

# **Enrollment Guide**



## Enroll in the BESTflex<sup>SM</sup> Plan to get a taxadvantaged benefit that just works.

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



\*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.

8037 1022

## 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 to the FSA, 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-ofpocket 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!

## 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 balance(s)
- 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:

#### Enrollment in the BESTflex Plan

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.

Health Care ESA Renduar Gare Care General (Gare Gare Gare Gare Gare Gare Gare Gare	Dignitation Nume       Division         Participant Information       Peace print.         ast Name       Suffix         First Name       Suffix         ast Name       Suffix         Participant Information       Peace print.         ast Name       Suffix         Participant Information       Peace print.         ast Name       Suffix         Participant Information       Gender         Plan Dates (select to the Child Company Plant)       Email Address (we donot share your email address)         Plan Dates (select to "My Company Plant)       Email Address (we donot share your email address)         Plan Dates (select to "My Company Plant)       Number of Pay Plantos         Plan Dates (select to Twy)       Number of Pay Plantos         Plant Dates (select to Twy)       Number of Pay Plantos         Plant Dates (select to the Electrons below deducted from my pay tas free and placed into the following accounts:       Employee Dectron         Plant Dates (select to the Electrons below deducted from my pay tas free and placed into the following accounts:       Employee Dectron         Plant Dates (select to the Electrons below deducted from my pay tas free and placed into the following accounts:       Employee Plactos         Plant Dates (select to the Electrons below deducted from my pay tas free and placed into the following accounts:       Employee Placto	BESTIEEX Plan Employee Benefits Corporation	Plan Participan Phone support: Fax to: Submit complet	(800	) 346-		(608)	831-8445			Seci		ers iploa	t:	ww (60 Em	omit cor /w.ebcf 8) 831-4 ployee Box 443	lex.co 790 Benefi	m its Cor	pora	ntio
Participant Information Prease print.  List Name Suffix First Name List Name List Name City Suffix First Name List	Participant Information Please print.  ast Name   Suffix  First Name	General Information																		
Participant Information Prease print.  List Name Suffix First Name List Name List Name City Suffix First Name List	Participant Information Please print.  ast Name   Suffix  First Name																			
List Name       Suffix       First Name         Det coll for Coll Social Social Yor Montfloction Number       Gender       P Det coll for Coll Social Yor Montfloction Number         Name       Apt No.       City       State       Zip Code         Name       Final Address (we do not share your email address)       Path Dates (where Trip Company Plan T Eighting section)         Plan Dates (where Trip Company Plan T Eighting section)       Imall Address (we do not share your email address)       Plan Dates (where Trip Company Plan T Eighting section)         Plan Dates (where Trip Company Plan T Eighting section)       Imall Address (we do not share your email address)       Email You Trip Plan Dates (where Trip Company Plan T Eighting section)         Plan Dates (where Trip Company Plan T Eighting section)       Imall You Trip Plan Dates (where Trip Company Plan T Eighting section)       Email You Trip Plan Dates (where Trip T Eighting section)         Plan Dates (where Testing section below deducted from my pay tas free and placed into the following accounts:       Employee Testing       Employee Testing         Plan Dates (where Testing section below deducted from my pay tas free and placed into the following accounts:       Employee Testing       Employee Testing         Plan Dates (FSA       Section Testing information testing i	ad Name Suffix First Hame Suffix First Hame Suffix First Hame Control First Hame First H	Organization Name						Division												
		Participant Information	Please print.						_											
Periopart Soul Sourily or Meetification Namber     Gender     Det of Brith (mm.dd; yyyy)     Date of Brith (mm.dd; yyyy)       Walling Address     Apt. No.     City     State     Zp Ocde       Horne Prove 123-456-7890     Ermail Address (we do not share your email address)     Plan Dates (we for 7ky Company Part" Eligibility section)       Plan Dates (we for 7ky Company Part" Eligibility section)     Ermail Address for Pary Periods     Endysee Electors and plane of Pary Periods       Plan Dates (we for 7ky Company Part" Eligibility section)     Endysee Electors and plane of Pary Periods     Endysee Electors Part Part Notes of Pary Periods       Plan Date (Specific Control and Part Part Periods     Endysee Electors Part Part Notes of Pary Periods     Endysee Electors Part Part Notes of Pary Periods       Plan Date (Specific Control and Part Part Periods     Specific Control Part Notes of Pary Periods     Endysee Electors Part Part Notes of Pary Periods       Plan Date (Specific Control and Part Part Notes of Pary Periods     Specific Control Part Notes of Pary Periods     Specific Control Part Notes of Pary Periods       Health Carre FSA     Specific Control and Part Part Notes of Pary Periods     Specific Control Part Notes of Pary Periods     Specific Control Part Notes of Pary Periods       Direct Depositic (cartical Electors & Specific Control and Part Part Notes of Pary Periods     Specific Control Pary Part Notes of Pary Periods     Specific Control Pary Notes of Pary Periods       Direct Depositic (cartical Electors Pary Pary Notes of Pary Part Part Part Pary P	Participant Social Socially or Mentfloction Namber       Gender       Date of Bith (mm-dd yyyy)       Date of Hiter (mm-dd yyyy)         Walling Address       Apt. No.       Cty       Scate       2 pC code         Mailing Address       Apt. No.       Cty       Scate       2 pC code         Mailing Address       Apt. No.       Cty       Scate       2 pC code         Mailing Address       Apt. No.       Cty       Scate       2 pC code         Plan Dates (refer to TMy Company Plant* Eligibility section)       Instruct of Pay Periods       Instruct of Pay Periods       Enderstrike to take Electrons below deducted from my pay tas free and placed into the following accounts:       Imply Provid       Imply Provide       Imply Pro	Last Name			<u>.</u>		_	Suffix	First	Name	-	-				_		_		_
Walling Address     Apt. No.     City     Scale     2.p. Code       Walling Address     Apt. No.     City     Scale     2.p. Code       Walling Address     Email Address (we do not share your email address)     Email Address (we do not share your email address)       Plan Dates (refer to "My company Plan" Eligibility section)     Email Address (we do not share your email address)     Email Address (we do not share your email address)       Plan Dates (refer to "My company Plan" Eligibility section)     Interview of Pay Pencids     Email Address (we do not share your email address)       Plan Benefits:     Leick to have Electrons below dockated from my pay tacher eard placed into the following accounts:     Email address (we do not new while A S S S S S S S S S S S S S S S S S S	Walling Address       Apt. No.       City       State       Zp Code         Valling Address       Valling Address (we do not drare your email address)       Plan Dates (were to "N/A company Plan" Eligibility section)       Image: State State (mm. dd yyyy)       Number of Pay Periods       Image: State State (mm. dd yyyy)       Number of Pay Periods       Image: State State (mm. dd yyy)       Number of Pay Periods       Image: State State (mm. dd yyy)       Number of Pay Periods       Image: State State (mm. dd yyy)       Number of Pay Periods       Image: State State (mm. dd yyy)       Number of Pay Periods       Image: State State (mm. dd yyy)       Number of Pay Periods       Image: State State (mm. dd yyy)       Number of Pay Periods       Image: State State (mm. dd yyy)       Number of Pay Periods       Image: State State (mm. dd yy)       Number of Pay Periods       Image: State State (mm. dd yy)       Number of Pay Periods       Image: State State (mm. dd yy)       Number of Pay Periods       Image: State State (mm. dd yy)       Number of Pay Periods       Image: State State (mm. dd yy)       Number of Pay	Participant Social Security or Identificat			OF	Date	ofBith	u(mm-dd-so	200				Date	oft	ine (m	-m-dd-w				L
		or copured considering of the restore	ionnanioci o				orbite	1					000				<u> </u>			Г
Plan Dates (refer to 'Na/Company Plan' l' figility rection)  Effective Surt Date (min dJ-yyyy) Number of Play Periods  Plan Benefits: 1 elect to have Electrons below doubled of mon yeay tas free and placed into the following accurate:  Inngleyee Electron part Ray Noted International Control (Second Second Se	Plan Dates (refer to "Aly Company Plan" I' ligibility section)  difective 32xt Date (mm dd yyy)  Partber of Pay Nerick  Plan Benefits: relect to have Electrons below deduced from my pay tas free and placed into the following accounts:	Mailing Address				Apt.	No.	City							_	State	2	Zip (	Code	Ċ
Plan Dates (refer to 'Na/Company Plan' l' figility rection)  Effective Surt Date (min dJ-yyyy) Number of Play Periods  Plan Benefits: 1 elect to have Electrons below doubled of mon yeay tas free and placed into the following accurate:  Inngleyee Electron part Ray Noted International Control (Second Second Se	Plan Dates (refer to "Aly Company Plan" I' ligibility section)  difective 32xt Date (mm dd yyy)  Partber of Pay Nerick  Plan Benefits: relect to have Electrons below deduced from my pay tas free and placed into the following accounts:																			
		Home Phone 123-456-7890		Emai	l Addre	ess (we	do not:	share your e	mail ad	dress)										
		_				y pay ti			ito the f	ollowir				sction				Employe	r Cont	trit
Percharba al eligible modical egences (an or, surveith 14 3 4 5 4 5 4 5 4 5 4 5 4 5 5 4 5 5 4 5 5 4 5							per Pa	Period				P	an Yea	Tota				unpioje		Ĩ
Perioduse eighte hild or élé orae expense feg. dinyare  Perioduse eighte hild or élé orae expense feg. dinyare  Perioduse eighte hild or élé orae expense feg. dinyare  Perioduse eighte hild or élé orae expense feg.  Perioduse eighte hild or  Perioduse	Perioduse register vider over der over dennere keg, dargane		do not use with HSA	\$					\$							\$				
Employee Paid Administrative Fees	Proplogee Paid Administrative Fees	Dependent Care FSA Reinburses eligible child or elder care exp	enses (e.g., davcare)	\$					\$			Τ	Τ			\$				Γ
Direct Deposit (optional): If you have not done so, complete banking information below to participate – authorization is ineffect from planyear to the next Financial Institution Chy State ZpCode Chy State ZpCode Chy Routing Number (exectly 9-dight) Account Number	Direct Deposit (cptione): if you have not done so, complete banking information below to participate – aufliorization is ineffect from planyear to the next) Investigate – aufliorization is ineffect from planyear to the next Ory Orecting			\$	Γ				\$	Γ	Т	Т	Т	Γ		\$	Π			Г
Creecing Serings Account Number Routing Number (exactly 9 digits) Account Number	Creeding Sening:     Account Number     Account Number     Rouding Number (exectly 5 digits)     Account Number     Idenot wish to evrol in the BESTIRE Plan     Idenot wish to evrol in the BESTIRE Plan	(if any)					format	ion below t	opartx	ipate-	-autri	onzal	ion is	ner	ectin	om pian	yearto	o the ne	ext)	T
Criecting Serings Account Number Routing Number (exectly 9-digits) Authorization	Oresting Sening:     Account Number     Account Number     Routing Number (exectly 5 dig k)     Account Number     Idenot with to enrol in the BESTIRE Plan     Idenot with to enrol in the BESTIRE Plan	(if any)	ou have not done so,	comple	eue Dali										_	State		Zip (	tode	-
Authorization	Authorization I cleared in the BESTIRe Ran I cleared in the BESTIRe Ran I cleared in the BESTIRe Ran	(fany) Direct Deposit (optional; if yo	ou have not done so,	comple	sue Dall			Gty											-	Т
	I terroll in the BESTRex Plan	(fairy) <b>Direct Deposit</b> (optional; if ye	ou have not done so,	comple	ette toali			Gty						1	П	5.80		Ť		
	I terroll in the BESTRex Plan	(fany) Direct Deposit (optional; if yo Financial Institution						Gty						]	Routi	Diat	ber (ex	actly 9-	digits	5)
		If any     Direct Deposit (optional; if yo     Financial Institution     Checking     Savings						Gty						]	Routi	Diat	ber (ex	actly 9-	digits	s)
tand my Social Security benefits may be affected by my participation in this Plan and that any money I allocate to these accounts and do not spend by the end of the plan year (or plant)		I fain) Direct Deposit (optional; if ye Financial Institution Checking Savings: Authorization O I enroll in the BSTIfice Plan agree the dection cannot be renelled and my Social Scenity benefits may be	Account Number	sh to en	roll in t ar, unle in this l	he BES ss a qui Plan an	alifying c d that ar	in went occurs i	locate to	these	accour	nts ar	nd do i	e as a iot sp	uthor iend t	ing Num	ne IRC a	and Reg	ulatio sar (o	on
tand my Social Society benefits may be affected by my participation in the Plan and that any money falicrate to these accounts and do stopend by the end of the plan year (or felected by the plan sportor) cannot be returned to me (HSA contributions are evenpt from this rule). Your annual election will be rounded down if its not evenly divisible by the achievencies. If a dokt card has been provided to me, (erst) will only use the Card for spannet of elevise expressions the Plan and any expense and with the Card will not be	paychecks. If a debit card 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	fanin)  Direct Deposit; (cptional; if ye  inancial hattution  Creeking  Authorization  Lencol in the BSTRe Ran  agree the dection cannot be encleded  Lencol in the BSTRe Ran  agree the data basen prov  Authorization	Account Number	er sh to en plan ye cipation A contrib will only	roll in 1 ar, unle in this l outions use the	he BES ss a qui Plan an are exe card fi	alifying e d that ar mpt froi or paym	IN went occurs w money Lai m this rule). 1 ent of eligible	locate to four ann e expens	these ual ele es und	account ction w er the	nts ar vill be Plan a	round round and an	e as a lict sj led d	uthor end t own if	ing Num	ne IRC a d of the eventy of the Ca	and Reg e plan ye divisible ird will r	ulatio sar (o by th	on or he
staad my Social Security benefic may be affected by my anticipation in the Pan and that any money ializable to these accounts and do not spend by the doff the plays optimised in the Pan and that any money ializable to the security and the down if is not every divisible by the detected by the play anotic of anote the entropy of the plays of the security and the security and the security and the security of the plays optimised in the Play and the security and the security of	saychecks. If a debit card 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 n 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 cas	(faing)  Direct Deposit (extional; if ye  Financial Institution  Creeking  Swings  Authorization  I creval in the BESTRee Ren  Renewhens if a decit act has been revised  accelents if a decit act has been revised  accelents if a decit act has been revised	Account Number I do not with or changed during the eaffected by my parti- returned to me (HS) ided to me, I centify II ided to me, I centify II	sh to en plan ye cipation A contrib vill only provide :	roll in t ar, unle in this l outions use the substar	he BES ss a qui Plan an are exe card fi tiation	alifying e d that ar mpt froi or paym that any	an went occurs i w money Lai m this rule).1 ent of eligible expense is e	locate to four ann expens ligible fo	these ual ele es und r reimi	account ction w er the purser	nts ar vill be Plan a nent u	nd do i round and an inder	e as a lot sp led d y exp the P	uthor end t ense an, ar	ized by the en fit is not paid with	ne IRC a d of the evenly o the Ca nburse	and Reg plan w divisible rd will r the Plar	ulatio sar (o by th iot be	one er ao
stading Social Security benefis may be effected by my participation in the Pain and main money (allocate to these accounts and do not genefly by the off of the alian year for feeted by the pain of the pain off off off off off off off off off of	excheck. If a debt card has bee provided on me, toreff, i will only use the Cardfor parment of eligible excess under the Pan and any spense add with the Cardf with other on will sele reminutance that under the Pan in a dor premiser at the Pan in a dor premiser the Pan in a dor premiser at the Pan in a dor part of the Pan in a dor premiser at the Pan in a dor pre	(fain)  Direct Deposit (cutional; if yo  Financial hattution  Checking  Savings  Authorization  I curval in the BISTRer Plan agree this dection ananct be revolved  Financial myselication: Understand before provide the plan spranger base to provide the plan spranger  Financial state of the plan spr	Account Number Account Number or changed during the affected by my parti- ereturned to me (HS) ided to me, icent(1): 10 pense ineligible unde by applicable state I dy applicable state I	sh to en plan ye cipation A contrib vill only provide : r the Pla aw. By si	roll in t ar, unle outions use the substar n. I und igning t	he BES ss a qua Plan an are exe card fi tiation lerstani his Enro	alifying e d that ar mpt froi or paym that any d that if i ollment i	an went occurs I ny money Lai m this rule). 1 ent of eligible expense is o fail to reimb Form, Lackno	locate to four ann e expens figible fo urse the owledge	these ual ele es und r reimi Plan fo that Er	account ction with er the bursen in an in nploye	nts ar vill be Plan a nent u eligib re Ber	nd do i round and an inder le exp nefits (	e as a liot sj led d y exp the P ense, lorpo	uthor end t ense an, ar my ei ratior	ized by the en fit is not - paid with mployer n will use	te IRC a d of the evenly o the Ca hburse may wi my (an	and Reg e plan ye divisible ird will r the Plar thhold t d my de	ulatio sar (o by th iot be in ca he an	ine er as mi da
tata ding Social Social's benefis may be affected by ny participation in the Pain and That any money laborate to these accounts and do not genefit by the soft of the entity double by the soft of the entity of the entity double by the soft of the entity double by the entity doubl	secheds. If a dott and has been provided to me, icentify will only use the Carlo for payment of eighte expresses under the "Pan and any express pad with the carlo will not be the seched of the seche	Taivy	Account Number O I do not with or changed during the affected by my parts dided to me (HS ided to me (HS) dided to me (HS) pense ineligible unde d by applicable state I for purposes of prov	sh to en plan ye cipation A contrib vill only provide : r the Pla aw. By si ding ber	roll in t ar, unle in this l sutions use the substar n. I und igning t nefit ad	he BES ss a qu Plan an are exe Card fi tiation lerstand his Enro ministr	alifying e d that ar mpt froi or paym that any d that if i oliment i ation ser	an went occurs w money I al m this rule).1 ent of eligible rexpense is e fail to reimb fail to reimb fail to reimb fail to reimb fail to reimb	locate to four ann e expens ligible fo urse the owledge Plan. An	these ual ele es und r reimi Plan fo that Er y inform	account er the oursem in an in nployee nation	nts ar vill be Plan a nent u eligio e Ber disck	nd do i round and an inder le exp nefits ( osed p	e as a liot sj led d y exp the P ense, lorpo	uthor end t ense an, ar my ei ratior	ized by the en fit is not - paid with mployer n will use	te IRC a d of the evenly o the Ca hburse may wi my (an	and Reg e plan ye divisible ird will r the Plar thhold t d my de	ulatio sar (o by th iot be in ca he an	on ari as mas
tated my Gocia Keurity benefis may be affected by my participation in the Rin and That any money laborate to these accounts and do not sensel by the work of the alian year (or feeted by the plan synthese) and the sense of the Rin and That any money laborate to these accounts and do not sensel by the work of the acceleration in the sense of the sense of the Rin and That any money laborate to the sense accounts and the sense of the sense of the sense of the sense of the sense of the sense the class for the sense of the sense the class for the sense of the sense the class for the sense of the sense the sense of the sense of	specheds. If addet and has been provided to me, icentry i will only use the Carl for spannent of eighte expresses under the "Pan and any express pad with the Carl on will uses (molhourement under another Pan, largerto provide baselinatation that any express e significial remains and the molhour the Pan in and to membrane the Pan in the and the eight of the second second the second sec	(fan) Direct Deposit (cational; if ye Francial Institution Creding Sarings Authorization Instruction in the ISTRe Plan Authorization Creding the plan schemation the model creding the plan schemation the model creding the plan schemation the model make been instrumed in error for an a have been instrumed in error for an wave been instrumed in error for an table to plant the model of the model plant of the the schemation of the schemation of the schemation of the schemation of the schemation of the schemation field of the schemation of the schemation of the schemation field of the schemation of th	Account Number I do not wir or changed during the affected by my parts wided to me (ISS ided to me, I certify I) tother Plan, I agree to 0 tother Plan, I agree to 0 purpose of the Plan. ment, I authorize Tim ment, J authorize Tim	sh to en plan ye cipation A contrib vill only provide s row. By si ding ber l unders ployee B	aroll in 1 ar, unle substan substan igning t aefit ad stand th	he BES ss a qu Plan ane e Card fi triation his Enro ministr mat my 4 Corpo	alifying o d that ar mpt froi or paym that ary d that if i oliment i ation see enrolime ration to	in went occurs I w money I al m this rule). T ent of eligible expense is e fail to reimb form, I ackno vices to the int can be de send reimbu	locate to four ann e expens ligible fo urse the owledge Plan. An nied if I ursemen	these ual ele es und r reimi Plan fo that Er y inforr do not ts (and	account ction were the pursern of an in nployee nation sign the appro-	nts ar vill be Plan a nent u eligib re Ber disck is fon priate	nd do i round and an inder le exp hefits ( bsed p m. e adjus	e as a lot sp led d ense, corpo ursua ting	uthor end t own if ense an, ar my er ratior ratior int to	ized by ti ay the en fit is not + paid with nd to rein mployer h will use this Enro	ne IRC a d of the evenly o the Ca hburse may wi my (an liment i nically o	and Reg e plan ye divisible red will r the Plar thhold t d my de Form w or by an	ulatio sar (o by th iot be in ca he an pend ill not y oth	on bri as da tit
taked my coast locardy benefis may be affected by my anticipation in the Rain additional and money allocates to these accounts and do not speed by the ord of the always with a feature of the participation of the results of the results and the results of the results and the results of the result of the result of the results of the results and the results of the results and the results and the results and the results and the results of	speches. In a debt and has been provided to me, i centry i will only use the Cark for payment of elipbie expresses under the "Pan and any expresse paid with the cival with not be rown lise set enhancement under another Pan. I agret to provide scharatarito that any expresse selepide for minutement under the Pan and to reminuse the Pan in a save been enhanced in error for an express engines in the Pan. I understand has I fail to reminuse the Pan in a nie elipbie expression with engines the Pan in a lipbia for minutement under another Pan. I understand has I fail to reminuse the Pan in a nie elipbie expression with engines the Pan and the Pan and the Pan and the empower between the Pan and the Pan and the Pan and the payment of the Pan and the	If any Direct Deposit, (cational; if ye Financial Instantion) Checking Sanings Authorization Instantial Financial Sanings Authorization Instantial Sanings Authorization Instantial Sanings Authorization Instantial Sanings Authorization Instantial Sanings Authorization Instantial Sanings Authorization Instantial Sanings Authorization Instantial Sanings Instantial Sa	Account Numbe Account Numbe or changed during the affected by my parts ded to me (HS) ded	sh to en plan ye cipation A contrib vill only provide : r the Pla aw. By si ding ber l unders ployee B cial inst	roll in 1 ar, unle in this l sutions use the substar n. I und igning t defit ad the confits tution	he BES ss a qu. Plan an are exe card fi tiation his Enro his Enro ministra at my 4 Corpoi named	alifying o d that ar mpt froi or paym that any d that if i oliment i ation ser enrolime ration to above. I	an went occurs i m this rule). I ont of eligible expense is e fail to reimb form, I ackno vices to the int can be de send reimbu agree not to	locate to four ann expens digible fo urse the swiedge Plan. An nied if L ursemen hold En	these ual ele es und r reimi Plan fo that Er y inforr do not ts (and ployee	account ction werthe purserr in an in nploye nation sign th appro- e Benef	nts ar vill be Plan a nent u eligib disck disck is fon priate fits G	nd do i round and an inder le exp nefits ( osed p m. e adjus orpora	e as a lot sp led d y exp corpo ursui ting : ting :	uthor end t own if ense an, ar my er ratior ratior int to entries	ized by the ized by the fit is not paid with ad to rein mployer i will use this Enro s) electro s) electro s) better for s) better s) better	ne IRC a d of the evenly o the Ca hburse may wi my (an liment i nically o any de	and Reg e plan w divisible red will r the Plar thhold t d my de Form w or by an lay or lo	ulatio by th ot be in ca pend ill not y oth	ine as mida t b
taked my Goad's Gurity benefis may be affected by my anticipation in the Rian addituration more i allocate to these accounts and do not genefit by the ord of prelian year for feetered by the part of previous methods that the Rian and Rian and the Rian and the Rian	seacheds. If adobt and has been provided to me, locithy i will only use the Carlo for payment of eight is eccesses under the Pian and any eccesse and with the Carlo in the Carlo for payment of eight is enclosed in the Carlo for payment of eight is enclosed in the Carlo for payment of eight is enclosed in the Carlo for payment of eight is enclosed in the Carlo for payment of eight is enclosed in the Carlo for payment of eight is enclosed in the Carlo for payment of eight is enclosed in the Carlo for payment of eight is enclosed in the Carlo for payment of eight is enclosed in the Carlo for payment of eight is enclosed in the Carlo for payment of eight is enclosed in the Carlo for payment of eight is enclosed in the Carlo for payment of eight is enclosed in the Carlo for payment of eight is enclosed in the Carlo for payment of eight is enclosed in the Carlo for payment of eight is enclosed in the Carlo for payment of eight is enclosed in the Carlo for payment of eight is enclosed in the Carlo for payment of eight is enclosed in the Carlo for eight is enclosed in the Carlo for eight is enclosed in the Carlo for eight enclosed in the Carlo for payment of eight is enclosed in the Carlo for eight encl	If any Direct Deposit (cational; if ye Financial Institution Checking Sanger Authorization Institution Checking Sanger Authorization Institu	Account Numbe or changed during the affected by my parts ded to me (HS) ded to me (HS) ded to me (HS) ther Plan. Largere to ) pense ineligible unde du y applicable state I for purposes of prov purposes of the Plan. memor, Lauthorite Finan d account at the finan d account at the finan piled by me or my fina	er sh to en splan ve cipation A contrib vill only virthe Pla tor Pla source Pla ding ber Lunders ployee B tical instruction cical ci	aroll in 1 ar, unle in this i substan n. I und igning t substan theft ad stand th Senefits stututon in my f	he BES ss a qua Plan ana e card fi tiation his Enro ministr inistr at my ( Corpo named n ar du ( Corpo named n ar du ( Corpo named n ar du ( Corpo named n ar du ( Corpo named ) ( Corpo named )	alifying e d that ar mpt froi or paym that any d that if i bilment i ation see enrolime ration to above. I e to an e instituti	in vvent occurs I y money I al m this rule), the expense is a fail to reimb form, I ackno vices to the int can be de send reimb, agree not to error on the p on (i.e., chan	locate to /our ann e expens digible fo urse the owledge Plan. An nied if I ursemen hold En oart of m ge of ac	these ual ele es und r reimi Plan fo that Er y inforr do not ts (and tployee y finan count r	accour ction w er the bursen r an in nploye nation sign th appro Benel clal ins numbe	nts ar vill be Plan a nent u eligio disck is fon priate fits G tituti r or c	nd do i round and an inder le exp hefits ( osed p m. e adjus orpora on in c losure	e as a lot sp led d y exp corpo ursui ting p tion r lepos of ac	uthor end t ense ; an, ar my er ratior entries espor ting f count	ized by ti ng Num ing Num it is not paid with nd to rein mployer n will use this Enro si electro si ble for unds to r it. This au	ne IRC a d of the evenly o the Ca hourse may wi my (an liment l nically o any de ny acco thoriza	and Reg e plan w divisible rd will r the Plar thhold t d my de Form w or by an lay or lo sunt. It is tion will	ulatio by th ot be in ca pend ill not y oth ss of 1 s my r	ine er as mida t b re fu
stad my Social Scurity benefis may be affected by my participation in the Pian and many mony allocate to these accurats and do not genefit by the soft of the almayer for feetered by the pian social scurits benefits on the pilos contrained benefits and the social scurits and an exerce paid with the pilos monitorial science inclusion and benefits and the social science is applied by the soft of the single device is and the monitorial science inclusion and the social science is a science in the single science is a science in the single science is and to manuscrite Pian to monitorial science inclusion and the science is a science is a science is a science in the single science is a science is science is a scien	species. In addet and has been provided to mic, learth i vill only use the Carlo for spannent of ligible expresses under the "Pain and any express paid with the Carl on vill lisest emboursement under another Pain. Larget to provide settamation that any expresse a eligible for minimum eligible under the Pain and any expresses paid with the Carl and the Pain form my easy when permitted by apacitable state also Ary express of paint of the Pain form an eligible perpendit. The Pain to the Pain and the Pain for an eligible perpendit end to the Pain and the Pain form my easy when permitted by any eligible under the Pain and any element under the Pain and the Pain form my easy when the Pain and the Pain form my easy when permitted by easy that any eligible state also Ary equipment of the Pain form any eligible state also Ary equipment of the Pain form my easy eligible the Pain form my easy eligible the Pain form any easy eligible the Pain form any eligible state also Ary equipment of the Pain form any eligible state also Ary eligible the Arministation are excess to the Pain Ary formation disclosed plasmant to this formationer form with the Pain form any eligible the Ary formation eligible approxement of the Pain formation eligible eligible to pain and the Ary eligible the Pain formation eligible and the Pain formation eligible eligible to the Pain Ary eligible eligible to the Pain Ary eligible eligible to the Pain Ary eligible	If any Direct Deposit (cational; if ye Financial Institution Checking Sanger Authorization Institution Checking Sanger Authorization Institu	Account Numbe or changed during the affected by my parts ded to me (HS) ded to me (HS) ded to me (HS) ther Plan. Largere to ) pense ineligible unde du y applicable state I for purposes of prov purposes of the Plan. memor, Lauthorite Finan d account at the finan d account at the finan piled by me or my fina	er sh to en splan ve cipation A contrib vill only virthe Pla tor Pla source Pla ding ber Lunders ployee B tical instruction cical instruction changes	aroll in 1 ar, unle in this i substan n. I und igning t substan theft ad stand th Senefits stututon in my f	he BES ss a qua Plan ana e card fi tiation his Enro ministr inistr at my ( Corpo named n ar du ( Corpo named n ar du ( Corpo named n ar du ( Corpo named n ar du ( Corpo named ) ( Corpo named )	alifying e d that ar mpt froi or paym that any d that if i bilment i ation see enrolime ration to above. I e to an e instituti	in vvent occurs I y money I al m this rule), the expense is a fail to reimb form, I ackno vices to the int can be de send reimb, agree not to error on the p on (i.e., chan	locate to /our ann e expens digible fo urse the owledge Plan. An nied if I ursemen hold En oart of m ge of ac	these ual ele es und r reimi Plan fo that Er y inforr do not ts (and tployee y finan count r	accour ction w er the bursen r an in nploye nation sign th appro Benel clal ins numbe	nts ar vill be Plan a nent u eligio disck is fon priate fits G tituti r or c	nd do i round and an inder le exp hefits ( osed p m. e adjus orpora on in c losure	e as a lot sp led d y exp corpo ursui ting p tion r lepos of ac	uthor end t ense ; an, ar my er ratior entries espor ting f count	ized by ti ng Num ing Num it is not paid with nd to rein mployer n will use this Enro si electro si ble for unds to r it. This au	ne IRC a d of the evenly o the Ca hourse may wi my (an liment l nically o any de ny acco thoriza	and Reg e plan w divisible rd will r the Plar thhold t d my de Form w or by an lay or lo sunt. It is tion will	ulatio by th ot be in ca pend ill not y oth ss of 1 s my r	and ang he asi mo dar t b ner fu ret air
stad my Social Scurity benefis may be affected by my participation in the Pian and many mony allocate to these accurats and do not genefit by the soft of the almayer for feetered by the pian social scurits benefits on the pilos contrained benefits and the social scurits and an exerce paid with the pilos monitorial science inclusion and benefits and the social science is applied by the soft of the single device is and the monitorial science inclusion and the social science is a science in the single science is a science in the single science is and to manuscrite Pian to monitorial science inclusion and the science is a science is a science is a science in the single science is a science is science is a scien	secheds. If addet and has been provided to me, letterfy will only use the Carlo for payment of eighte expresses under the "Pain and any expresse paid with the class on will less eterminatement under another Pain. Larget to provide beatamation that any expresse selepide for minimum enter under another pain and to minimum eter Pain in a single beapense, my emolycer may varies ave been reminuted in error for an express of mighte lander the Pain. Landestand that any expresse selepide for minimum eter Pain in a display beapense, my emolycer may varies any expression may easy easy and the pain of the Pain. Landestand that any expresse selepide for minimum eter Pain in a single beapense, my emolycer may varies lander beapenses and the pain of the pain. Description of the Pain Landestand that any expresses pain the pain. Landest pain the pain seleptide and the pain of the pain and the pain of the pain and the pain of the painses and the pain of the painses and the pain of the painses of parking beats and the my evolutioners and active larget beats that for an indicable parking entries of the Pain and the painses of the painses and the painses of the Pain and Painses and Painses and Painses and the painses of the Pain and Painses	If sing)  Direct Deposit (carlonal; if ye  Financial Institution  Checking  Checking  Checking  Authorization  Checking  Authorization  Checking	Account Numbe or changed during the affected by my parts ded to me (HS) ded to me (HS) ded to me (HS) ther Plan. Largere to ) pense ineligible unde du y applicable state I for purposes of prov purposes of the Plan. memor, Lauthorite Finan d account at the finan d account at the finan piled by me or my fina	er sh to en splan ve cipation A contrib vill only virthe Pla tor Pla source Pla ding ber Lunders ployee B tical instruction cical instruction changes	aroll in 1 ar, unle in this i substan n. I und igning t substan theft ad stand th Senefits stututon in my f	he BES ss a qua Plan ana e card fi tiation his Enro ministr inistr inistr corpo named n or du inancial	alifying e d that ar mpt froi or paym that any d that if i bilment i ation see enrolime ration to above. I e to an e instituti	in vvent occurs I y money I al m this rule), the expense is a fail to reimb form, I ackno vices to the int can be de send reimb, agree not to error on the p on (i.e., chan	locate to /our ann e expens digible fo urse the owledge Plan. An nied if I ursemen hold En oart of m ge of ac	these ual ele es und r reimi Plan fo that Er y inforr do not ts (and tployee y finan count r	accour ction w er the bursen r an in nploye nation sign th appro Benel clal ins numbe	nts ar vill be Plan a nent u eligio disck is fon priate fits G tituti r or c	nd do i round and an inder le exp hefits ( osed p m. e adjus orpora on in c losure	e as a lot sp led d y exp corpo ursui ting p tion r lepos of ac	uthor end t ense ; an, ar my er ratior entries espor ting f count	ized by ti ng Num ing Num it is not paid with nd to rein mployer n will use this Enro si electro si ble for unds to r it. This au	ne IRC a d of the evenly o the Ca hourse may wi my (an liment l nically o any de ny acco thoriza	and Reg e plan w divisible rd will r the Plar thhold t d my de Form w or by an lay or lo sunt. It is tion will	ulatio by th ot be in ca pend ill not y oth ss of 1 s my r	and ang he asi mo dar t b ner fu ret air

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

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

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:

- A. 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)
- B. Eligibility definitions
- C. Group Insurance Premiums, the types of premiums deducted from your paycheck on a pre-tax basis
- D. The Health Care and Dependent Care FSA contribution limits, the maximum amount you can contribute to each account
- E. Plan Amendments, if any
- F. Company Information regarding who to contact within your Company
- G. Legal Information defining the relationship between your employer and Employee Benefits Corporation

The BEST flex	My Comp	any Plan	This downer! defines the BESTRex Plan options by your company and helps you complete your BESTRex Plan Encolment Point.
Plan	Annendis to the	BESTflex Plan Summa	
1 100		and Program Summar	
My Plan			
Plan Name: Type of Plan:	Demo Employer The BESTflex®M P	Flexible Compensation	Plan - D2000
My Plan Dates			
Plan Effective Date:	January 1		
Plan Year:	January 1 - Decer	iber 31	
Eligibility			
Coverage Type	Eligibility		
My BESTflex Plan Benefits			
Group Insurance Premiums Group Insurance Premiums are automatically withhel	d from your paycheck for	each pay period before taxe	s for:
Benefit	Renewal Date		
Group Term Life Incurance (Up to \$50,000/employee only)	0.000		
Vision Care	January 1		
My BESTflex Plan Accounts			
Dependent Care FSA			
You use the Dependent Care FSA for daycare expen	ses that are incurred for t	he care of your child(ren) or	other eligible dependents.
Minimum Plan Year Contribution:	None for this plan ye	ðr.	
Maximum Plan Year Contribution:	\$5,000		
The Dependent Care FSA limits spending to a \$5,00 separately. If you are married and your spouse is ell is: \$250 in any one month if you have only one depe	her a full-time student or	s physically or mentally inca	pable of caring for him or herself, the reimbursement
Health Care FSA(with Grace Period)			
You use the Health Care FSA for out-of-pocket, unre	inkursed medical, vision,	and dental expenses incure	d ky you, your spouse, or your eligible dependent(s).
Minimum Plan Year Contribution:	None for this plan ye	ar	
	\$2,500		
Maximum Plan Year Contribution:			
My BESTflex Plan Options Administration Fees			
My BESTflex Plan Options Administration Fees Animistrative fees are paid by your employer. Cash in Lieu of Health Coverage Health Coverage	nth who show documents	tion of other health insurance	e coverage.
My BESTRex Plan Options Administration Fees Administration tex are paid by your employer. Cash in Lise of Health Coverage Health Coverage. Employer via Joy 50.00 to each employee each mo Employer via Joy 50.00 to each employee each mo	nth who show documents	tion of other health insuranc	e coverage.
Naorum Pian Yee Contributor: My BEST files: Plan: Options Attinistration Fee Attinistration Fee Attinues of Health Coverage Mark Coverage Employer will ap 550.00 to each employee each no: Employer Contributions Employer Contributions Employer Contributions	who show documents	tion of other health insurance U.S. Mail: Employee Benefic Concerning	Prote: Fac

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



P: 800 346 2126 | 608 831 8445 An employee-owned company www.ebcflex.com