



**P&A GROUP**  
EST. 1975



## FLEXIBLE SPENDING ACCOUNT

Increase your  
take-home  
pay and  
save money  
on your  
expenses!



## FLEXIBLE SPENDING ACCOUNT GLOSSARY

Jargon, acronyms and terms - oh my! Are you unsure of what a certain word means? Search our glossary for definitions of commonly used words.

**ANNUAL ELECTION AMOUNT** - this is the total dollar amount you elect to put into your FSA at the beginning of each plan year.

**DEPENDENT** - a person whose expenses are eligible for reimbursement through the employee's FSA. A dependent also includes any child of a participant whose 27th birthday will not have occurred by the last day of the current calendar year. Please visit our website [www.padmin.com](http://www.padmin.com) for more information.

**ELIGIBLE EXPENSE** - items that are reimbursable under the FSA Plan are classified as "eligible expenses" according to IRS rules. For a detailed list of what is eligible please refer to page 12.

**FICA** - taxes collected for Social Security and Medicare benefits.

**FLEXIBLE SPENDING ACCOUNT** - also known as an FSA; a pre-tax benefit plan that enables the employee to save up to 30-40% on eligible expenses. By enrolling in this plan, the participant saves on state (except in New Jersey), federal and FICA taxes.

**GRACE PERIOD** - an employer-chosen provision that gives you two and a half months after the end of the plan year to incur eligible expenses. MTA employees have until March 15, 2020 to incur expenses for the 2019 plan year. (Per IRS regulations, employers can offer either the grace period or the rollover provision; they cannot offer both.)

**MID YEAR ELECTION AND STATUS CHANGES** - new employees - please complete the application on page 15 and fax directly to the BSC. You may enroll on the 91st day of your employment at the MTA. For mid year status changes, please contact the BSC at (646) 376-0123.

**OPEN ENROLLMENT** - a designated time, prior to the start of your plan year, during which employees can enroll in the FSA plan and change their benefit elections. The MTA Open Enrollment is November 1, 2018 - December 14, 2018.

**PLAN YEAR** - typically, a twelve month period during which the annual election is effective. The MTA plan year is January 1, 2019 - December 31, 2019.

**RUN-OUT PERIOD** - a period of time after the plan year ends during which participants may submit receipts for expenses that were incurred during the plan year or grace period. MTA participants have until June 30, 2020, to submit claims for expenses incurred from January 1, 2019 - March 15, 2020.

**UNIFORM COVERAGE RULE** - this rule allows you to access your entire annual election for the Health FSA immediately after the start of the plan year. All other accounts are "pay-as-you-go." This rule only applies for the Health Flexible Spending Account.

**USE OR LOSE RULE** - an IRS rule which states that employees must spend any remaining balance in their FSA by the end of the plan year. If you don't spend the money, you forfeit it.

## WHAT IS A FSA?

A Flexible Spending Account (FSA) is a pre-tax program your employer sponsors that allows you to save Federal, state and Social Security (FICA) taxes on eligible expenses. When you enroll in a FSA, you increase your take-home pay and improve your bottom line!



### How It Works

Under this plan you can use pre-tax money to pay for up to four different kinds of expenses, including: your medical, dental and vision care expenses that are not covered by your insurance; the cost of caring for a dependent while you work; the cost of dental, vision and accident insurance not provided by your employer; and, your cost for adopting a child.

### Your Benefits Are Enhanced

FSAs are designed to cut predictable costs while increasing your take-home pay. Maximize every dollar by taking advantage of this benefit choice. Alleviate those high out-of-pocket expenses by enrolling in a plan that works for you.

### Your Spendable Income Increases

When you elect pre-tax benefits under a flexible benefits plan, you lower your taxable income on your W-2; therefore, you pay less in taxes and increase your spendable income. Depending on your tax bracket, this plan can save you 30% to 40% on qualifying expenses.

### When You Enroll

When you enroll you determine the amount of expenses you anticipate for the upcoming year. The benefits you elect are paid for with pre-tax dollars deducted from your paycheck each payroll period. These dollars are subtracted from your gross earnings before taxes are taken out.

### Example

Estimated amount of eligible expenses: \$720  
Bi-weekly payroll: 24 paychecks\*  
 $\$720/24 \text{ paychecks} = \text{a deduction of } \$30 \text{ per paycheck}$

No payroll deductions are taken from the first and last pay period in the calendar year.

### Whose Expenses are Eligible?

Under the plan, only the expenses of a participant, a participant's spouse or a participant's dependent(s) qualify for pre-tax treatment. If you are unsure if a person qualifies as an eligible dependent, please refer to the P&A website for a more detailed definition.

On June 26, 2015 the Supreme Court ruled that same-sex marriage is legal throughout the United States. Going forward, qualifying expenses incurred by a same-sex spouse will be eligible for reimbursement under your Flexible Spending Account.

Please Note: members of certain unions may not be eligible to participate in the FSA program. Also, some members of certain unions will only save Federal and FICA taxes. Check with your union representative or collective bargaining agreement to see if you fall into this category. The term "Social Security tax savings" may also apply to Railroad Retirement taxes.

## ENROLLMENT INFORMATION

### How are benefits paid for?

Any benefits you elect are paid for with money that is withheld from your pay. These pay reductions do not count as income for income tax or Social Security tax purposes. This means that the Plan allows you to use tax-free dollars for expenses that would otherwise have to be paid for with money that you have already paid taxes on.

### When can I enroll?

Participants can enroll in an account during their open enrollment. This is the period of time determined by the employer when employees can elect their benefits and determine how much money to put into an FSA.



### May I change my benefit election?

You may only make a change in your election(s) during open enrollment. This means you may not make a change in your election(s) after the open enrollment period unless you experience a qualifying event, which includes the following:

- a change in legal status (e.g., marriage, death of your spouse, divorce, legal separation or annulment),
- a change in the number of your dependents due to events such as birth or adoption,
- a termination or commencement of employment by your spouse or dependent and,
- a change in the place where you, your spouse or dependent work or reside.

**Mid year election changes will be permitted to the extent permitted by IRS regulations. Changes must be requested within 30 days of the qualifying event.**

**IMPORTANT NOTE:** Remember, unless you experience one of the limited circumstances allowing for election changes during the Plan Year, you will not be able to reduce or increase the amounts designated on your enrollment form, nor will you be able to change amounts from one account to another. This is why you are encouraged to plan carefully before you enroll in this Plan.

### Will my Social Security benefits be affected by my contributions to the Plan?

Your Social Security benefits may be slightly reduced because, when your pay is reduced to cover your benefits under the Plan, the amount of contributions that are made to the federal Social Security system to provide you Social Security benefits also are reduced. However, for most employees, the reduction in Social Security benefits will be insignificant compared to the value of paying lower taxes today.

### What happens if I retire or become ineligible to participate in the plan?

If you retire or become ineligible to participate in the plan (i.e., terminate employment), your contributions to your FSA will cease. If you have money credited to your Health FSA when you lose eligibility, the remaining account balance may be used to reimburse you for eligible expenses incurred prior to your retirement or termination date. If you have money credited to your Dependent Daycare FSA when you lose eligibility, the remaining account balance as of the date you lose eligibility may be used to reimburse you for eligible expenses incurred prior to your retirement or termination date or during the remainder of the plan year. All claims for your Health FSA or Dependent Daycare FSA must be submitted by June 30th of the following plan year.

## TAX SAVINGS

Whether you are an individual, part of a dual-income household or a couple with one working spouse, a Flexible Spending Account will provide you with additional benefits and more take-home pay.

### INDIVIDUAL

In the illustration below, the single employee earns \$30,000. She uses the flex plan to pay for her health insurance co-payments and deductibles and, since she has no dental insurance, her dental expenses. This way she increases her take-home pay by \$528. That is additional take-home pay she can use for herself!

### WORKING COUPLE WITH DEPENDENTS

This husband and wife both work. They have two children. He makes \$30,000 and she earns \$42,000 per year. They use the flex plan to help pay for orthodontia and child care for their younger child. The couple

also use their flex plan to pay for vision insurance premiums for their child who is too old to be covered by their company plan. The chart shows that this couple increases their monthly take-home by \$207 a month or \$2,448 total this year. That gives them additional money for the emergency expenses every family has and allows them to set some money aside to fund an additional retirement plan.

### COUple - ONE WORKING SPOUSE

With grown children and only one spouse working, this couple has no child-care expenses. The annual salary of the working spouse is \$54,000. They use the flex plan to pay the premium for non-employer vision insurance coverage, to meet their health insurance deductibles, and to pay dental care expenses. The flex plan increases the spouse's take-home pay by \$57 per month, or \$684 for the year – a nice raise for the family budget!

MONTHLY EXPENSES	INDIVIDUAL		WORKING COUPLE WITH DEPENDENTS		COUPLE- ONE WORKING SPOUSE	
	Without FSA	With FSA	Without FSA	With FSA	Without FSA	With FSA
Gross Monthly Income	\$2,500	\$2,500	\$6,000	\$6,000	\$4,500	\$4,500
Less Non-Deductible Benefits						
Non-Employer Vision Insurance Premiums		\$75		\$150		\$100
Medical/Dental Expenses		\$75		\$150		\$100
Child Care Expenses				\$400		
Total Monthly Income Subject to Tax	\$2,500	\$2,350	\$6,000	\$5,300	\$4,500	\$4,300
Monthly Federal & State Taxes*	\$297	\$265	\$528	\$378	\$210	\$168
Monthly Social Security & Medicare Taxes	\$191	\$180	\$459	\$405	\$344	\$329
After Tax Income	\$2,012	\$1,905	\$5,013	\$4,517	\$3,946	\$3,803
After Tax Expenses						
Non-Employer Vision Insurance Premiums	\$75		\$150		\$100	
Medical/Dental Expenses	\$75		\$150		\$100	
Child Care Expenses			\$400			
Monthly Spendable Income	\$1,862	\$1,905	\$4,313	\$4,517	\$3,746	\$3,803
Annual Increase in Take-Home Pay		\$516		\$2,448		\$684

\*Federal and state taxes reflect 2017 federal tax rates and typical state taxes with standard deductions and exemptions.

**PLEASE NOTE:** members of certain unions will only save Federal and FICA taxes. Check with your union representative or collective bargaining agreement to see if you fall into this category. The term "Social Security tax savings" may also apply to Railroad Retirement taxes.



## ACCOUNT OPTIONS AVAILABLE TO YOU

There are two different kinds of Flexible Spending Accounts available where you can use pre-tax dollars for specific expenses. Below is an outline of each account available to you.

### HEALTH FLEXIBLE SPENDING ACCOUNT\*

Covers medical, dental and vision expenses that are only partially covered or not covered at all by your insurance, including insurance deductibles, insurance co-payments and over-the-counter medications by prescription.



### HEALTH FSA ANNUAL ELECTION AMOUNT

If you make an election under the Health FSA, the amount that you elect will be immediately credited to the account in your name. Starting on the first day of the Plan Year, you will be entitled to be reimbursed for claims up to the entire elected amount at any time during the Plan Year, even if the total salary reduction contributions that you have made to your Health FSA are less than the total amount of claims that you have submitted.

*\*The Health FSA is the only account where participants have access to their full annual election immediately. All other accounts accrue the election amount on a per pay deduction basis.*

### DEPENDENT CARE ASSISTANCE ACCOUNT

Covers amounts you pay to daycare centers, after school programs, babysitters, caregivers or elder care so that you and your spouse can work.



### REMINDER

Your annual election amount is divided by 24 paychecks if you are on a bi-weekly payroll or 48 paychecks if you are on a weekly payroll. No payroll deductions are taken from the first and last pay period in the calendar year. This amount is then deducted from every paycheck pre-tax.

Enroll in a Flexible Spending Account and save money on medical, dental, vision and daycare expenses for you and your eligible dependents!

## HOW TO ENROLL IN YOUR FSA

Enroll from November 1, 2018 - December 14, 2018, 24 hours a day, 7 days a week. Choose from two enrollment options below.

### OPTION 1: ONLINE ENROLLMENT

1. Go to [www.padmin.com](http://www.padmin.com). Click Online Enrollment at the top of the page and select **FSA**.
2. Under Existing User Sign-In, enter your username and password. Click **Go to Online Enrollment** and **Enroll Now**. (If you're logging in for the first time, see important note below.)
3. Read the instructions and click **I Accept**. You're now in the online enrollment wizard. You can keep your current election, change your election, cancel or election or opt not to enroll.
4. Once you've made your enrollment elections, a confirmation page with a summary of your elections will appear. Click the blue pencil icon to make any changes. To continue, click **Next**.
5. Your enrollment is complete! You can have the confirmation e-mailed to you, or print the page for your records.

#### ATTENTION FIRST-TIME USERS

Under the New User Sign-Up login box, enter your user ID, which is your Employee ID Number or your Social Security Number. Your Employee ID Number is the last four digits of your Social Security Number, your birth month and your birth date: ssssmmdd.

After your initial sign-in, you'll create an unique username and password for your account.

### OPTION 2: PHONE/IVR

1. Call (877) 765-7137. To listen in English, press 1; to listen in Spanish, press 2.
2. When prompted, enter your Employee ID Number then press #. Your Employee ID Number is the last four digits of your Social Security Number, your birth month and your birth date: ssssmmdd.
3. Enter your date of birth (mmddyyyy).
4. Follow the audio prompts to enroll in your medical or dependent care FSA.



**With P&A, your FSA enrollment is fast and easy!**

## CHANGING YOUR ELECTION AMOUNT

You may log back in or use the IVR to change your election amount through December 14, 2018.

## MID YEAR ELECTIONS/NEW HIRES

Please complete the Enrollment Form on page 15 and fax it to the BSC at (212) 852-8700.

## USE OR LOSE RULE

Under IRS guidelines, if you contribute dollars to a reimbursement account and do not use all of the money you deposit, you will lose any remaining balance in the account at the end of the plan year. Only contribute money you are confident you will use during the plan year to pay for qualified expenses.

**PLEASE NOTE:** members of certain unions may not be eligible to participate in the FSA program. Also, some members of certain unions will only save Federal and FICA taxes. Check with your union representative or collective bargaining agreement category. The term "Social Security tax savings" may also apply to Railroad Retirement taxes.

## FSA BENEFITS CARD

P&A offers a Benefits MasterCard to participating employers who choose this option for their employees. The Benefits Card is easy to use and it works like a debit card. Your card is activated automatically the first time you use it. Follow these quick steps below to use your card on all eligible FSA expenses!

- 1** When you incur an eligible expense present your Benefits Card to the provider of the goods or services you are purchasing.
- 2** Swipe your card at the point-of-service and the expense will automatically be deducted from your FSA balance.

### Unable to Use Your Card? You Can Still Access Your FSA Funds.

If you are unable to use your Benefits Card you can still be reimbursed for all eligible expenses by submitting a claim and supporting documentation of your eligible expense to P&A Group (see page 7). P&A encourages you to save your receipts for all purchases in case documentation is requested. NOTE: The Benefits Card cannot be used at an ATM machine to withdraw cash.

### Order a New Card or Additional Cards for Your Dependents

Your Benefits Card is valid for three years from the date of issue. When it's time for you to receive a new card, your card will automatically be mailed to your home address in a plain white envelope. Additional cards may be ordered online for your spouse or eligible dependent, as long as they're 18 years of age. To order a Benefits Card online, log into your P&A Account at [www.padmin.com](http://www.padmin.com) and click Benefits Card Order Form under Quick Links.



Swipe your  
Benefits Card  
and easily  
use your FSA  
on eligible  
products and  
services!

## SUBMIT A CLAIM

**Anytime,  
anywhere.**

### QuikClaim Mobile Claim Submission\*

Submit a claim directly from your smartphone! First, capture a picture of your receipt or other supporting documentation for your eligible expense. Next, go to our website on your smartphone - [www.padmin.com](http://www.padmin.com) - and log into your P&A Account. Select **Upload** and follow the prompts on your screen.

### Upload a Claim Electronically

Upload proof of purchase for your eligible expense (i.e., cash register receipt, EOB) by first scanning the documentation into your computer. Then log into your account and select **Upload Claim/Documentation**.

### File a Paper Claim

Claims can also be faxed or mailed. Complete a claim form (log into your account at [www.padmin.com](http://www.padmin.com) to access and print the form) and fax or mail to P&A Group, along with proof of purchase of your eligible expense (i.e., itemized receipt, EOB).

Toll-free fax: (877) 855-7105

Mail: 17 Court Street, Suite 500 Buffalo, NY 14202

Claims can be submitted for reimbursement for qualified expenses incurred during the plan year. Each plan allows for a "run-out" period at the end of the plan year where claims incurred during the plan year can be submitted. (Refer to your plan summary for the "run-out" time period allowed.)

Reimbursements are based on when the service is provided, not when the service is billed or paid.

\*Not all mobile claim upload features are currently available on all mobile devices or with all operating systems. Wireless carrier fees may apply. Requires at least a 2-megapixel camera.

## CLAIMS & REIMBURSEMENT FAQS

### How does P&A reimburse me?

The quickest way to receive your money is by direct deposit to your personal checking or savings account. You can sign up for direct deposit by logging into your account at [www.padmin.com](http://www.padmin.com). You can also receive your money via check mailed to you at home. Once enrolled in direct deposit, all deposits are made through direct deposit until we are otherwise notified.

### What is the maximum amount I can be reimbursed?

Medical, dental, vision expenses will be reimbursed based on the total amount indicated on the claim request. This amount must not exceed your total plan-year election amount.

Dependent care expenses will be reimbursed based on the amount indicated on the claims request up to the total amount in your account (payroll deducted) at the time the claim is received. Total amounts must not exceed your plan-year election amount and must be submitted with appropriate documentation to verify eligibility of expenses.

Minimum check reimbursement amount is \$25.00  
Minimum direct deposit reimbursement amount is .25¢

### What documentation do I need to submit in order to get reimbursed?

#### FOR THE HEALTH FSA:

- Insurance company statement or Explanation of Benefits (EOB)
- Itemized bill from the 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 pharmacy receipt with Rx number. Credit card receipts are not acceptable

#### FOR THE DEPENDENT CARE ASSISTANCE ACCOUNT:

A claim must include the name, address and taxpayer identification number of the dependent care service provider. In the case of a babysitter, the taxpayer identification number is the babysitter's Social Security Number. If you cannot remit a copy of your bill/contract, your daycare provider can sign your claim form which you can then upload as your "receipt."

#### FOR THE INDIVIDUAL PREMIUM REIMBURSEMENT ACCOUNT:

When submitting a claim for this account you must include a copy of the insurance company billing statement or vision/accident/dental COBRA invoice.

#### FOR THE ADOPTION ASSISTANCE ACCOUNT:

P&A must have evidence that you have started an adoption. This would be apparent if you submit a bill from an adoption agency or a document from a court indicating the nature of the judicial proceeding. Also, P&A must be able to see that expenses like travel costs are related to your adoption proceeding.

### RECEIVE FASTER REIMBURSEMENTS! ENROLL IN DIRECT DEPOSIT!

Go green with this paperless process and enjoy receiving your reimbursement quicker, without the hassle of a check.

Upload claims directly from your smartphone when you go to [www.padmin.com](http://www.padmin.com) and log into your account. It's fast, secure and built to meet your on-the-go needs!



# FSA Store®

Shop for your FSA-eligible health needs through FSA Store, P&A's vendor partner and the largest selection of guaranteed FSA-eligible products.

Visit [www.padmin.com/fsaextras](http://www.padmin.com/fsaextras) and get instant access to great deals and more, including money-saving tips from a Learning Center, an Eligibility List and other features to help answer your toughest FSA questions.



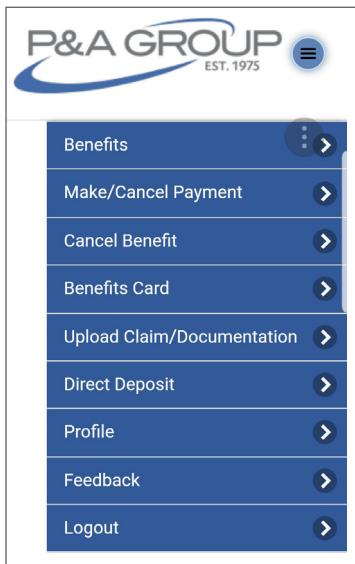
## P&A GROUP MOBILE TECHNOLOGY

Getting quick and easy access to your account(s) has never been easier. P&A Group offers mobile tools for convenient account management.

### Mobile Site

P&A Group's mobile site allows you to manage your account directly from your smartphone or mobile device. Use the navigation menu to get where you want to go - fast. From checking your account balance, to viewing your claim status, you have quick access to all your important account details. You can also:

- Order a new or additional Benefits Cards
- Enroll in direct deposit or update your bank info
- Submit claims through QuikClaim (see below)



Access P&A's mobile site on your smartphone or tablet by visiting [www.padmin.com](http://www.padmin.com).

### QuikClaim

Submit your claims electronically. Log into your account and upload a claim, along with any supporting documentation.

### Text Messaging Options

Receive on-the-go account information via text message once you update your P&A profile with your mobile number. To use the text messaging option, please log into your P&A account. Under Profile, update your cell phone number - and that's it! You'll then be setup to use P&A's text messaging codes. Text any of the codes below to the number 70626 and receive a text message with updated account information.

Feature	Text Code	Instructions
Account balance	BAL	Text BAL to receive a text message with your account balance
Claim Status	CLM	Check the status of your most recent claim
History of Last Five Reimbursements	HIS	Instantly get an update on your last five reimbursements
Deposit Update	DEP	View your last five deposits into your account(s)

## VISIT OUR WEBSITE @ [WWW.PADMIN.COM](http://WWW.PADMIN.COM)

Go to [www.padmin.com](http://www.padmin.com) to log into your account, access tools to help you manage your plan, or connect with a P&A Group representative.

Managing your plan should be simple. At P&A Group, we provide you with all the tools you need to ensure you can easily manage your account. Discover our streamlined tools and applications built specifically for you, to make account management convenient and straightforward. View your account balance or claim history, submit a claim electronically, or talk with a customer service representative through online web chat.

### How to Log Into Your Account

Access your online account by using P&A's secure website [www.padmin.com](http://www.padmin.com). Select Login at the top of the homepage and choose **Employees** from the drop down menu (see below). Enter your username and password in the [My Benefits Account Login](#) box. If this is your first time logging in, click first time logging in link to create your unique username and password.

**NEED HELP? WE'RE HERE FOR YOU.**

### Customer Service Options

24/7 account access via IVR at (800) 688-2611

Toll-free account information available in English & Spanish

Customer service representatives available Monday through Friday, 8:30 am to 10:00 pm ET

Live online chat available during customer service hours

**Phone:** (800) 688-2611 **Web:** [www.padmin.com](http://www.padmin.com) **Mailing Address:** 17 Court Street, Suite 500 Buffalo, NY 14202



## SAMPLE ELIGIBLE EXPENSES FOR FSA REIMBURSEMENTS

### Eligible Health FSA Expenses

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- Acupuncture
- Alcoholism treatment
- Ambulance
- Artificial teeth/dentures
- Bandages
- Blood pressure monitors
- Braces
- Braille-books and magazines
- Breast pumps and lactation supplies
- Cancer screening
- Chiropractors
- Chondroitin
- Co-insurance amount you pay
- Co-pay amount you pay
- Compression hose
- Condoms
- Contact lenses and eyeglasses
- Contact lens solutions
- Cold/hot packs
- Cost of medically necessary operations and related treatments
- Crutches
- Deductible medical coverage (amounts you pay)
- Dental fees
- Diabetic supplies
- Drug addiction treatment
- Eye exams, eye glasses, eye surgery
- Fertility treatments (in vitro fertilization, surgery)
- Glucosamine
- Guide dog/service animal (including purchase, maintenance)
- Intellectually/developmentally disabled person's school and education (i.e., payments made for a mentally impaired or physically disabled person to attend a special school including tuition, meals and lodging)
- Hearing devices and batteries
- Hospital services
- Incontinence products
- Infertility treatments
- Insulin
- Laboratory fees
- Lamaze classes
- Lead-base paint removal (for children with lead poisoning)
- Medical alert bracelets
- Medical information plan
- Mentally handicapped persons cost of special home care
- Nurses fees (including nurses' board and social security tax paid by you)
- Obstetrical expenses
- Orthotics
- Oxygen
- Prosthesis
- Pregnancy tests
- Prenatal vitamins
- Psychiatrists' and psychologists' fees
- Radial keratotomy and Lasik eye surgery
- Routine physical & other non diagnostic services or treatments
- Smoking cessation programs
- Speech therapy
- Special education for the blind
- Special plumbing for handicapped
- Sterilization (i.e., tubal ligation, vasectomy) and reversal
- Surgical fees
- Telephone, special for hearing impaired
- Television audio display equipment for hearing impaired
- Therapeutic care for drug and alcohol addiction received as medical treatment
- Thermometers
- Transportation expenses for person to receive medical care
- Vaccines
- Walkers
- Wheelchair
- X-rays

### Eligible Health FSA Expenses Only with a Prescription or Letter of Medical Necessity Form

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- Analgesics, fever reducers, pain reducers (aspirin, ibuprofen, acetaminophen)
- Antacids and heartburn relief
- Antibiotic ointments
- Anti-itch creams and hydrocortisone creams
- Allergy medication, nasal sprays
- Arthritis pain relieving creams
- Athlete's foot treatment, anti-fungal creams
- Birth control
- Cold medicines, tablets, syrups, cough drops & lozenges
- Diaper rash ointment
- Dietary supplements
- Doula
- Ear wax removal kits
- Eczema treatments
- Exercise programs or equipment
- Fiber supplements
- First-aid cream
- Hemorrhoid treatments
- Humidifier
- Hypnosis
- Infertility treatments
- Lactose intolerance tablets
- Latex gloves
- Laxatives
- Massage therapy, rolfing therapy
- Menstrual pain relievers
- Mineral supplements
- Motion sickness pills
- Nasal spray and strips
- Nicotine gum, patches
- Occupational therapy
- Orthopedic shoes (*Reimbursement is permitted for the cost difference between orthopedic shoes and regular shoes.*)
- Over-the-counter medications
- Petroleum jelly
- Rogaine®
- Scooter, electric
- Sinus medication
- Stomach and digestive relief items
- Sunburn cream (Solarcaine)
- Toothache and teething pain relievers
- Urinary pain relief medication
- Varicose vein, treatment of
- Vitamins
- Wart removal medication
- Yeast infection medication

## SAMPLE ELIGIBLE EXPENSES FOR FSA REIMBURSEMENTS

### Never Eligible

- |  |  |   |
|--|--|---|
| <ul style="list-style-type: none"><li>• COBRA premiums</li><li>• Concierge service fees - <b>only medical services actually provided are eligible for reimbursement; membership fees for concierge services are not eligible for reimbursement</b></li><li>• Cosmetic products and cosmetic surgery (unless to remediate damage from an illness or injury)</li></ul> | <ul style="list-style-type: none"><li>• Disposable diapers</li><li>• Diet program foods</li><li>• Electrolysis</li><li>• Feminine hygiene products</li><li>• Fitness programs*</li><li>• Hair transplants*</li><li>• Hand sanitizer</li><li>• Household help</li></ul> | <ul style="list-style-type: none"><li>• Maternity clothes</li><li>• Teeth whitening*</li></ul> <p><i>*Unless prescribed by a doctor to treat an existing illness or injury.</i></p> |
|--|--|---|

### Eligible Dependent Care FSA Expenses

- |   |   |   |
|---|---|---|
| <ul style="list-style-type: none"><li>• Babysitters</li><li>• Daycare centers</li></ul> | <ul style="list-style-type: none"><li>• Nursery schools</li><li>• After-school programs</li></ul> | <ul style="list-style-type: none"><li>• Day camp</li><li>• Eldercare</li><li>• (Overnight camps are NOT eligible)</li></ul> |
|---|---|---|



Expense eligibility is subject to change. If you are unsure if an expense is eligible for reimbursement, please call P&A Group at (800) 688-2611 or chat with customer service through online webchat at [www.padmin.com](http://www.padmin.com). For a more extensive eligible expense list, you can also visit [www.padmin.com](http://www.padmin.com).

## DEPENDENT CARE GUIDELINES

### QUALIFYING INDIVIDUALS

Dependent care expenses must be provided to Qualifying Individuals. A Qualifying Individual is defined as any of the following:

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

*If you are divorced or separated, you must be the primary custodial parent of your child in order to be eligible for this account (irrespective of whether which parent may claim a personal exemption for the child on his or her federal income tax return). Non-custodial parents may wish to check with your legal or tax advisor to see if special rules apply to you that would enable you to utilize this account.*

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

3. A person who is physically or mentally incapable of self-care, has the same principal abode as you for more than half the year and is your 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).

### ELIGIBLE EXPENSES

Eligible expenses are defined as those that enable you (and your spouse, if any) to be gainfully employed\* or to seek employment. They include the following:

1. Expenses for services provided by a dependent care center (including a day camp) that complies with all applicable state and local laws and regulations;
2. Expenses for the care of a Qualifying individual or for household services attributable in part to the care of a Qualifying individual
3. Expenses for services outside of your household for the care of a qualifying individual other than a person under age 13 who is your qualifying child, provided that qualifying individual regularly spends at least eight hours per day in your household.

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

*\*If your spouse is a full-time student or is physically or mentally not capable of self-care, he or she is treated as if gainfully employed. A spouse is a "full-time student" if he or she is enrolled at and attends a school for the number of hours or classes that the school considers full time. Your spouse must have been a student for some part of each of five calendar months during the year.*

### PROHIBITED EXPENDITURES

Expenditures that are prohibited for reimbursement include the following:

1. Babysitting for social events;
2. Educational expenses;
3. Charges for overnight camp
4. Expenses that you will take as a child care tax credit on your income tax return; and
5. Expenses for services provided by your spouse, by a parent of your under-age-13 qualifying child or by a person for whom you or your spouse is entitled to claim a personal exemption on a federal income tax return.

### MAXIMUM ANNUAL CONTRIBUTION

The maximum annual contribution is \$5,000 (\$2,500 if you are married and file separate income tax returns), but no more than the lesser of the earned income of you or your spouse. If your spouse is a full-time student or incapacitated, the maximum annual election is \$3,000 for one child or \$5,000 for two or more children. (Amounts subject to change due to IRS guidelines.)

## MTA FSA/CAFETERIA PLAN ENROLLMENT FORM

**FOR NEW HIRES AND MID-YEAR ENROLLMENTS**  
Please fax your completed form to BSC at (212) 852-8700.

Employer Name: <b>MTA</b>	Plan Year: <b>2019</b>	<input type="checkbox"/> Male	<input type="checkbox"/> Female	Social Security Number (MUST BE PROVIDED)
Employee Last name:		First Name:		M.I.:
Street Address:	City:	State:	Zip Code:	
Home Phone Number:		Date of Birth:	<input type="checkbox"/> Single	<input type="checkbox"/> Family
E-mail Address:		Agency Division:		
Payroll Cycle: <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-weekly		<input type="checkbox"/> Semi-monthly	<input type="checkbox"/> Monthly	<input type="checkbox"/> Other
Date of First Payroll Withheld:				
Spouse Name:		Date of Birth:		
Dependent Name:		Date of Birth:		
Dependent Name:		Date of Birth:		
Dependent Name:		Date of Birth:		

Account Type	Election Amount	Short Plan Years/Mid-Year Enrollees
<b>Medical Expense Reimbursement</b> Examples: doctor co-pays, eye glasses	_____ ANNUAL	Your election amount will be the full amount you are electing even if you will not be enrolled in the plan(s) for a full 12 months. This amount will not be prorated for your short plan year.
<b>Dependent Care Assistance</b> Examples: daycare centers, after-school programs, elder care  Please refer to page 14 for dependent care assistance account guidelines.	_____ ANNUAL	New hires can enroll up to the 90th day of employment and become eligible on the 91st day.
MINIMUM REIMBURSEMENT AMOUNT FOR CHECKS IS \$25		

**PLEASE NOTE:** For any enrollment/change forms effective outside of the initial plan year, the effective date will correspond with the next payroll period after the signature date. Claim reimbursements will be made only for expenses incurred on or after the signature date.

### AUTHORIZATION

I hereby elect the benefits indicated above. I have read and understood the enrollment materials (FSA brochure, enrollment form) and I authorize my employer to adjust my pay as required by my election. I understand that this election is binding and cannot be revoked or modified until the next plan year. I further understand that any amounts remaining in my account(s) not used for eligible expenses incurred during the period of coverage will be forfeited in accordance with the current plan provisions and tax laws.

**SIGNATURE OF PARTICIPANT:**

**DATE:** / /

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## LETTER OF MEDICAL NECESSITY FORM

Sign this form and submit it to P&A Group  
 Fax: (877) 855-7105 Mail: P&A Group 17  
 Court Street Suite 500 Buffalo, NY 14202  
 (800) 688-2611 | www.padmin.com  
 Hours: M - F, 8:30 am - 10:00 pm ET.

Certain Flexible Spending Account (FSA) items are eligible for reimbursement only if a letter of medical necessity is provided. The letter must include the diagnosis of a medical condition and state that the expense is necessary to treat the medical diagnosis. It must also include the length of treatment. Examples of expenses that are deemed as medically necessary in order to treat a medical condition (and therefore are eligible for reimbursement under the FSA plan) include massages, gym memberships and weight loss programs. Your physician must complete and sign the form below, thereby acknowledging that the medical expense is being used to treat a medical condition.

**PLEASE READ: This form is valid for one year from the date of signature. A new letter of medical necessity form must be submitted annually. This form is not to be used for reimbursement of over-the-counter medications. Those items require a doctor's prescription as part of the Health Care Reform Act.**

### EMPLOYEE INFORMATION

Company Name		Employee DOB
Employee Last Name	Employee First Name	Last 4 Digits of SSN or Member ID #
Patient Last Name (if different than above)		Patient First Name (if different than above)

### PHYSICIAN'S DIAGNOSIS

**This section must be completed by the attending physician to confirm if treatment is necessary for a specific medical condition.**

Healthcare Provider Name		Provider License No.	Healthcare Provider Phone No.
Diagnosis Date (mm/dd/yyyy)	Treatment Start Date (mm/dd/yyyy)		Treatment End Date (mm/dd/yyyy)
/ /	/ /	/ /	/ /
Please diagnose the medical condition being treated			
Describe the required treatment			

*I assert that this treatment is medically necessary to treat the specific medical condition noted above. This treatment is not in any way intended for general health maintenance or cosmetic purposes.*

Healthcare Provider Signature: X

Date: / /

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## AUTHORIZATION FOR RELEASE OF INFORMATION

The HIPAA law was enacted to ensure your healthcare information remains private. As the employee and holder of the spending account, you may want to authorize someone other than yourself to have access to your P&A Group claim and plan information. For example, you may ask your spouse to contact P&A and inquire about a claim. By law, our customer service agents cannot speak to your spouse unless you have authorized the disclosure of protected health information in writing. In order to make the transition of information as seamless as possible, please complete this form and submit it to P&A. Please note, this form can be completed electronically by logging into your P&A Account. You also have the option of sending this form to P&A Group via fax or mail.

Fax: (877) 855-7105 Mail: 17 Court Street Suite 500 Buffalo, NY 14202

### I. INFORMATION ABOUT THE USE OR DISCLOSURE

I hereby authorize the use or disclosure of my individually identifiable information as described below. I understand that this authorization is voluntary and that I may revoke it at any time by submitting my revocation in writing to the entity providing the information.

Participant name:

SSN Number:

Persons authorized to receive the information:

Relationship to the participant, including authority for status as representative:

I authorize any and all information shared with the above named persons, with the following exception(s):  


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Unless otherwise revoked, this authorization will expire on the following date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

If I fail to specify a date, this authorization will expire when I cease to be a participant under this plan.

### II. IMPORTANT INFORMATION ABOUT YOUR RIGHTS

I have read and understand the following statements about my rights:

- I may revoke this authorization at any time by notifying the providing organization in writing, but the revocation will not have any affect on any actions the entity took before it received the revocation.
- I may see and copy the information described on this form if I ask for it.
- I am not required to sign this form to receive my health care benefits (enrollment, treatment or payment).
- The information that is used or disclosed pursuant to this authorization may be re-disclosed by the receiving entity. I have the right to seek assurances from the above-named persons/organizations authorized to receive the information that they will not re-disclose the information to any other party without my further authorization.

### III. SIGNATURE OF PARTICIPANT

Signature of participant

Date

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## FSA WORKSHEET

If you are unsure if an expense is eligible for reimbursement, please call P&A's customer service team at (800) 688-2611.

Use the form below to calculate anticipated expenses and help determine how much money to set aside into your FSA. You can use P&A's online calculator to estimate your annual expenses. Visit [www.padmin.com](http://www.padmin.com) and hover over **Employee Participants**, then click **FSA calculator** under Quick Links.

### Health FSA

(Medical, dental, vision expenses)

Expense Category	Estimated Annual Expense	Cumulative Total
Example - eye glasses	\$400.00	\$400.00
Health insurance deductible(s)		
Co-insurance and co-pays		
Vision care (contacts, glasses)		
Prescriptions		
Medical appliances (wheelchairs, crutches)		
Dental exams and cleanings		
Braces and retainers, fillings, etc.		
The total amount is calculated as your estimated annual election for this account.		Annual Election: \$ _____.

### Dependent Care Assistance FSA

Expense Category	Estimated Annual Expense	Cumulative Total
Babysitters, daycare centers, nursery school		
After school programs, day camp		
Elder care		
The total amount is your estimated annual election for this account.		Annual Election: \$ _____.

TOTAL OF ALL ANNUAL ELECTIONS: \$ \_\_\_\_\_ DIVIDED BY PAYROLL CYCLE= \$ \_\_\_\_\_ /PER PAY \$ \_\_\_\_\_



Administered Around You

P&A Group  
17 Court Street  
Buffalo, N.Y. 14202  
[www.padmin.com](http://www.padmin.com)  
(800) 688-2611  
082018