



**KING'S
COLLEGE**
TRANSFORMATION. COMMUNITY. HOLY CROSS.

2017 OPEN ENROLLMENT

KING'S COLLEGE

EMPLOYEE BENEFITS

Employee Benefits Program

Plan Year: July 1, 2017 - June 30, 2018

WHAT'S NEW FOR 2017?

It is the goal of King's College to offer a strong benefits program while striving to maintain an equitable cost versus benefits balance. Our commitment to a well-rounded benefits program goes beyond medical and prescription benefits to include dental and vision coverage as well as life insurance and long term disability, retirement benefits and a flexible spending account.

As a full-time employee, the following benefits are available to you:

- Pages 3-6: Medical & Prescription - **Highmark Blue Cross Blue Shield**
- Page 7: Dental - **Delta Dental**
- Page 8: Vision - **Vision Benefits of America**
- Page 9-10: Life Insurance/AD&D and Long Term Disability - **Guardian**
- Page 11: Retirement Benefits - **TIAA**
- Pages 12-15: Flexible Spending Accounts - **Ameriflex**

Highmark Blue Cross and Blue Shield ID Cards

As a reminder, if you elect to change plans, Highmark will issue new ID cards for both you and your dependents. Each dependent will receive a card with both employee and dependent names.

FRONT

MEMBER IDENTIFICATION			
FIRSTNAME			
LASTNAME			
YYUH09465762001			
Group	01234567	Medical Copays	
BCBS Plan	377/877	Office Visit	\$10
RxGrp	HMRK001	Specialist Visit	\$10
RxBIN	610014	Emergency Room	\$35
Dental-Preferred Vision-Fashion Advantage Gold			

BACK

		www.highmarkbcbs.com Member Service	
Providers: Please submit medical claims to the local BCBS plan, if not filed to the local plan, submit claims to the address below.			
Medical		1-800-241-5764	
(United Concordia)		1-866-568-6068	
Vision		1-800-223-4795	
(Davis Vision)		1-888-814-428	
Nurse Line		1-888-814-428	
Call for Prescription:			
Mental Health		1-800-258-8888	
Substance Abuse		1-800-258-8888	
Other Admissions		1-800-452-8557	
Claims: P.O. Box 890062 Camp Hill, PA 17089-0062 Dental: P.O. Box 69433 Harrisburg, PA 17108 Vision (Out-of-Network): Vision Claims: P.O. Box 1525 Latham, NY 12110			
* Administrator of plan. Highmark Health Insurance Company is an Independent Licensee of the Blue Cross and Blue Shield Association.			

MEMBER IDENTIFICATION		DEPENDENT IDENTIFICATION	
FIRSTNAME			
LASTNAME			
YYUH09465762001			
Group	01234567	Medical Copays	
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HOW TO ENROLL

PLEASE NOTE: You must take action in order to secure coverage with all benefit lines on/and after July 1, 2017. You are required to enter the Benefit Enrollment Portal in Web Advisor to re-elect your benefit options or to make any modifications to your current benefit elections, i.e. **add/remove a dependent, change plan options or enroll for the first time.**

Once you have made your benefit elections, they will remain in effect until the next Open Enrollment unless you experience a "change in status" e.g. marriage, divorce, birth, adoption, or a child reaching the plan age limit (26).

You have 30 days from the date of a qualifying change in status to notify HR department if you wish to change your benefits. If you do not make the notification within that timeframe, your changes will not be effective until the next Open Enrollment period.

EMPLOYEE SERVICE REPRESENTATIVES

Benefits can be confusing. Insurance companies are hard to reach.

We understand. Trust the ESR team at Creative Benefits, Inc. to help. The team members' combined benefits experience of over 35 years will guide you through the confusion.

Your ESR will assist you with...

- questions or concerns about your benefits;
- a claim that was denied by your insurance;
- a doctor bill for which you are not responsible;
- ordering a new ID card;
- enrolling in benefits for the first time or making changes;
- finding providers that are in your network.

Your ESR Team

ESR Team Leader - Charmaine Harrison-Tummings

Marie D'Antonio | Marlene Loose | Katelyn Martin | Sherece McKenley | Christa Wisneski

Hours of Operation: 7:30 a.m. to 6 p.m. EST | Phone: 844-231-8414 | Email: ESR@creativebenefitsinc.com

Please let us help you...

When initially contacting us be prepared to provide your name, subscriber name and company, subscriber social security number or ID, and date of birth.



MEDICAL BENEFITS

Highmark Blue Cross and Blue Shield

King's College will continue to offer the choice of three PPO plans. The Value Plan, the Core Plan, and the Premier Plan. The choice is yours, but there are advantages to choosing in-network providers such as lower copays and reduced out-of-pocket expenses.

To locate a participating doctor or facility, visit www.highmarkbcbs.com and for customer service call: **1-800-241-5704**.

	VALUE PLAN CUSTOM PPO - \$300 DED	CORE PLAN PPO - \$500 DED	PREMIER PLAN PPO - \$150 DED
IN-NETWORK COVERAGE			
Primary Doctor Visit	\$25 copay	\$15 copay	\$15 copay
Specialist Visit	\$35 copay	\$25 copay	\$25 copay
Preventive Tests such as: ACA approved preventive services	100% (office visits may be subject to applicable copay)	100% (office visits may be subject to applicable copay)	100% (office visits may be subject to applicable copay)
Basic Radiology*	\$25 copay at Vision Imaging/ \$50 copay all other	\$25 copay at Vision Imaging/ \$50 copay all other	\$25 copay at Vision Imaging/ \$50 copay all other
Complex Radiology* (i.e. MRI)	\$75 copay at Vision Imaging/ \$150 copay all other	\$75 copay at Vision Imaging/ \$150 copay all other	\$75 copay at Vision Imaging/ \$150 copay all other
Physical, Speech and Occupational Therapy	20% after deductible	20% after deductible	10% after deductible
Chiropractic Care, Mental Health Outpatient, Durable Medical Equipment	20% after deductible	20% after deductible	10% after deductible
Routine Eye Exam	Not Covered	Not Covered	Not Covered
Retail/Urgent Care	\$50 copay	\$50 copay	\$50 copay
Emergency Room (waived if admitted)	\$100 copay no deductible	\$100 copay no deductible	\$100 copay no deductible
DEDUCTIBLE AND RELATED SERVICES			
In-Network Member Responsibility	\$300 Single \$600 Family	\$500 Single \$1,000 Family	\$150 Single \$300 Family
Co-Insurance	20%	20%	10%
Co-Insurance Maximum	\$3,000 Single \$6,000 Family	\$3,000 Single \$6,000 Family	\$2,000 Single \$4,000 Family
Out-of-Pocket Maximum (deductible & copays are included)	\$6,600 Single \$13,200 Family	\$6,600 Single \$13,200 Family	\$6,600 Single \$13,200 Family
Lifetime Maximum	Unlimited	Unlimited	Unlimited
Inpatient Hospital Care, Outpatient Surgery, Lab / Radiology Services	20% after deductible	20% after deductible	10% after deductible
BLUECARD NETWORK OUT-OF-NETWORK OUT-OF-NETWORK			
Deductible	\$1,200 Single \$2,400 Family	\$2,000 Single \$4,000 Family	\$1,000 Single \$2,000 Family
Co-Insurance	40%	30%	30%
Co-Insurance Maximum	\$8,000 Single \$16,000 Family	\$8,000 Single \$16,000 Family	\$5,000 Single \$10,000 Family
Lifetime Maximum	Unlimited	Unlimited	Unlimited

* For further detail on the radiology program and Vision Imaging, please refer to page 6 of this booklet.

BI-WEEKLY MEDICAL BENEFIT PAYROLL DEDUCTIONS			
	VALUE PLAN	CORE PLAN	PREMIER PLAN
Single	\$54.00	\$80.00	\$108.00
Employee + Child(ren)	\$133.00	\$200.00	\$240.00
Employee + Spouse	\$157.00	\$225.00	\$280.00
Family	\$189.00	\$282.00	\$355.00

This is a brief summary only, refer to your plan document for complete details. If any discrepancies exist between the above and the plan document, the plan document will prevail.

NETWORKS

Custom PPO (Value Plan)

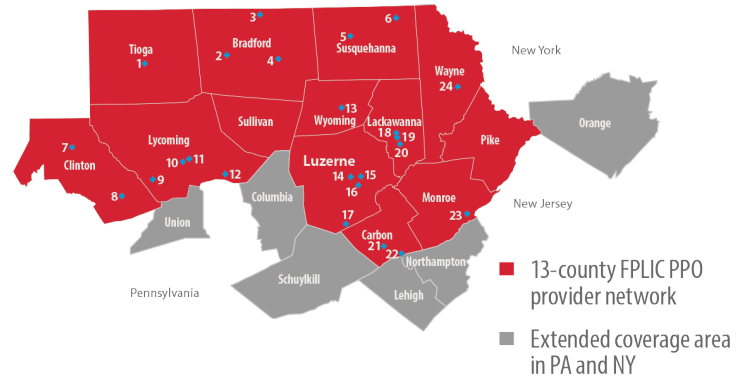
Network Providers

The Custom PPO provider network includes:

- All of First Priority Life®'s (FPLIC) PPO network providers and Blue Distinction® Centers for Transplants.

Out-of-Network Providers

- BlueCard® PPO national network providers and any other non-participating providers.
- Who Should Enroll? Those who live and seek care locally.



FPLIC PPO network hospitals

Counties	Tioga Bradford Susquehanna	Clinton Lycoming Sullivan	Luzerne Wyoming	Lackawanna	Carbon Monroe Pike Wayne
Hospitals	1. Soldiers + Sailors Memorial Hospital 2. Troy Community Hospital 3. Robert Packer Hospital 4. Memorial Hospital—Towanda 5. Endless Mountains Health System 6. Barnes Kasson County Hospital	7. Bucktail Medical Center 8. Lock Haven Hospital 9. Jersey Shore Hospital 10. Williamsport Hospital 11. Divine Providence Hospital 12. Muncy Valley Hospital	13. Tyler Memorial Hospital 14. Wilkes-Barre General Hospital 15. Geisinger Wyoming Valley Medical Center 16. Department of Veterans Affairs Medical Center 17. Lehigh Valley Hazleton, Hospital	18. Regional Hospital of Scranton 19. Moses Taylor Hospital 20. Geisinger Community Medical Center	21. Gnadon Huetten Memorial Hospital 22. Palmerton Hospital 23. Pocono Medical Center 24. Wayne Memorial Hospital

- AND, several hospitals and their participating doctors, located just beyond our 13-county service area:

PA					NY
Columbia County	Lehigh County	Northampton County	Schuylkill County	Union County	Orange County
<ul style="list-style-type: none"> • Berwick Hospital Center • Geisinger-Bloomsburg Hospital 	<ul style="list-style-type: none"> • Lehigh Valley Hospital, Allentown • St. Luke's University Hospital, Allentown Campus 	<ul style="list-style-type: none"> • St. Luke's University Hospital, Bethlehem Campus • St. Luke's University Hospital, Anderson Campus, Easton • Lehigh Valley Hospital-Muhlenberg, Bethlehem 	<ul style="list-style-type: none"> • St. Luke's University Hospital, Miners Campus, Nesquehoning 	<ul style="list-style-type: none"> • Evangelical Community Hospital, Lewisburg 	<ul style="list-style-type: none"> • Bon Secours Community Hospital, Port Jervis <p>This hospital is in network. Not all doctors affiliated with this hospital are in network.</p>

Core and Premier Plans Network

In-Network: National BlueCard Network. Access to nationwide physicians and facilities.

Out-of-Network: Non-participating Blue Cross providers and facilities.

Who Should Enroll? Those that live outside the 13-county service area, including out of state residents or those that seek medical care and treatments outside of the area.

PRESCRIPTION BENEFITS

Express Scripts

Your prescription drug coverage is a formulary-based plan administered by Express Scripts in conjunction with your medical plan. A formulary plan is a defined list of drugs that are FDA approved and selected by the Pharmacy Benefit Manager (PBM) based on effectiveness and value. The medical plan in which you enroll determines your co-pays for prescriptions, please see below for applicable co-pays:

	VALUE PLAN	CORE PLAN	PREMIER PLAN
RETAIL PHARMACY (30-DAY SUPPLY)			
Tier 0 - Select Generics	\$0 copay	\$0 copay	\$0 copay
Tier 1 - Generic Formulary	\$10 copay	\$10 copay	\$10 copay
Tier 2 - Brand Formulary	\$35 copay	\$20 copay	\$20 copay
Tier 3 - Non-Formulary Brand	\$55 copay	\$35 copay	\$35 copay
<i>Coverage for Specialty Prescriptions on the Value Plan are 20% of the prescription cost to a maximum of \$150.</i>			
MAIL ORDER PHARMACY (90-DAY SUPPLY)			
Tier 0 - Select Generics	\$0 copay	\$0 copay	\$0 copay
Tier 1 - Generic Formulary	\$20 copay	\$20 copay	\$20 copay
Tier 2 - Brand Formulary	\$70 copay	\$40 copay	\$40 copay
Tier 3 - Non-Formulary Brand	\$165 copay	\$105 copay	\$105 copay

Prescription Plan Highlights:

Mandatory Generic: The prescription drug plan requires a member take a generic prescription when available. If the member chooses to use the brand name of the drug when there is a generic equivalent the member will be charged a copay plus the difference in the cost of the generic & brand name medication.

Mail Order: Mail order is available for maintenance drugs. Maintenance medications are those prescribed for an extended period of time to treat a chronic condition (e.g. high blood pressure). To participate in this program, you should ask your doctor to write two prescriptions for you—one for a 30 day supply to be filled immediately at the retail pharmacy and one for the 90 day supply (plus any refills) to be filled via the mail order program.

Prior Authorizations & Step Therapy:

Certain medications require prior authorization by your physician or the use of a therapeutic alternative prior to the use of the medication that requires prior authorization.

You can check how your drugs are covered on Highmark's formulary website at

highmarkbcbs.com.

Click on the 'Find a Doctor or Rx' tab at the top of the page.

Formulary Name:

The Comprehensive Incentive Formulary



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VISION IMAGING OF KINGSTON

WELCOMES KINGS COLLEGE TO OUR
PREFERRED MEMBER PROGRAM!



OUR IMAGING SERVICES
X-RAY
NUCLEAR MEDICINE
DIGITAL MAMMOGRAPHY
CT
DEXA
ULTRASOUND
MRI/OPEN MRI
INTERVENTIONAL RADIOLOGY
PET/CT

HOURS OF OPERATION
MON - THURS 8:00 AM – 6:00 PM
FRIDAY 8:00 AM – 5:00 PM

*SATURDAY APPOINTMENTS
AVAILABLE!
*WALK-IN X-RAYS WELCOME!

BENEFITS OF CHOOSING VISION IMAGING

- **Reduced COPAY** for all radiology services
- Same or Next Day Appointments Available - Weekend Appts. Available!
- 24 Hour Turn Around Time on Reports / Results
- Walk-In XRAYs welcomed
- Advanced Womens Imaging Program - including new 3D Equipment!
- OPEN MRI available for claustrophobic patients
- Free Parking
- On Site Radiologist
- Cinema Vision TV or Music Available in MRI Machines
- Comfortable Facility with Friendly Staff
- Welcome Gift for Kings College Members!

517 Pierce Street
Kingston PA 18704
570.714.7226
www.visionimagingofkingston.com



DENTAL BENEFITS

Delta Dental

With Delta, you have three network levels to choose from: in-network PPO; in-network Premier; or out-of-network. The PPO network of dentists accept reduced fees for covered services (typically lower than the Premier network dentists), so you will usually pay the least when you visit a PPO network dentist. Premier network dentists also accept a discounted fee, but not quite as low as the PPO dentists, so you may have higher coinsurance share for services performed by a Premier dentist. For out-of-network services, you will be balance-billed for the difference between Delta Premier network's allowance and the provider's charge (in addition to the coinsurance).

Benefits may be subject to age or frequency limitations. If the charge for any dental treatment is expected to exceed \$300, have your dentist submit a dental treatment plan for review before treatment begins.

Go to www.deltadentalins.com to find an in-network dentist; select "Find a Dentist," and choose either the PPO or Premier networks. For Customer Service, please call **800-932-0783**.

	PPO NETWORK	PREMIER NETWORK	OUT-OF-NETWORK
Benefits Maximum	\$1,500 Per Calendar Year Per Person		
Annual Deductible Waived for Diagnostic and Preventive	\$50 Per Individual Per Plan Year \$150 Per Family Per Plan Year		
Out-of-Network Reimbursement	Premier Network Contracted Fees (balance billing may occur)		
Exams, Bitewing X-Rays, Cleanings, Fluoride Treatments, Sealants	100%	100%	100%
Amalgam and Composite Restorations, Periodontics, Endodontic, Oral Surgery	100%	100%	100%
Crowns/ Inlays, Bridges, Dentures	60%	60%	60%
Orthodontic Benefits - Children Only	50%	50%	50%
Orthodontic Maximums	\$1,500 Per Lifetime Per Child		

BI-WEEKLY DENTAL BENEFIT PAYROLL DEDUCTIONS	
PLAN COSTS	
Single	\$10.51
Employee + 1	\$19.05
Family	\$27.86



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VISION BENEFITS

Vision Benefits of America

Your vision plan through VBA allows you to see any eyecare provider that's right for you. However, your out-of-pocket costs will be lower if you see a VBA participating doctor.

**** No ID card is necessary.** Prior to your appointment, visit www.visionbenefits.com and either print your benefit form or find a provider that uses the e-claim system. If you use a doctor that files an e-claim, simply make your appointment and tell the doctor that you are a VBA member and that you would like to use the e-claim system.

If you visit a doctor not in VBA's network, you will need to pay the full fee at the time of the service and then submit an itemized bill to VBA for reimbursement.

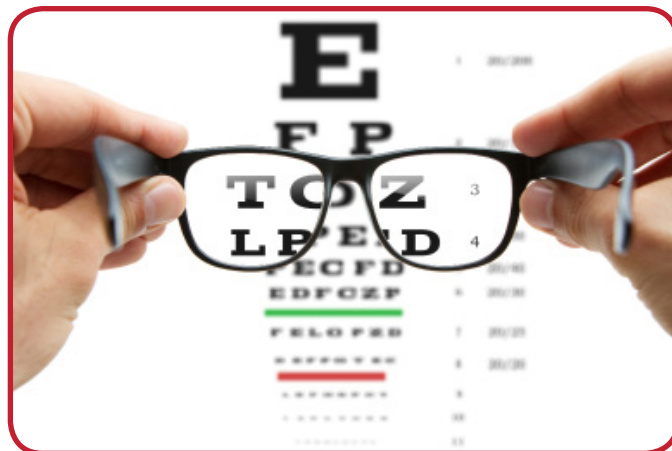
To find a VBA doctor, visit www.visionbenefits.com. For Customer Service, call **800-432-4966**.

	IN-NETWORK	OUT-OF-NETWORK
EXAMINATIONS (EVERY 12 MONTHS)		
Exams	100%	Up to \$40 Reimbursement
Materials	\$10 copay	N/A
STANDARD LENSES (EVERY 12 MONTHS)		
Single Vision	100%	Up to \$40 Reimbursement
Bifocal	100%	Up to \$50 Reimbursement
Trifocal	100%	Up to \$75 Reimbursement
Lenticular	100%	Up to \$100 Reimbursement
Progressive	Controlled Cost*	Up to \$75 Reimbursement
CONTACT LENSES, EVALUATION & FITTING (IN LIEU OF GLASSES, EVERY 12 MONTHS)		
Elective	Up to \$150 allowance	Up to \$150 Reimbursement
Medically Necessary	UCR**	Up to \$300 Reimbursement
FRAMES (EVERY 12 MONTHS)		
At Provider's Location	\$50 wholesale allowance (approximately \$125–\$150 retail)	Up to \$50 Reimbursement

* *Progressive lenses typically retail from \$150 to \$400, depending on lens options. VBA's controlled costs generally range from \$45 to \$175.*

** *Usual, Customary and Reasonable as determined by VBA*

BI-WEEKLY VISION BENEFIT PAYROLL DEDUCTIONS	
	PLAN COSTS
Single	\$1.57
Family	\$4.38



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LIFE/AD&D INSURANCE/ LONG TERM DISABILITY

Guardian

If you have questions about any of the following insurance plans, please contact Luzan Bent at Creative Benefits at 866-306-0200 or lbent@creativebenefitsinc.com.

Additionally, your Employee Assistance Program is through Guardian. For additional information regarding this benefit, contact your Human Resources Department.

LIFE/ ACCIDENTAL DEATH & DISMEMBERMENT - PAID BY KING'S COLLEGE	
Eligible Class	All eligible employees – Administration and staff working 35+ hours and faculty working 15+ hours
Life Benefit	1.5 X Salary to \$100,000
Accidental Death & Dismemberment	1.5 X Salary to \$100,000
Reduction Schedule	To 67 percent at age 70; to 45 percent at age 75; tp 30 percent at age 80
Waiver of Premium	Included
Conversion/ Portability	Included
Accerelated Death Benefit	Included
Benefits Terminate	Upon retirement or termination

IMPUTED INCOME: Under Section 79 of the Internal Revenue Code, employer provided group term life coverage will generate additional taxable income to the employee if covered for more than \$50,000.

LONG TERM DISABILITY - PAID BY KING'S COLLEGE	
Eligible Class	All eligible employees – Administration and staff working 35+ hours and faculty working 15+ hours
LTD Benefit	60% to \$6,000 monthly
Benefit Duration	Social Security Normal Retirement Age
Benefits Begin After	180 days
Pre-Existing Condition Limitation	3/12 - A pre-existing condition is defined as one where you sought treatment for months prior to being covered.

VOLUNTARY LIFE INSURANCE

Guardian

If you have questions about any of the following insurance plans, please contact Luzan Bent at Creative Benefits at 866-306-0200 or lbent@creativebenefitsinc.com.

VOLUNTARY LIFE BENEFIT - PAID BY EMPLOYEE	
Life Benefit	Employee: \$10,000 increments up to \$300,000 (Guarantee Issue: \$50,000) Spouse: \$10,000 increments up to \$300,000— not to exceed 100% of employee election. (Guarantee Issue: \$10,000) Child (14 days—26 if FT student): \$10,000 (Guarantee Issue: \$10,000)
Reduction Schedule	To 67 percent at age 70; to 45 percent at age 75; to 30 percent at age 80
Portability/ Conversion Option	Termed coverage can be continued on an individual basis should you leave. (Termed rates also age banded)
Accelerated Death of Benefit	75% of the amount of the life insurance benefit is available to you if terminally ill, not to exceed \$300,000.
Waiver of Premium	If it is determined that you are totally disable, your life insurance benefit will continue without payment of premium, subject to certain conditions.

Employees can opt to purchase additional life insurance through payroll deductions. The rates are age-banded, therefore your rates will change only when you move from one age-band to another. Employees and dependents who are currently enrolled and who do not wish to make any changes will continue to be enrolled for the upcoming plan year.

Please note that employees have to elect coverage for themselves in order to be eligible to elect dependent coverage.

Please see the Human Resources Department or go to <http://www.kings.edu/hr/benefits> to obtain the necessary forms for enrollment in this voluntary benefit.

RETIREMENT BENEFITS

TIAA

The Retirement Benefits at King's College are provided by TIAA. A summary of this valuable benefit is as follows:

- There is a one year waiting period for new participants.
- Once eligibility begins, participants are fully vested.
- For new hires that have a current active account that contributions were made within the past 12 month period, the one year waiting period is waived and they are eligible to enter the King's College plan the first of the month following their date of hire.
- Contributions are based on a discretionary sliding scale.
- Mandatory enrollment in the plan is 2 years or age 30, whichever comes later.
- The ability to open a Roth 403B is now available to all eligible employees.

The current contributions are as follows:

Employee Contribution	Employer Contribution
1%	4.5%
2%	5.5%
3%	6.5%
4%	7.5%
5%	8.5%

FLEXIBLE SPENDING ACCOUNTS

AmeriFlex

Healthcare Spending Account

This account will reimburse you with pre-tax dollars for healthcare expenses not reimbursed under your medical plan. In general, expenses incurred to treat a medical condition or to alleviate pain are eligible for reimbursement. **The annual contribution maximum for the medical spending account is increasing to \$2,600 per calendar year.** The amount you elect for the calendar year is deducted on a pre-tax basis for this purpose (deductions are made in equal increments over the course of the year). There is a **\$300 minimum** contribution that needs to be made per calendar year.

Some Examples of eligible expenses are:

- Office visit and prescription copays
- Dental expenses, including orthodontia payments (**AmeriFlex will require proof of charges for all dental expenses so please keep your receipts and EOB's**).
- Eye Exams and Materials, Laser Eye Surgery (**AmeriFlex will require proof of charges for all vision expenses so please keep your receipts and EOB's**).
- Certain Over the counter items i.e.: contact lens solutions, band aids
- *Over-the-counter (OTC) Medications will require a prescription prior to the purchase to be considered an eligible FSA expense.*

Dependent Care Spending Account

This account will reimburse you with pre-tax dollars for daycare expenses for your children and other qualifying dependents so that you and your spouse may go to work or school. Up to **\$5,000** may be set aside on a pre-tax basis (or **\$2,500** if you are married and file separate returns). Eligible Dependents include children under age 13 and children or other dependents of any age who are physically or mentally unable to care for themselves and who qualify as dependents on your federal tax return. **There is a \$300 minimum contribution that needs to be made per calendar year.**

Eligible Expenses include:

- Daycare, including nursery school or preschool; Before and after school programs
- Adult daycare
- Summer day camp

Debit Cards

You will receive a debit card that can be used to pay for eligible expenses. However, if a purchase amount does not match a copay amount, you will be asked to substantiate a claim. If you do not respond to the request, your debit card will be deactivated. If you have a current debit card that is not expired and are electing to enroll, you may continue to use the card you have. If it is expired, you will be sent a new one when AmeriFlex receives your enrollment election. **You can also submit a paper claim for reimbursement and have the amount deposited into your checking or savings account.**

Rollover Provision

King's College continues to include the rollover provision allowing up to \$500 of unused Medical FSA funds from 2016/2017 to rollover into their 2017/2018 account with no restriction for accessing those funds in 2017/2018.

Run Out Claims: Employees have 60 days after the end of the plan year to submit for expenses incurred in 2017/2018 via a paper claim.

TO CHECK YOUR BALANCE: VISIT WWW.FLEX125.COM OR CALL CUSTOMER SERVICE AT 888-868-FLEX (3539)

SEE THE DIFFERENCE		
	WITH FSA	WITHOUT FSA
Income Before Taxes	\$25,000	\$25,000
Pre-Tax Expenses (FSA Election)	(\$1,000)	-\$0
Taxable Income	\$24,000	\$25,000
Taxes (15%)	(\$3,600)	(\$3,750)
After Tax Expenses (Medical Expenses)	\$0	(\$1,000)
Take Home Pay	\$20,400	\$20,250

**Please Fill Out and
Return the Form on
the Next Page**



Flexible Spending Account ENROLLMENT FORM

To be submitted by employer.

Company Name: King's College Location: _____

Employee Name: _____ SSN: _____

Employee Email Address: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Plan Year: _____ through _____

Date of Birth: _____ Date of Hire: _____ Effective Date: _____

The Company and I hereby agree that my cash compensation will be redirected by the amounts set forth below for each pay period during the plan year (or during such portion of the year as remains after the date of this agreement). I understand that if I do not return this form to my employer by my effective date, it shall constitute my election to waive participation in all flexible spending programs under my employer's Flexible Benefits Plan and therefore cause me to pay non-reimbursable medical, dependent care, and/or commuter expenses (if any) with aftertax dollars.

EMPLOYEE'S FLEXIBLE BENEFIT PER PAY DEDUCTION/ALLOCATION

Medical Flexible Spending Account

Full Flexible Spending Account

\$ _____ Maximum ANNUAL Contribution

Per pay contribution: \$ _____ Date of first payroll: _____

Annual contribution: \$ _____ Number of remaining pays: _____

Limited Purpose Flexible Spending Account (i.e., vision and dental only)

\$ _____ Maximum ANNUAL Contribution

Per pay contribution \$ _____ Date of first payroll: _____

Annual contribution: \$ _____ Number of remaining pays: _____

Dependent Care Spending Account

\$ _____ Maximum ANNUAL Contribution

Per pay contribution: \$ _____ Date of first payroll: _____

Annual contribution: \$ _____ Number of remaining pays: _____

Commuter Reimbursement Account

P A R K I N G

\$ N/A Maximum MONTHLY Contribution

Per pay contribution: \$ _____ Date of first payroll: _____

Annual contribution: \$ _____ Number of remaining pays: _____

T R A N S I T

\$ N/A Maximum MONTHLY Contribution

Per pay contribution: \$ _____ Date of first payroll: _____

Annual contribution: \$ _____ Number of remaining pays: _____

I UNDERSTAND THAT:

(1) My accounts will not automatically renew. During each annual open enrollment period, I understand that I must complete a new enrollment form indicating my account contributions for the new plan year.

(2) I cannot change or revoke this agreement at any time during the plan year unless I have a change in family status (including marriage, divorce, death of a spouse or child, birth or adoption of a child, termination or commencement of employment of a spouse, or such other events as the Plan Administrator determines will permit a change or revocation of an election). Note: This does not apply to Commuter Reimbursement Accounts.

(3) The Plan Administrator may reduce, cancel, or otherwise modify this agreement in the event he/she believes it is advisable in order to satisfy certain provisions of the Internal Revenue Code.

This agreement is subject to the terms of the Company's Flexible Benefits Plan, as amended from time to time, which shall be governed under applicable laws, and revokes any prior agreement relating to such plan(s). By signing this form I agree to the terms and procedures listed herein.

I was given the opportunity to participate in this Flexible Benefits Plan, and I have decided not to participate at this time.

Employee Signature

Date

Please fax or email this form to: Ameriflex Fax: 800.282.9818 Email: forms@myameriflex.com



TOLL FREE: 888.868.FLEX (3539) myameriflex.com



Flexible Spending Account Enrollment Form

ADDITIONAL CARDS *(only applicable if your employer has chosen this option)*

If you wish to have an Ameriflex Convenience Card® issued for a spouse or dependent, please be sure your spouse or dependent meets the IRS eligibility guidelines below:

(1) For federal tax purposes, a spouse includes all legally married same-sex or opposite-sex spouses, regardless of state residence.

(2) A “dependent” generally includes any relative of the participant for whom the participant provides over half of their support for the calendar year. A relative includes children, parents, stepchildren, siblings, aunts, uncles, cousins, and in-laws of the participant. Relatives do not need to reside with the participant in order to be dependents, nor do they need to be a certain age or infirmity; they need only to be persons for whom the participant has provided over half of their support.

Spouse Name: _____

Address to issue card: _____

Telephone: _____ SSN: _____ Date of Birth: _____

All dependents must be age 18 or over in order to receive the Ameriflex Convenience Card®. If you previously added a dependent onto your plan, they will automatically be linked each year. It is your responsibility to add and/or remove dependents as needed. To add additional dependents or to remove dependents, please complete the section below.

Add Term Dependent Name: _____

Address to issue card *(if different from participant)*: _____

Telephone: _____ SSN: _____ Date of Birth: _____

Add Term Dependent Name: _____

Address to issue card *(if different from participant)*: _____

Telephone: _____ SSN: _____ Date of Birth: _____

Each Ameriflex Convenience Card® is issued for a term of three years. Remember that existing cardholders will not receive a new card (unless the current card is scheduled to expire). Cards will simply be “reloaded” for the next plan year with your new election. Upon expiration, Ameriflex will automatically issue new cards to participants who re-enroll in the new plan year. For new participants, your Ameriflex Convenience Card® will be sent to your home address in a plain white envelope.

Employee Signature

Date

Please fax or email this form to: Ameriflex Fax: 800.282.9818 Email: forms@myameriflex.com