



Open Enrollment for 11/1/11-10/31/12 Plan Year

We would like to have any changes, additions or deletions to your benefit programs (see below) by this Friday, October 21st.

Health Coverage:

Ops Plus has two health care plans that it offers. Humana Coverage First 80/50 and Humana PPO 100/70.

If you are not currently enrolled and would like more information on the health plans offered through Ops Plus, please contact me ASAP.

Dental Coverage:

Dental coverage remains the same: Delta Dental Preferred Option. Rates have increased slightly, see below:

<i>Dental Coverage (Delta Dental Preferred Option)</i>	<i>Per Month</i>	<i>Ops Match</i>	<i>Per Pay Period (26 pay periods)</i>
Employee	\$17.23	\$17.23	\$0.00
Employee + spouse	\$35.13	\$17.23	\$8.26
Employee + Child(ren)	\$33.07	\$17.23	\$7.31
Family	\$54.75	\$17.23	\$17.32

If you need to make changes to your plan or are not participating and would like to, please contact Tammy for appropriate form.

Basic Life, Voluntary Life & Accidental Death & Dismemberment

Ops Plus will continue to offer Basic Life Insurance of \$30,000 and AD&D of \$20,000 to all eligible employees. Additional Life and AD&D will also continue to be offered, rates may vary slightly. Also, employee spouses may now be allowed up to elect up to 100% of the employee coverage (previously 50%). If you wish to make changes, please contact me for additional paperwork. All eligible employees must fill out a new beneficiary form. If you currently carry voluntary life and/or AD&D, your current elections will remain as they are. If you would like additional information, or would like to change current elections, please contact me.

Flexible Spending Account:

All fulltime, eligible employees need to complete the BMS Flexible Spending (FSA) or Dependent Care form attached, whether you plan to participate or not. The program is identical to last year’s where a debit card will be issued to pay eligible expenses. Also attached you can find an education brochure regarding FSAs. If you have further questions, feel free to contact me.

If you are not participating, please “waive” and sign. Also if you participate in pre-tax withholdings on health or dental insurance, please check the appropriate box for pre-tax deductions.

Because Flexible Spending is a pre-tax benefit, elections can only be made during the Open Enrollment period or in the case of a qualifying event (birth, death, divorce, dependent changes).

All benefit forms can also be found on the employee section of the Ops Plus Website. You can also find an Employee Information Form. If you have recently moved or would like to update your emergency contact information please fill out and return that form as well.

All paperwork is due to the Ops Plus main office by October 21st. Please contact me for additional information or questions. You may reach me by phone (502) 454-9767 or by email tammy@opsplus.net with any questions or for additional information.

Sincerely,

A handwritten signature in cursive script that reads "Tammy L. Marce".

Office Manager/HR Administrator

BEFORE YOU PAY
FOR YOUR NEXT PRESCRIPTION,

BUY YOUR NEXT
PAIR OF GLASSES,

HAVE
DENTAL OR ORTHODONTIC WORK,

SEND YOUR CHILD TO **DAYCARE,**

MAKE YOUR NEXT CO-PAY,

OR QUIT SMOKING ...

TAKE CARE
OF YOURSELF

S A V E
25% TO 40%
ON EVERY DOLLAR YOU
SPEND!



P.O. Box 43653 ~ Louisville, KY 40253-0653
(502) 244-1161 ~ (800) 919-BMSI ~ FAX (502) 244-1162
www.bmsllc.net



HERE'S HOW THE PLAN WORKS

SAVE \$25 TO \$40 ON EVERY \$100 YOU SPEND!

WHAT IS A FLEXIBLE SPENDING ACCOUNT (FSA)?

It is a benefit provided by your employer that lets you set aside a certain amount of your paycheck into an account before paying payroll taxes. Then, during the year, you can use the funds in the account to pay for qualified health or daycare expenses with pre-taxed dollars.

WHAT'S THE BENEFIT WHEN I PARTICIPATE?

Your biggest benefit is saving on your payroll withholding taxes. That's because you will save \$25 to \$40 on every \$100 you budget to pay for qualified expenses. That is a BIG SAVINGS!

CAN YOU EXPLAIN THE SAVINGS IN MORE DETAIL?

Below is an example of how a typical employee's take-home pay will increase as a result of participating in the Plan. For example, let's say an employee makes \$2,000 each month and decides to participate in the Plan. They first pay for qualified insurance premiums (like health and dental insurance) pre-tax through the Plan, but then also contribute to the FSA for medical and daycare expenses with pre-tax dollars. This employee will save approximately \$100 each month!

EMPLOYEE PAYCHECK WITHOUT THE PLAN

Mo. Salary	\$2,000	Net Pay WITHOUT The Plan
Est. FICA, fed. & state taxes	(\$ 500)	
Est. Insurance premium	(\$100)	
Est. Medical & daycare exp.	(\$300)	
Net Pay Without Plan	\$1,100	
		\$1,100.00

EMPLOYEE PAYCHECK WITH THE PLAN

Mo. Salary	\$2,000	Net Pay WITH The Plan
Est. Insurance premium	(\$100)	
Est. Medical & daycare exp.	(\$300)	
Adjusted Income	\$1,600	
Est. FICA, fed. & state taxes	(\$400)	
Net Pay With Plan	\$1,200	\$1,200.00

**THE EMPLOYEE SAVED
\$100 PER MONTH BY SIMPLY PRE-TAXING
THEIR INSURANCE PREMIUMS AND
PARTICIPATING IN THE FSA!**

CHOOSE YOUR PLAN

HEALTH FSA

The Health FSA pays for out-of-pocket medical expenses incurred during the Plan Year. Medical expenses eligible under the Health FSA include items such as co-pays and doctors' fees; deductible expenses; prescription drugs; dental and vision services, and much more.

Take a moment to review the worksheet provided in this brochure to estimate how much you spend on medical expenses each year and how much money you may save by participating in the Health FSA.

DEPENDENT CARE FSA

The Dependent Care FSA covers dependent daycare expenses so you (and your spouse) can work. This account covers daycare expenses for your dependent children through age 12 as well as elder care for parents that live in your home. You and your spouse must work or attend school full time to be eligible to participate in the Dependent Care FSA.

HOW DO I USE THE FSA FOR EXPENSES?

Option #1 —The BMS Flex Debit Card is a very convenient way to pay for your expenses. With the Debit Card you don't have to reach into your pocket for cash to pay for qualified expenses and then submit a claim to get repaid. By using the Debit Card, your purchase is automatically deducted from the appropriate balance on your account. Many of the most popular merchants have made the use of the Debit Card easier by conforming to the IRS IIAS system which requires the qualified items to be automatically substantiated upon swipe.

Option #2 — You can pay for your expenses and then submit a completed claim form along with valid receipts to BMS for reimbursement via check or free direct deposit to your personal bank account.

NOTE: ALWAYS KEEP YOUR RECEIPTS!!

Remember— the IRS does require you to substantiate some debit card swipes. Certain payments will require further verification— dental, vision, medical fees that do not match a standard co-pay amount, or merchants not using the IIAS system. BMS LLC Employee Website will indicate what swipes are in need of receipts.



BMS LLC IS YOUR PLAN SOLUTION

Now that you know about the many ways you can use pre-tax earnings and your Flex Debit Card to keep more of what you earn and cover your out of pocket Medical and Daycare costs, take a moment to learn about the many tools available to you to make the most of your FSA with BMS LLC.

WEB SELF SERVICE

BMS LLC provides a very user-friendly website where you can access your account 24/7 at www.bmsllc.net. Simply choose the Employee Login under the Account Login Tab to access the following services:

- ~View FSA account balances & details.
- ~View FSA Claims History and Debit Card Use.
- ~Create Claim Forms & Debit Card Substantiation Forms (to then be faxed or emailed to BMS.)
- ~Sign Up for Free Direct Deposit.
- ~Order Extra Flex Debit Cards.
- ~Contact BMS Customer Service Dept.

(If this is your first time logging in, please use the New User Option and follow the steps to create your own unique username and password for your online account.)

FILING CLAIMS

To submit manual claims for reimbursement, simply go online at www.bmsllc.net to complete the online claim form and then fax the completed claim form, along with your qualified receipts, to BMS (cancelled checks and credit card statements are NOT qualified receipts).

BMS offers daily claims review and processing of FSA reimbursement claims as well as twice weekly claims reimbursement payments. It usually takes 1 to 2 business days to process your claim. Within a short time, you will receive your TAX-FREE reimbursement.

FAX SUBMISSION:

(502)244-1162

E-MAIL SUBMISSION:

claims@bmsllc.net

MAIL SUBMISSION:

BMS LLC

PO Box 43653

Louisville, KY 40253-0653

BMS encourages you to complete an ACH Direct Deposit form, available on our website. Direct Deposit will speed up the reimbursement process and save you a trip to the bank!

BMS LLC CUSTOMER SERVICE

When you have specific questions regarding your account, you can call the BMS Home Office at **(800) 919-BMSI**. Our dedicated Customer Service Team is available Monday through Friday, 8:30-5:00 PM EST.

BMS LLC CUSTOMER SERVICE CONT.

We offer prompt answers to any questions you have regarding your account. Or, dial the FSA Automated Line directly at **(877)BMS-FLEX** (available 24 hrs. day/7 days a week) for account balance, etc.

IMPORTANT INFORMATION

Must money be deposited in my account before I pay expenses for a claim? NO. The entire annual amount you elect for the Health FSA is available on the first day and throughout the Plan Year. However, only amounts contributed per pay period are available for Dependent Daycare.

I already have health insurance. Why should I participate in the Health FSA? The Health FSA is used to pay for expenses not covered by insurance. These include co-pays, dental, vision, prescription drug co-pays, just to name a few.

I don't use my employers' health insurance. Can I still participate? YES. You can still set aside money (before taxes are taken out) to budget and pay for qualified expenses for you and your dependents. Remember, a qualified expense paid from this plan cannot be eligible for reimbursement from another plan.

If I set aside part of my pay, won't I make less money? No. For every dollar you set aside to pay qualified expenses, you save FICA, federal income tax and state taxes. Your net take-home pay will increase by the taxes you save.

Can I change my contributions during the year? For Health and Dependent Care FSA, you can only change your election if you have a qualified change in status including birth, death and employment changes. Contact HR or BMS LLC for more details on what qualifies.

What if I don't use all of the money in my account? Contributions not used during the plan year may not be returned to you in cash or used in a later year due to IRS regulations on pre-tax benefits. Ask BMS LLC if your employer has implemented the 2 ½ month grace period that allows you extra time to spend your money.

What happens to my account if I terminate employment? You may request reimbursement for qualified expenses incurred **prior** to your termination date. Check your Plan Details with your HR for additional rights provided by your employer's plan.



YOUR BMS LLC PLAN WORKSHEET

Now that you know about the many ways you can use pre-tax savings and your BMS LLC Take Care Flex Debit Card to keep more of what you earn, take a moment to fill out this basic worksheet to determine how much money you will save. Remember—please be wise in budgeting the amount you wish to contribute to the FSA as balances left at the end of the Plan Year cannot be returned to the individual participant due to IRS guidelines regarding pre-tax Plans.

NOTE: This worksheet is for illustrational purposes only and is subject to each individual's tax bracket and out of pocket expenses.

HEALTHCARE EXPENSES (estimated)

FOR EXPENSES NOT COVERED BY INSURANCE

Co-pays to doctors \$ _____
 Prescription Drugs \$ _____
 Prescribed sunglasses & eyeglasses \$ _____
 Contact lenses, solutions & supplies \$ _____
 Eye exams, surgery & LASIK \$ _____
 Dental cleanings, fillings & x-rays \$ _____

Sealants, crowns, bridges & dentures \$ _____
 Braces, spacers & retainers \$ _____
 Tooth extraction, implants & oral surgery \$ _____
 Psychologist & psychiatrist fees \$ _____
 Obstetrics & fertility \$ _____
 Lab tests & body scans \$ _____

Chiropractic & podiatrist fees \$ _____
 Oxygen, insulin, syringes & supplies \$ _____
 Hearing aids, batteries & exams \$ _____
 Artificial limbs, braces, orthopedic shoes \$ _____

Walkers, canes & wheelchairs \$ _____
 Alcoholism & drug treatment \$ _____
 Medical alert bracelet & fees \$ _____
 Reconstructive surgery (birth defect, disease) \$ _____

Wigs for hair loss caused by disease \$ _____
 Special school for disabled child \$ _____
 Over the Counter Items (with Physicians Prescription.) \$ _____

A. ESTIMATED TOTAL TO BE CONTRIBUTED TO YOUR HEALTH FSA \$ _____

DEPENDENT CARE EXPENSES (estimated)

SO YOU CAN WORK

Daycare, Nanny or babysitter thru age 12 \$ _____
 Pre-K or nursery school \$ _____
 Before & after-school care thru age 12 \$ _____
 Day camp thru age 12 \$ _____
 Daycare for a disabled adult or child \$ _____
 Elder daycare for parent or dependent \$ _____

B. ESTIMATED TOTAL TO BE CONTRIBUTED TO YOUR DEPENDENT DAYCARE FSA \$ _____

INSURANCE PREMIUMS (already pre-taxed— for illustration only. Cannot be contributed to FSA.)

ONLY THOSE DEDUCTED FROM YOUR PAYCHECK AND ELIGIBLE TO BE PRE-TAXED.

Health Insurance (your share only) \$ _____
 Other Qualified Insurance (your share only) \$ _____
 Such as Dental, Vision, Accident, Cancer, etc.) \$ _____

C. ESTIMATED TOTAL OF ELIGIBLE PRE-TAXED INSURANCE PREMIUMS \$ _____

ESTIMATED ANNUAL EXPENSES & TAX SAVINGS

Enter estimated annual household earnings (Remember you save between 25% and 40% on your FICA, federal and state tax.) \$ _____

A. ESTIMATED HEALTHCARE EXPENSES TO CONTRIBUTE TO YOUR HEALTH FSA \$ _____

B. ESTIMATED DEPENDENT CARE EXPENSES TO CONTRIBUTE TO YOUR DAYCARE FSA \$ _____

C. ESTIMATED INSURANCE PREMIUMS (Normally already pre-taxed.) Cannot be contributed to the FSA. \$ _____

GRAND TOTAL \$ _____

ESTIMATED TAX RATE 25%-40%

EST. TOTAL PRE-TAX SAVINGS \$ _____



Qualified Medical Expense List Under Your Health FSA

Acid reducing gum, liquid & tablets	Diaper rash ointments	Ovulation indicators
Acne Medications	Diuretics & water pills	Oxygen
Acupuncture fees	Doctor's office co-pays	Pain relievers, aspirin, non-aspirin
Airplane ear protection	Eye watering/drying aid	Periodontist & Endodontist fees
Alcoholism & drug treatment	Ear Wax removal drops	Physical & speech therapy
All prescriptions drugs dispensed in US	Eardrops for swimmers	Physician & Osteopath fees
Allergy medications	Eczema cream	Physiologist & Psychiatrist
Ambulance expense	Elevated toilet seats	Pill Boxes
Anti-diarrhea medications	Emergency room co-pays	Pinworm treatment
Antifungal treatments	Endodontist Fees	Pregnancy test
Anti-itch lotion	Eye exams	Prescribed medicines
Antiseptic or ointment for cuts	First aid bandages, gloves & masks	Prescription Glasses & Contacts
Arches & orthopedic shoes	First Aid wipes	Programs (for specific disease with doc's note)
Arthritis pain reliever	Flu relief syrup, tablets & drops	Quit smoking programs, patches & gums
Artificial limbs & braces	Flu shots	Radiology
Bedpans & ring cushions	Gas prevention tablets or drops	Reconstructive bypass surgery associated with birth defect, disease or accident
Benzocaine swabs	Gastric bypass surgery	Reconstructive Surgery in connection with birth defect, disease & Accident
Body scans	Glucose meters and tablets	Respiratory stimulant ammonia
Boric acid powder	Hearing devices & batteries	Routine check-ups
Braille Books, & magazines	Hemorrhoid relief	Shower bars & safety handles
Bronchial asthma inhalers	Home blood or drug tests	Shower protection for casts, prostheses, etc
Bronchodilator/expectorant tablets	Homeopathic earache tablets	Sinus & allergy nasal spray
Bunion & blister medications	Homeopathic sinus medications	Sleeping Aids
Chiropractor & Podiatrist fees	Hot & cold compress packs & wraps	Smoking Cessation programs, patches & gums
Cholesterol tests & monitors	Humidifiers & Vaporizers	Special schooling for a disabled child
Christian Science practitioner's fees	Hydrogen peroxide	Surgical fees
Co-Insurance	Incontinence supplies	Syringes
Cold relief syrup, tablets & drops	Inpatient admission co-pays	Therapeutic support gloves
Cold sore & fever blister medications	Iodine tincture	Throat pain medications
Colorectal cancer screening tests	Ipecac syrup	Travel to doctor or healthcare facilities
Contact lenses and solution	Itch relief	Upset stomach medications
Contraceptives	Lab Fees	Vapor patch cough suppressant
Co-payments	Laxatives	Wart removal medications
Corn & callus removal	Lice control	Weight-loss programs & fees pertaining to a specific disease (with physicians note)
Crutches & canes	Medical alert bracelets & fees	Wheelchairs, walkers & shower chairs
Deductibles	Medicated bandages	Wigs for hair loss caused by disease
Dental fillings, crowns & bridges	Medicated bath products	X-rays & MRI
Dental sealants	Medicated chest rub	
Denture adhesive	Motion sickness tablets	
Dentures	Nasal decongestant spray/drops/inhaler	
Diabetic lancets	Needles	
Diabetic supplies	Obstetrics & Fertility	
Diabetic test strips	Office visits	
Diagnostic services or treatment	Orthodontist & Dentist	

NOTE: This list is not all inclusive and is subject to change. Contact BMS LLC for questions regarding a specific expense item to determine if it is qualified for reimbursement.

BMS LLC
P.O. Box 43653 ~ Louisville, KY 40253-0653
(502) 244-1161 ~ (800) 919-BMSI
FAX (502) 244-1162
www.bmsllc.net

***Effective January 1, 2011, certain Over-The-Counter items will no longer be eligible expenses for reimbursement under a FSA unless they are accompanied by a Doctor's prescription. Over the Counter Categories affected by this change include: Acid Controllers, Allergy & Sinus Medicine, Antibiotics, Anti-Diarrheas, Anti-Gas Products, Anti-Itch & Insect Bite, Anti-Parasitic Treatments, Baby Rash Ointments/Creams, Cold Sore Remedies, Cough Cold & Flu, Digestive Aids, Feminine Anti-Fungal/Anti-Itch, Hemorrhoid Preps, Laxatives, Motion Sickness, Pain Relievers, Respiratory Treatments, Sleep Aid Sedatives, and Stomach Remedies. The use of the Debit Card is available if you have a qualified prescription on file with the Pharmacy. NOTE: Reimbursement is still an option through our Check or Direct Deposit Methods by simply submitting a manual claim to BMS, including a Doctor's prescription, to conform with new regulations enacted as part of Healthcare Reform.**

Q&A on Use of Debit Cards with Your FSA



Why do I need to send in receipts when using my Debit Card?

Simply speaking, **the IRS!** If they are going to allow you to keep a chunk of your money without paying taxes, they require that you keep receipts for 100% of your medical expenses and send them in if asked. Receipts help BMS to verify that your expenses are acceptable within the IRS guidelines.

I thought the FSA Debit Card was supposed to make it easier. Why do I still need to send in receipts on some Expenses? Is there still a benefit to having the Debit Card?

This is still part of the same program whether you are using manual claims or your Debit Card for your medical purchases and the IRS still insists you obtain valid receipts for **every** medical purchase.

Yes, there are still major benefits to the card even though you might have to send in a receipt. First, the moment you swipe the card you have been immediately reimbursed. Even if you might have to send in a receipt you do not have to wait for your money.

It might seem logical to assume that any purchase from a dentist or from an eye doctor would be okay. Actually, things like teeth bleaching or non-Rx contacts (just to change eye color) would not qualify for the FSA. Even though you still have to obtain a valid receipt for all debit card purchases, you may **not** have to send certain ones in every time you use your card. For example, if the Dr. Office co-pays are even amounts (e.g., \$10) you will not be asked for a receipt. If they are odd amounts (e.g., \$27.63) you probably will be asked to provide a receipt. Most often receipts are necessary for hospital bills, dental services and vision expenses. In reality, less than 10% of swipes actually require substantiation via receipt.

Explain the IIAS System (Inventory Information Approval System) for FSA Debit Cards?

Even in this high-tech society medical debit cards are only "half smart". July 1, 2009 a mandate requiring drug stores and pharmacies to implement IIAS or become a "90 percent" retailer went into effect. IIAS certified means that at the point of sale, the retailer is able to distinguish qualified medical expenses versus non-qualified medical expenses as outlined under Section 213(d) of the IRS code. "90 percent" retailer means that the retailer has certified that 90 percent of the store's gross receipts consist of items which qualify as for medical care.

What does this mean to you?

If you use your Debit Card at a full IIAS compliant or "90 percent" retailer, the purchase will be substantiated at the point of sale and there will be no need to send in receipts. However, if you use your card at a retailer which has not yet become IIAS certified or taken action to be considered a "90 percent" retailer you will not be able to use your flexible benefits card at that location. You can always submit those claims manually for reimbursement via check or direct deposit.

You keep saying "valid receipts," what are they?

The IRS says a valid receipt will have: the medical provider's name; the patient's name; a description of the product or service; the date of service or date of purchase; and the amount of out-of-pocket expense.

Certain expenses (such as medical deductibles) require an Explanation of Benefits (EOB) statement from the insurance company to determine exactly what they expect the member or patient to pay. Items such as cancelled checks, credit card statements and similar items are **UNACCEPTABLE** to the IRS.

Where can I find a list of legitimate expenses and what happens if I buy something with my card that is not acceptable?

An extensive list of eligible expenses is available at www.bmsllc.net as well as in this brochure. Anything purchased with the FSA Debit Card that is not allowed by the IRS or is not verified must be repaid to the program or else the IRS says your card must be suspended.

For details on the IRS Inventory Information Approval System (IIAS) visit our website, www.bmsllc.net.

NOTE: Effective January 1, 2011, certain Over-The-Counter items will no longer be eligible expenses for reimbursement under a FSA unless they are accompanied by a Doctor's prescription. You can submit these items to BMS LLC via a manual submission for reimbursement. IF you include a doctor's note prescribing the OTC drug or medication OR purchase the OTC drug or medication at the pharmacy counter using the BMS Take Care debit card by presenting the prescription to the pharmacist. More details of this change can be found at www.bmsllc.net.

Please visit www.bmsllc.net and click on Account Login to review if there are transactions that need to be substantiated or verified. A deadline for receiving your receipts will be indicated on the website. You will also receive e-mail notification if you have pending Debit Card transactions. We allow 60 days for you to respond to requests for receipts prior to us automatically suspending your card.

BMS LLC is committed to making this a successful program for you!



P.O. Box 43653 Louisville, KY 40253-0653 (502) 244-1161 (800) 919-BMSI FAX (502) 244-1162 www.bmsllc.net

ELECTION FORM FOR THE FLEXIBLE BENEFIT PLAN



Employer _____ Employee Name _____
Social Security # _____ Date of Birth _____
Mailing Address _____ City _____ State _____ Zip _____
Home Phone (____) _____ E-mail Address _____
(Highly Recommended for Debit Card Receipt Notification)

Spouse's or Qualified Dependent's Full Name (for an extra FSA Debit Card) _____
(Must be qualified dependent under IRS rules and regulations. If you wish to order extra cards, contact BMS after the start of the Plan Year.)

Debit Card Information for Participants: I understand that an FSA Debit Card will be ordered for me and/or my dependents based on the election(s) indicated below. NOTE: I agree to use the Debit Card for only qualified medical and/or qualified daycare expenses. I understand that qualified expenses paid with the card cannot be reimbursed by any other plan and that I will not seek reimbursement for expenses paid with the card from any other source. I also understand that if a payment is made that is not for qualified expenses under IRS guidelines, I will repay the Plan. I also understand that I am responsible for submitting all requested receipts to BMS to validate my card usage as required under IRS guidelines. Usage of the Debit Card at a qualified merchant does not negate the need to submit receipts per current IRS rules and regulations if requested and necessary. I agree to review my account online periodically at www.bmsllc.net to obtain information on open transactions that are in need of substantiation. I realize that if I fail to respond to request for receipts within 60 days of the posting of the transaction, my Debit Card will be suspended. Full compliance and submission of required receipts will be necessary in order to reactivate my Card. Notification of open transactions will be emailed to the email address provided above or saved at my employee website at www.bmsllc.net. Also, the debit card agreement that is sent to me with my card outlines the individual participant's responsibility for proper use. A valid e-mail address is a highly recommended for card use in order to be notified of items in need of receipts.

OPTION 1 HEALTH CARE FLEXIBLE SPENDING ACCOUNT (Health FSA)

- YES I elect to contribute \$_____ (before taxes) for the PLAN YEAR, which is \$_____ per pay period (please calculate based on the number of pays in your Plan Year) to fund my account that pays qualified out-of-pocket healthcare expenses not covered by my health and other insurance plans. The Plan Year Maximum is set by the employer - please confirm with them prior to completion.
NO I decline this option for this Plan Year and understand that I will lose all tax savings that I could receive as a participant.

OPTION 2 DEPENDENT CARE ASSISTANCE PLAN (Dependent Care FSA)

- YES I elect to contribute \$_____ (before taxes) for the PLAN YEAR, which is \$_____ per pay period (please calculate based on the number of pays in your Plan Year) to fund my account that pays qualified dependent care expenses. Maximum amount per calendar year is the lesser of: (1) \$5,000 for married filing jointly or \$2,500 if married filing separate, (2) your spouse's total annual compensation or (3) half of your total annual compensation. If you are single, the maximum amount is \$5,000.
NO I decline this option for this Plan Year and understand that I will lose all tax savings that I could receive as a participant.



OPTION 3 AGREEMENTS TO SAVE TAXES ON INSURANCE PREMIUMS

- YES On the appropriate benefit enrollment forms, I have enrolled in certain employer-sponsored insurance benefits (i. e. health, dental, vision insurance and other qualified pre-tax benefits.) I understand that my share of the premium for these employee benefits will automatically be paid with pre-tax dollars. I also understand that if my required contributions for these insurance benefits are increased or decreased while this agreement is in effect, my taxable income will automatically be adjusted to reflect that change.
NO I decline this option for this Plan Year and understand that I will lose all tax savings that I could receive as a participant.

My employer and I agree that my taxable income will be reduced during the year by an equal portion of the benefit elections (1-3) set forth above and that qualified expenses will be paid on a tax-free basis, I understand that I may change my election only in the event of certain changes in my status and that, prior to the first day of each Plan Year, I will be offered the opportunity to change my benefit election for the upcoming Plan Year. I can review the Summary Plan Description available through my Employer. I have also read and understand the Important Information provided with enrollment materials.

Employee Signature: _____ Date _____

TO BE COMPLETED BY EMPLOYER
Effective Date of Participation (mm/dd/yy) ____/____/____ and end ____/____/____
First payroll start date ____/____/____ Pay Cycle _____
10/09 version

Beneficiary Designation by Assignee



NAME OF PLANHOLDER	GROUP PLAN #
NAME OF INSURED	SOC. SEC. #
ADDRESS OF INSURED (STREET, CITY, STATE, ZIP)	
NAME OF ASSIGNEE	DATE OF ASSIGNMENT
ADDRESS OF ASSIGNEE (STREET, CITY, STATE, ZIP)	

Pursuant to the terms of the above numbered group plan and my rights as Assignee under the above described assignment, I hereby make the following beneficiary designation for any amounts becoming due under said Group Plan by reason of the death of said Insured, according to the provisions of the Employee Basic Term Life Insurance, Supplemental Term Life, and Accidental Death Insurance, if included, all prior designations of beneficiary and modes of settlement thereunder being revoked:

NAME(S)	ADDRESS(ES)	Relationship to (if none, indicate "friend")	
		ASSIGNEE	INSURED

Assignee will not receive proceeds on Insured's death unless named as primary beneficiary on this form. Contingent beneficiaries may also be named.

If more than one person qualifies as beneficiary, payment will be made in equal shares to such of the designated beneficiaries as survive the Insured, unless otherwise provided herein.

If no such designated beneficiary survives the Insured, I direct that payment be made to myself, if living otherwise to the executors or administrators of my estate.

The right to change the beneficiary designation is reserved.

SIGNATURE OF ASSIGNEE	DATE
SIGNATURE OF WITNESS	DATE

The above beneficiary designation has been recorded in connection with the insurance evidenced by the above certificate to take effect as of the date signed by the Assignee whether the Insured is living or not on the date recorded shown below. However, no such designation shall be effective if any payment has been made by Guardian prior to receipt at its Home Office.

If payment is made to any Trustee, as beneficiary, Guardian will not be responsible for the application, disposition, or other use of any such payment or payments due to such Trustee and will be fully discharged in making any such payment.

RECORDED BY:	DATE
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