



Enroll in the BESTflex Plan to get a tax-advantaged benefit that just works.

Use *tax-free dollars* to pay for eligible health care and daycare expenses.

How the BESTflex Plan Works

The BESTflex Plan is an easy way for you to save money on eligible expenses. With the BESTflex Plan, a portion of your paycheck is deposited in one or more Flexible Spending Accounts (FSAs) on a pre-tax basis. You can then use these funds to pay for out-of-pocket eligible expenses, which may include health or dependent care expenses.

How does the BESTflex Plan save me money?

The contributions that you make to your FSA are exempt from Federal, State, and FICA payroll taxes. This means that you save approximately 30% on your eligible expenses, making a \$100 eligible expense cost you about \$70.*

*These tax examples are broad approximations of tax liability. Your specific savings depend on your tax bracket. You should consult a tax advisor for help with your own situation. Current IRS tax laws control all BESTflex Plan matters and are subject to change.



Flexible Spending Accounts

You may participate in any BESTflex Plan accounts available under your employer’s plan design, as long as you are eligible to participate. The most common options are the Health Care FSA and Dependent Care FSA.

Health Care FSA

There are two types of Health Care FSAs: a standard health FSA and a limited health FSA. With both Health Care FSAs, you choose how much pre-tax money you would like to contribute, up to the annual limit.

Standard health FSA

A standard health FSA allows you to pay for eligible medical, vision, and dental expenses that are not covered by another health plan.

Limited health FSA

A limited health FSA allows you to pay for eligible vision and dental expenses that are not covered by another health plan. A limited health FSA is a great option if you (or your spouse, if you’re married) contribute to a Health Savings Account (HSA) because you can participate in both of these plans at the same time.

Dependent Care FSA

A Dependent Care FSA allows you to set aside pre-tax funds to pay for daycare expenses for children or other eligible dependents. You (and your spouse, if you’re married) must be working, looking for work, or be a full-time student to use this account. When you enroll in this plan, you choose how much pre-tax money you would like to contribute to the FSA, up to the annual limit.

When you enroll in a Dependent Care FSA, you pay for your eligible daycare expenses out-of-pocket and then are reimbursed after completing a claim form. Claims for reimbursement can be submitted through your online account or on our mobile app.

Using the FSA

When paying for eligible products and services, your Benefits Card is the most convenient way for you to access your Health Care FSA funds. Your Benefits Card is a prepaid debit card that uses funds directly from your benefits plan.* You can also pay for your eligible expenses out-of-pocket and then be reimbursed. For reimbursement, you must submit a claim form through your online account or on our mobile app.

Filing Claims

We make filing claims easy and we offer three options: **Mobile, Online** or via a paper **Claim Form**.

Our mobile app, EBC Mobile, lets you file a claim using your phone to take and submit pictures of receipts/expense documentation at home or on the go. Filing a claim for any eligible health care or dependent care expense doesn’t get any easier. Complete a few lines on a simple form, upload your receipt using your phone’s camera and tap *Submit*. EBC Mobile makes filing claims smart, simple, and secure!

*Some employers may choose not to offer the Benefits Card. Refer to *My Company Plan* for details about your specific plan.

Online Account

Once you enroll in the BESTflex Plan, register your online account at www.ebcflex.com. In your online account, you will be able to:

- View and file claims
- Review account balances
- Monitor the status of your claims
- Access forms and information regarding the operation of your plan
- Update personal information
- View a detailed account history

How to Enroll in the BESTflex Plan:

How much should I contribute?

We help you set aside the right amount of money for eligible health care and dependent care expenses. Referencing your *Eligible Expenses List* and using the worksheets we’ve created, you’ll arrive at a solid estimate of how much money you should contribute to the plan and help alleviate concerns about forfeiting any contributions.

The BESTflex Plan
Enrollment Form

Plan Participants: www.ebcflex.com
Phone support: (800) 346-2125 | (608) 631-6445
Fax to: (608) 631-4790
Submit completed form to your employer.

Employers: Secure upload: www.ebcflex.com
Fax to: (608) 631-4790
Mail to: Employee Benefits Corporation, PO Box 44347, Madison WI 53744-4347

Submit completed forms via:

- 1 General Information**
Organization Name: _____ Division: _____
- 2 Participant Information** Please print.
Last Name: _____ Suffix: _____ First Name: _____ MI: _____
Participant Social Security or Identification Number: _____ Gender: M F Date of Birth (mm/dd/yyyy): _____ Date of Hire (mm/dd/yyyy): _____
Mailing Address: _____ Apt. No.: _____ City: _____ State: _____ Zip Code: _____
Home Phone: (232) 496-7890 Email Address (we do not share your email address): _____
- 3 Plan Dates** (refer to "My Company Plan" Eligibility section)
Effective Start Date (mm/dd/yyyy): _____ Number of Pay Periods: _____
- 4 Plan Benefits** Select to have Elections below deducted from my pay tax free and placed into the following accounts:

	Employee Election (per Pay Period)	Employee Election (Per Year Total)	Employer Contribution (if any) (Per Year Total)
Health Care FSA Reimburses all eligible medical expenses; do not stretch HSA	\$ _____	\$ _____	\$ _____
Dependent Care FSA Reimburses eligible child or elder care expenses (e.g., daycare)	\$ _____	\$ _____	\$ _____
Employee Paid Administrative Fees (if any)	\$ _____	\$ _____	\$ _____
- 5 Direct Deposit** (optional; if you have not done so, complete banking information below to participate – authorization is in effect from this year to the next)
Financial Institution: _____ City: _____ State: _____ Zip Code: _____
 Checking Savings
Account Number: _____ Routing Number (swonly 9-digits): _____

Authorization
 I enroll in the BESTflex Plan I do not wish to enroll in the BESTflex Plan

I agree this election cannot be modified or changed during the plan year, unless a qualifying event occurs to justify the revocation or change as authorized by the IRC and Regulations. I understand my Social Security benefits may be affected by my participation in this Plan and that any money allocated to these accounts and does not spend by the end of the plan year for grace period, if elected by the plan sponsor cannot be refunded to me. If allocations are exempt from this rule, your annual election will be divided down if it is not evenly divisible by the number of pay periods. If a direct debit has been provided to me, I certify I will only use the Card for payment of eligible expenses under the Plan and any expense paid with the Card will not be reimbursed nor will I seek reimbursement under another Plan. I agree to provide substantiation that any expense is eligible for reimbursement under the Plan, and to reimburse the Plan in cases where I have been reimbursed in excess for an expense eligible under the Plan, understanding that if I fail to reimburse the Plan for an eligible expense, my employer may withhold the amount over the plan from my wages when permitted by applicable state law. By signing this Enrollment Form, I acknowledge that Employee Benefits Corporation will use my (and my dependent's as applicable) "protected health information" for purposes of providing benefit administration services to the Plan. Any information disclosed pursuant to this Enrollment Form will not be subject to redaction by the recipient, except for purposes of the Plan. I understand that my enrollment can be deemed if I do not sign this form.

If Direct Deposit is elected for reimbursement, I authorize Employee Benefits Corporation to send reimbursements (and appropriate adjusting entries) electronically or by any other commercially accepted method to my designated account at the financial institution named above. I agree not to hold Employee Benefits Corporation responsible for any delay or loss of funds due to incorrect or incomplete information supplied by me or my financial institution or due to an error on the part of my financial institution in depositing funds to my account. It is my responsibility to notify Employee Benefits Corporation immediately of any changes in my financial institution's name, change of account number or closure of account. This authorization will remain in effect until Employee Benefits Corporation has received written notification from me of its termination in such time and in such manner as to provide Employee Benefits Corporation a reasonable opportunity to act on it.

X
Signature: _____ Date (mm/dd/yyyy): _____

© Employee Benefits Corporation © 2021 Standard 062

(Sample Enrollment Form shown; your form may differ slightly)

Completing the Enrollment Form

Follow enrollment instructions from your employer. If you receive an enrollment form, complete these steps:

- 1. Enter General and Personal Information.** Enter all of your information, including an email address if you have one. Providing your email ensures that you get updates on your plan quickly.
- 2. Enter Plan Dates.** Enter the date you start the plan (the Effective Start Date) and the number of paychecks per year from which your elections are deducted (Number of Pay Periods). Enrollment is for one plan year, usually consisting of 12 calendar months or less.
- 3. Enter BESTflex Plan Benefits.** Enter your annual election for your plan selections under the *Plan Benefits* section. Choose the amount you'd like deducted from each paycheck (Employee Deduction per Pay Period) and multiply that amount by the Number of Pay Periods to determine your Plan Year Total. Do this for each FSA in which you are enrolling and total the form.

If you receive contributions from your employer, add the Employer Contribution Plan Year Total.

- 4. Complete Direct Deposit Information.** You have the option of having your reimbursement deposited directly into your personal checking or savings account. To authorize the direct deposit feature of the BESTflex Plan, provide the financial account information requested on the enrollment form. If you already have direct deposit information on file with us, it is not necessary to provide it again. The direct deposit feature will carry over to your new plan year.
- 5. Authorize Enrollment and Direct Deposit.** First, indicate whether you want to participate in the BESTflex Plan. Then sign and date the form and return it to your employer.

If you choose to not enroll in the BESTflex Plan FSAs, you must sign and date the form anyway. Your eligible employer-provided insurance premiums will still be deducted from your pay on a pre-tax basis.

What Happens After I Enroll?

Your employer will begin making payroll deductions according to your elections and you can then use your FSA benefits in accordance with your *Summary Plan Description* and *My Company Plan*. Check your pay stub to ensure these amounts are correct.

Once your plan year starts, activate your online account at www.ebcflex.com.

Review My Company Plan

My Company Plan, the appendix to your *Summary Plan Description (SPD)*, describes the specific details and features of your company's BESTflex Plan. Use the information in *My Company Plan* to aid in completing your enrollment.

My Company Plan Contains:

- BESTflex Plan Dates, including the date your employer started its BESTflex Plan (Original Plan Date) and the start and end dates of your employer's current BESTflex Plan (My Company's Plan Year)
- Eligibility definitions
- Group Insurance Premiums, the types of premiums deducted from your paycheck on a pre-tax basis
- The Health Care and Dependent Care FSA contribution limits, the maximum amount you can contribute to each account
- Plan Amendments, if any
- Information regarding who to contact within your Company
- Legal Information defining the relationship between your employer and Employee Benefits Corporation

The image shows a sample of the "My Company Plan" document. It is titled "My Company Plan" and is an Appendix to the BESTflex Plan Summary Plan Description and Program Summary. The document includes the following sections:

- My Plan:** Plan Name: Demo Employer Flexible Compensation Plan - 02000; Type of Plan: The BESTflex Plan.
- My Plan Dates:** Plan Effective Date: January 1; Plan Year: January 1 - December 31.
- Eligibility:** Coverage Type: Eligibility.
- My BESTflex Plan Benefits:** Group Insurance Premiums are automatically withheld from your paycheck for each pay period before taxes for:

Benefit	Amount	Effective Date
Group Term Life Insurance (up to \$50,000/employee only)		January 1
Voluntory Life Insurance		January 1
Medical Insurance		January 1
- My BESTflex Plan Accounts:**
 - Dependent Care FSA:** You use the Dependent Care FSA for eligible expenses that are incurred for the care of your child(ren) or other eligible dependent(s).

Minimum Plan Year Contribution	None for this plan year
Maximum Plan Year Contribution	\$2,500
 - Health Care FSA (with Grace Period):** You use the Health Care FSA for out-of-pocket, unreimbursed medical, vision, and dental expenses incurred by you, your spouse, or your eligible dependent(s).

Minimum Plan Year Contribution	None for this plan year
Maximum Plan Year Contribution	\$2,500
- My BESTflex Plan Options:**
 - Administrative Fees:** Administrative fees are paid by your employer.
 - Cash in Lieu of Health Coverage:** Health Coverage: Employer will pay \$500 to each employee each month who shows documentation of other health insurance coverage.
 - Employer Contributions:** Employer makes no contribution for this plan year.

At the bottom, there is contact information for Employee Benefits Corporation, including website, phone, and fax numbers.

My Company Plan is available online at www.ebcflex.com.