

**GREAT NECK UFSD  
SECTION 125 PLAN  
SPENDING PLAN COMPONENT  
Important Information Regarding Our Program**

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 incurred out-of-pocket Health expenses. (Expenses not covered by your Health or Dental Plan). Out-of-pocket expenses can be incurred by yourself, your eligible spouse and eligible dependents.

2) Dependent Care Expense Reimbursement Account

Allows you to set aside pre-tax money through payroll deductions for incurred out-of-pocket charges for child and dependent care which allows you and/or your spouse to work. Examples of eligible expenses would be 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 I.D. 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 – A plan year is defined as the period from January 1<sup>st</sup> to December 31<sup>st</sup>. Expenses for eligible services must be incurred during this time.

Election Period – Prior to the start of each calendar year there will be an open enrollment period to sign up for Health Care and Dependent Care Expense Reimbursement Accounts. Deadline for enrollment applications will be **November 20th** of each year, or the next business day if November 20<sup>th</sup> falls on a week-end, for a January 1<sup>st</sup> effective date. All enrollment applications should 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 before submitting. They must accompany an Explanation of Benefits Form from the insurance company showing out-of-pocket expense. Claims are to be submitted on the claim forms provided. All forms are to be sent to the Plan Record Keeper, Fitzharris & Company Inc. for reimbursement.

Use It or Lose It! - Money left in the account at the end of the Plan Year is lost. **Please note Health Care and Dependent Care Reimbursement Accounts are two separate and distinct accounts which cannot be co-mingled.** It is important that you claim all money due you by the end of the grace period, which is 90 days (March 30th) after the Plan Year ends, 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:  
Fitzharris & Co. Inc.  
P.O. Box 9182  
814 Fulton Street  
Farmingdale, NY 11735  
Phone #1-800-321-1336

Employer/Plan Administrator Address:  
Great Neck UFSD  
345 Lakeville Road  
Great Neck, NY 11020

Please retain in your files.

October, 2005