

# GREAT NECK PUBLIC SCHOOLS

## IMPORTANT INFORMATION ABOUT OUR SECTION 125 PLAN

*THE PLAN CONSISTS OF TWO FLEXIBLE SPENDING OPTIONS WHICH CAN BE ELECTED BY YOU:*

### **1) Health Reimbursement Account**

Allows you to set aside pre-tax money through payroll deductions for out-of-pocket health expenses that you incur (i.e., those not covered by your health or dental plan). These out-of-pocket expenses can be incurred by you, your eligible spouse, and/or eligible dependents.

### **2) Dependent Care Reimbursement Account**

Allows you to set aside pre-tax money through payroll deductions for out-of-pocket expenses you incur for child and/or dependent care that enables you and/or your spouse to work. Examples of eligible expenses are baby-sitting, day care of children under age 13, or care for a dependent who is physically or mentally incapable of caring for him or herself. The tax identification number or Social Security number of the provider must be reported to the plan administrator for charges to be reimbursed.

### **Eligibility**

You are eligible to participate in the Flexible Spending Plan if you are a regular, salaried, full-time, part-time, or hourly contractual employee of the Great Neck Public Schools.

### **Plan Year**

The Plan Year is defined as the period from January 1 to December 31. Expenses for eligible services must be incurred during this time.

### **Election Period**

Prior to the start of each Plan Year there will be an open enrollment period to sign up for Health and Dependent Care Reimbursement Accounts. The enrollment deadline is **November 20** (or the next business day if November 20 falls on a weekend) for a January 1 effective date. Enrollment applications must be returned to the **Payroll Department**. Elections are **irrevocable for the Plan Year**, unless a family status change occurs, such as death, birth of child, divorce or loss of employment.

### **Claims for Reimbursement**

Claims must total at least \$50 and must be accompanied by an Explanation of Benefits Form from the insurance company showing out-of-pocket expense. All claims for reimbursement are to be submitted on the forms provided, and sent to the plan record keeper, Fitzharris & Company Inc.

### **Use It or Lose It!**

Money left in the account at the end of the Plan Year is lost. Health Care and Dependent Care Reimbursement Accounts are separate and distinct accounts that cannot be co-mingled. You must claim all money due you by the end of the grace period, which is 90 days after the Plan Year ends (March 30), or else you will forfeit the money.

**Please note you will be charged a \$42.00 annual, pre-taxed administrative fee for this service.**

#### **Plan Record Keeper (as of 1/1/18):**

FBA of Syosset  
100 Quentin Roosevelt Blvd., Suite 502  
Garden City, NY 11530  
claims@fbaofsyosset.com  
(855) 374-6431

#### **Employer/Plan Administrator Address:**

Great Neck Public Schools  
345 Lakeville Road  
Great Neck, NY 11020