

# Regional School District #13

## Flexible Spending Plan Highlights and Enrollment Instructions

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- Start Date: • July 1, 2026
- Plan Year: • July 1 to June 30
- Eligibility: • 20 hours per week (regularly scheduled)  
• First of the month following 30 days of employment.

*You do not have to enroll in your employer's group health plan to enroll in this Flex Spending plan.*

- Annual Elections: • Health Care (FSA): \$250.00 minimum/ \$3,400.00 maximum  
• Dependent Care (DCA): \$200.00 minimum/ \$7,500.00 maximum

Limited FSA: • Limited FSA: For you or your spouse enrolled in an HSA. Submit vision & dental claims until the IRS HSA minimum deductible is met. Once deductible is met all customary FSA expenses are eligible.  
IRS HSA minimum deductible is \$1,700.00 single / \$3,400.00 family

2 ½ Month Grace Period\*: • Eligible FSA & DCA expenses can be incurred up to 2 ½ months following the end of the plan year and applied to any remaining account balance in the prior plan year.  
\*The 2 ½ Month Grace Period & Year End Run-off Period Run Concurrently

Year End 90 Day Run-off Period\*: • Reimbursements can be submitted up to 90 days following the end of the plan year.

Claim Reimbursement: • Processed weekly (\$20.00 minimum reimbursement)  
Reimbursement Type(s): • Check / Direct Deposit / Debit Card (A replacement fee for lost or stolen cards will be deducted from your account)

Plan Year Payroll Deductions: • 20  
Date of 1<sup>st</sup> Deduction: • September 11, 2026  
Your ABS Account Manager is: • Joe at ext. 416 (joe@abs125.com)

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### **Here's How to Enroll in Your Flexible Spending Plan (FSA) Follow these simple steps:**

1. If you meet the eligibility requirements, please complete the Enrollment Form.
2. If you use the Dependent Care Auto-Affidavit a new form must be completed for the new Plan Year.

**Send completed enrollment form to Melinda Torgerson by July 31, 2026.**

**Questions?** Visit us at [www.abs125.com](http://www.abs125.com), or call 1-860-675-2261 from 9:00am to 5:00pm E.S.T. M-F

# Medical FSA and Dependent Care FSA

## Contribution limits & IRS regulations

The IRS sets the annual contribution limits for both Medical and Dependent Care Flexible Spending Accounts:

### Medical FSA

**\$3,400**

### Dependent Care FSA

**\$7,500**

per family or \$3,750 if filing separately

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## Two Accounts, Two Rules

With a Medical FSA, your full annual amount is available on Day 1 of the plan year. A Dependent Care FSA is a pay-to-balance account, so funds become available as you contribute each pay period — two accounts, two rules.

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## Plan Rules & Election Changes

- Don't let your FSA dollars go to waste—use them before year-end!  
Confirm your employer's claim deadline to make sure your expenses are covered.

Elections generally cannot be changed after Open Enrollment unless you experience a qualifying life event, such as:

- Marriage, divorce, or legal separation
- Birth or adoption of a child
- Change in employment status
- Child turning age 13
- If you experience a qualifying event, notify your employer within 30 days to make a change to your election.

**ENROLLMENT/CHANGE FORM (Print clearly – No Abbreviations)**

Employer Name:			
Last Name:	First Name:	MI.	Social Security Number:
Home Address:	City:	State:	Zip:
Phone:	Phone:	Date of Birth:	E-mail:

Enrollment Status:     New Hire             Open Enrollment             Change in status

You may be permitted to change your FSA election if you have a qualifying status change. To make a change, you must report the change within 30 days of the event to Human Resources. All changes are subject to Plan Administrator approval.

Only expenses incurred on or after the date of your qualifying status change are eligible for reimbursement

Healthcare Flexible Spending Account (FSA)	Dependent Care Spending Account (DCA)	HSA /Limited FSA	Commuter Benefits
Annual Election: \$: _____  Waive: <input type="checkbox"/>	Annual Election: \$ _____  Waive : <input type="checkbox"/>	Are you or your spouse participating in an HSA?  Yes <input type="checkbox"/> No <input type="checkbox"/>  If Yes, your FSA will be a Limited FSA for Vision & Dental Expenses only	Monthly Parking: \$ _____  Monthly Transit: \$ _____

**Certification**

I certify that all the information on this form is correct. I understand that: Any amount remaining in my Health Care Flexible Spending (FSA) and/or Dependent Care Account Reimbursement (DCA) and Commuter accounts at year end will be forfeited in accordance with current plan provisions and the IRS tax laws; and that all plan deductions are in effect for the full plan year and cannot be changed or stopped unless I experience a change in family or employment status.

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Employer Use Only REQUIRED information:**

Date of Hire: \_\_\_\_\_ Effective Date: \_\_\_\_\_ # of remaining paychecks this Plan Year: \_\_\_\_\_

Payroll Cycle: \_\_\_\_\_

Health Care FSA Deduction Per Pay Period: \$ \_\_\_\_\_ Dependent Care Account Deduction Per Pay Period: \$ \_\_\_\_\_

## Notes:

### ***Health Care Flexible Spending:***

- Health care flexible spending allows you to make pre-tax contributions to an account that may be used to pay for IRS approved health care expenses not covered under a health benefit plan for which you or your dependents for IRS tax purposes are enrolled. Examples of expenses include co-payments, deductibles, glasses and certain over-the-counter (OTC) drugs. A full listing of the eligible expenses can be found at the FSA store [www.abs125.com](http://www.abs125.com) or in IRS publication 502, Medical and Dental Expenses at [www.irs.gov](http://www.irs.gov).

### ***Dependent Care Account***

- Dependent care allows you to make pre-tax contributions to an account that may be used to pay for the cost of care for your children under the age of 13 or for any eligible tax dependent per the IRS guidelines and lives regularly in your household at least eight hours a day while you (or your spouse) work or attend school on a full-time basis.

### ***Enrolling in an FSA/DCA or Commuter Plan***

- A new election must be made each year. Participation is voluntary.
- You may contribute to one or both of the FSA's being offered.
- You do not have to be enrolled in the Company's medical/health plan to enroll in a pretax spending account.
- Once made, your election **is irrevocable and cannot be changed** during the Plan Year unless you have a qualifying status change.
- Expenses must be incurred within the current plan year or subsequent grace period or subject to the carryover provisions as permitted by the Plan and required by law.
- If applicable to your plan you will be issued a benefits debit card for ease of payment of your eligible FSA expenses. The card is valid for those continuous years that you elect to participate in the Company's FSA's up to the expiration date shown on the front of your card. Replacement fees will apply if a new card must be reissued or additional cards are requested. These fees will be deducted from your account.
- If your employment is terminated (voluntary or involuntary), your final date of employment will be the last date of service that can be reimbursed from your FSA. You will have 60 days to request reimbursement from your remaining balance. Any unused funds will be forfeited.

### ***Effective Date of Coverage***

- If you are a new employee, you must make your election and submit this form to Human Resources within 30 days of your eligibility date. Your contributions will become effective with the first pay period following your eligibility date. If you waive coverage at the time of hire, you must wait until the next open enrollment period to elect to participate for the subsequent plan year unless you have a qualifying status change during the plan year.
- If you are enrolling or making an election change mid-year due to a qualifying status change, your election must be received and approved by Human Resources within 30 days of the status change date.