICIPANT SIGNATURE REQUIRED**

To the best of my knowledge and belief, my statements in this reimbursement voucher are complete and true. I am claiming reimbursement only for eligible expenses incurred during the applicable plan year and for eligible plan participants. I certify that these expenses have not been previously reimbursed on this or any other benefit plan and I will not seek reimbursement for this through any other benefit plan. This expense will not be claimed as an income tax deduction. In addition, as to the dependent care expenses identified above (if any), I meet each of the certifications at "Qualifying Care Expense Certifications" on the next page. I certify that if my child is age 13, I will not seek reimbursement for more than the unspent funds from my prior year account. I authorize my Flexible Spending Account to be reduced by the amount requested.

Employee's Signature: _____ Date: __/__/__

# FSA Claim Form

## Claim Submission Requirements

- Please number each receipt according to the order of appearance on this form
- IRS guidelines do NOT consider cancelled checks as valid documentation
- Previous balances are NOT acceptable
- All reimbursements will be made payable to the employee

## Qualifying Care Expense Certifications

1. The dependent care expenses identified on page 1 were incurred for the care of only one or more Qualifying Individuals. I understand that only the following persons are Qualifying Individuals for this purpose.

    a. a person under age 13 who is my "qualifying child" under the Internal Revenue Code (the "Code"), i.e., (1) he or she has the same principal residence as me for more than half the year, (2) he or she is my child or stepchild (by blood or adoption), foster child, sibling or step-sibling, or a descendant of one of them; and (3) he or she does not provide more than half of his or her own support for the year.

    b. my spouse if he or she is physically or mentally incapable of self-care and has the same principal abode as me for more than half the year.

    c. a person who is physically or mentally incapable of caring for himself or herself, has the same principal place of abode as me for more than half of the year, and is my tax dependent under the Code (for this purpose, status as a tax dependent is determined without regard to the gross income limitation for a "qualifying relative" and certain other provisions of the Code's definition.

    d. if I am a divorced or separated, my child but only if I am the primary custodial parent (irrespective of whether which parent may claim a personal exemption for the child on his or her federal income tax return).

2. The expenses were incurred to enable me (and my spouse, if any) to be gainfully employed. If spouse is not employed, I certify my spouse is incapacitated or a full-time student.

3. The expenses were for the care of a Qualifying Individual or for household services attributable in part to the care of a Qualifying Individual.

4. To the extent that the expenses were for services outside of my household for the care of a Qualifying Individual other than a person under age 13 who is my qualifying child, that Qualifying Individual regularly spends at least eight hours per day in my household.

5. To the extent that the expenses were for services provided by a dependent care center (including a day camp), the center complies with all applicable state and local laws and regulations.

6. None of the expenses were for dependent care services provided by my spouse, by a parent of my under-age 13 qualifying child or by a person for whom I or my spouse is entitled to claim a personal exemption on a federal income tax return.

7. In the case of any expenses for dependent care services provided by a child of mine, that child will be at least 19 years old at the end of the year in which the services were provided.

8. None of the expenses were for services or attendance at an overnight camp.