

# FLEXIBLE BENEFITS PLAN

Hood County  
Employer ID NBS736221

## PLAN HIGHLIGHTS

Login at: [my.nbsbenefits.com](http://my.nbsbenefits.com)



Congratulations! Hood County has established a "Flexible Benefits Plan" to help you pay for your out-of-pocket medical expenses. One of the most important features of the Plan is that the benefits being offered are paid for with a portion of your pay before Federal income or Social Security taxes are withheld. This means that you will pay less tax and have more money to spend and save. However, if you receive a reimbursement for an expense under the Plan, you cannot claim a Federal income tax credit or deduction on your return.

### DETERMINING CONTRIBUTIONS

Before each Plan Year begins, you will select the benefits you want and how much of the contributions should go toward each benefit. It is very important that you make these choices carefully based on what you expect to spend on each covered benefit or expense during the Plan Year.

Generally, you cannot change the elections you have made after the beginning of the Plan Year. However, there are certain limited situations when you can change your elections if you have a "change in status". Please refer to your Summary Plan Description for a change in status listing.

### GENERAL PLAN INFORMATION

Plan Year End:.....September 30th  
Run-out Period:.....90 Days

Maximum Medical Limit.....Current IRS limit \$2,650  
...See Code Section 125(i)(2) or current enrollment information

Health FSA Carryover.....Up to \$500 following the Plan run-out

### WHEN AM I ELIGIBLE TO PARTICIPATE

If you work 30 hours or more each week for the company, you will be eligible to join the Plan following 60 days of employment.

You will enter the Plan on the first day of the month following the day in which you meet the above eligibility requirements.

### WHAT TYPE OF BENEFITS ARE AVAILABLE

Under our Plan, you can choose the following benefits. Each benefit allows you to save taxes at the same time because the amount you elect is set aside on a pre-tax basis.

~~NOT AVAILABLE~~  
~~Health Flexible Spending Account:~~  
The Health Flexible Spending Account (FSA) enables you to pay for expenses allowed under Section 105 and 213(d) of the

Internal Revenue Code which are not covered by our insured medical plan. The most that you can contribute to your Health FSA each Plan Year is set by the IRS. This amount can be adjusted for increases in cost-of-living in accordance with Code Section 125(i)(2). Please note: If you contribute to this benefit you **cannot** elect a Health Savings Account (HSA) Benefit.

~~Health Savings Account: NOT AVAILABLE~~  
A Health Savings Account allows participants insured by a Qualified High Deductible Insurance Plan to save for deductibles and other expenses not covered under the Plan. If you participate in this benefit you **cannot** participate in the Health Flexible Spending Account benefit.

### Premium Expense Plan:

A Premium Expense portion of the Plan allows you to use pre-tax dollars to pay for specific premiums under various insurance programs that we offer you.

Please note: Policies other than company sponsored policies (i.e. spouse's or dependents' individual policies etc.) may not be paid through the Flexible Benefits Plan. Furthermore, qualified long-term care insurance plans may not be paid through the Flexible Benefits Plan.

### HOW DO I RECEIVE REIMBURSEMENTS

During the course of the Plan Year, you may submit requests for reimbursement of expenses you have incurred. Expenses are considered "incurred" when the service is performed, not necessarily when it is paid for. You can get a claim form at [www.NBSbenefits.com](http://www.NBSbenefits.com).

Claim forms must be submitted no later than 90 days after the end of the Plan Year for the Health Flexible Spending Account and the Dependent Care Flexible Spending Account. However, if you have unused contributions in your Health Flexible Spending Account following the Plan run-out period, you may roll up to \$500 to the new plan year. Any amount above \$500 in your Health FSA at the end of the Plan run-out period will be forfeited.

NBS Welfare Benefit Service Center  
8523 S. Redwood Road  
West Jordan, UT 84088  
801-532-4000 or 1-800-274-0503  
Fax: 1-800-478-1528



Hood County Flexible Benefits Plan  
Hood County

Plan Contact Person:  
Richarad Aguirre  
1410 West Pearl  
Granbury, Texas 76048  
(817) 408-3450

# 125 Cafeteria Plan Enrollment Form

Please complete this form and return it to your Human Resources Department



## 1 Personal Information

Employee Name (First Name, Last Name)

Company Name

Street Address

City

State

Zip Code

Social Security Number

Employee Phone Number

Date of Birth

Date of Hire (Required)

Email Address (Required to receive e-mail communications)

## 2 Benefit Election

☐ Initial Request Participation

☐ New Year Request

☐ Waive

If you are part of a company health insurance plan your premiums will automatically be paid pre-tax by payroll deduction. You may also choose any of the following benefits to add to your pre-tax deduction:

Number of pay periods per year: (Required) ☐ Bi-weekly (26) ☐ Weekly (52) ☐ Semi-monthly (24) ☐ Monthly (12)

☐ Health Care Expenses:

*Must not exceed \$ 2,600/year as per IRS regulations*

Enrollment Effective Date (Required)

\$

Per pay period election (Required)

\$

Annual Election

☐ Dependent Care Expenses:

*Maximum annual allowable election is \$5,000 per year OR \$2,500 per year if married and filing taxes separately*

Enrollment Effective Date (Required)

\$

Per pay period election (Required)

\$

Annual Election

## 3 Debit Card (Health Care Expenses Only)

☐ I do not want a card.

☐ I already have a card and will continue to use it.

☐ I am new to the Plan – please send me a card

You will receive 1 card in your name. If you would like an additional card for a dependent, indicate their name here:

**For replacement cards, card fees and/or additional dependent cards please contact HR or visit our website at [my.nbsbenefits.com](http://my.nbsbenefits.com)**

## 4 Direct Deposit Request

☐ Checking Account

☐ Savings Account

Your Financial Institution

Financial Institution Address

Account Number

Routing Number

**IMPORTANT! Please attach a voided check with this form (not a deposit slip). Only for a savings account is a deposit slip acceptable. If you have Direct Deposit information on file it carries forward unless corrected or rescinded in writing by you.**

I (We) authorize National Benefit Services, LLC to initiate credit entries and, if necessary, debit and adjustment entries for any credit entries and adjustments made in error to my (our) account indicated above and the financial institution named above.

Employee Signature

Date

## 5 Employee Signature

I hereby authorize the appropriate payroll reductions as my contribution(s) to the Cafeteria Plan until changed by me in writing. I recognize that such payroll reductions shall be adjusted automatically in the event of a change in the insurance premiums of the benefits I have selected. I will only use the Flexible Spending Account (including the use of a Debit Card) for eligible expenses under the plan, and understand I will be responsible to pay for any transactions not allowed by the plan. In addition, I authorize the release of medical and account information to my spouse (if applicable).

Employee Signature

Date