USE THIS FORM IF YOU ARE TRYING TO...

NDPERS FLEXCOMP FORMS:

If You Are Trying To:	**Use This Form**

Enrollments & Qualified Change in Status

Enroll in the FlexComp Plan during Annual Open Enrollment	Annual FlexComp Benefit Election Salary Redirection Agreement **SFN 53851**
Enroll a new employee in the FlexComp Plan	Annual FlexComp Benefit Election Salary Redirection Agreement **SFN 53851**
Change an election amount, or enroll or discontinue participation based on a qualified change in status event.	Annual FlexComp Benefit Election Salary Redirection Agreement **SFN 53851** **&** FlexComp Change in Status **SFN 53511**

Changes/Additions

Report a name, marital, or address change	Notice of Change **SFN 10766**
Report an employee transferring to another PERS participating agency	Notice of Transfer Kit **SFN 53728** (under construction)
Report a leave of absence, leave of absence extension, or return from leave of absence	Notice of Status or Employment Change **SFN 53611** **&** FlexComp Change in Status **SFN 53511**
Report an employee's classification change within agency	Notice of Status or Employment Change **SFN 53611**

Separation of Employment

Notify PERS of an employee's separation of employment	Notice of Status or Employment Change **SFN 53611** and provide the appropriate separation of employment kit

THE STATE OF NORTH DAKOTA FLEXCOMP PLAN

A "FlexComp Plan" is another term for a Cafeteria Plan and is established and administered under Section 125 of the Internal Revenue Code. It allows employees to save taxes on the amount they pay for eligible insurance premiums, medical expenses and dependent care expenses. The FlexComp Plan is administered by the North Dakota Public Employees Retirement System (NDPERS)

ELIGIBILITY REQUIREMENTS:

The FlexComp Plan is available to eligible employees of the State of North Dakota and participating District Health Units. Members of the Legislative Assembly are also eligible to participate. Employees of the university system and political subdivisions are excluded from participation in the plan. To be eligible, an employee must be 18 years of age, work at least 20 hours per week for at least 20 weeks of the year and be in a regularly funded position not of limited duration.

FLEXCOMP BENEFITS

Benefit information for the FlexComp Program can be viewed or download off the PERS website at www.discovernd.com/ndpers. Select "FlexComp" on the menu for benefit information and enrollment forms.

Employees may elect to participate in any combination of the three pre-tax accounts.

1. Premium Conversion

Allows the employee to pay, with pretax dollars, certain premiums under various insurance programs available for payroll deduction through their employer.

Examples of eligible insurance premiums available through payroll deduction:

- Cancer insurance
- Dental insurance
- Vision insurance

We will automatically pre-tax the premium deduction for the first $50,000 of ReliaStar/ING employee supplemental life insurance coverage unless the employee makes an election to decline this action in Section B of the FlexComp enrollment form. Please note, if the employee elects to pretax an insurance premium, they may not change or drop coverage during the plan year unless they experience an IRS Qualified Change of Status.

2. Medical Spending Reimbursement Account

An employee may redirect a portion of their salary for eligible medical expenses up to a maximum of $6,000. Requests for reimbursement from a Medical Spending Account will be paid throughout the plan year according to the employee's total annual medical spending election amount.

3. Dependent Care Reimbursement Account

An employee may redirect a portion of their salary up to a maximum limit of $5,000 for a single parent, $5,000 for a married couple filing a joint tax return or $2,500 for a married person filing a separate tax return. Requests for reimbursement from a Dependent Care Reimbursement Account will be paid according to the dollars available in the employees account to date.

<u>Dependent Care Reimbursement Account vs. Dependent Care Tax Credit</u>

The Dependent Care Reimbursement Account is an alternative to the employee taking a dependent care tax credit on their income tax return. The employee must choose whether to take the tax credit or enroll in the Dependent Care Reimbursement Account. The IRS will not allow two tax breaks on the same expenses.

The income level of the employee or the employee and their spouse, if married, will determine whether the Dependent Care Reimbursement Account or the income tax credit is more favorable for them. The employee should contact a qualified tax consultant for complete details.

Payments made from a dependent care account are not taxable, but the amount redirected will appear on the employee's W-2 form. This will inform the IRS that the employee has received a tax break on that expense through the FlexComp Plan. The employee is required to file Schedule 2 with their IRS Form 1040A or Form 2441 with their IRS Form 1040 to support the amount redirected for the plan year. This is for general information only and is not intended to provide specific advice or recommendations. The employee must consult their accountant or tax advisor with regard to their individual situation.

ANNUAL FLEXCOMP BENEFIT SALARY REDIRECTION AGREEMENT

SFN 53851

ANNUAL OPEN ENROLLMENT

The Plan Year is January 1 through December 31. For employees enrolling during open enrollment, their participation in the Plan will begin January 1. The final day for accepting claims for the Plan Year for services received while employees were a participant is three months after the Plan Year ends on December 31 or until March 31.

The Annual Enrollment is from October 1 through November 15. Plan highlights of the FlexComp Program, Group Dental Plan, Vision Plan, Group Life Insurance and Long Term Care Insurance are sent to each eligible employee's home address the last week of September. Plan information and election forms are available on our web site. Agency payroll or human resource personnel can also order forms from PERS after September 15. Employees should make a copy of the election form for their records and return the original to NDPERS by November 15. If payroll should receive agreements, they should forward them to PERS by November 15.

For those agencies **ON the Central Payroll System**, PERS will input the election to decline pre-taxing the employee supplemental life insurance premium from Section B and the spending account information from Sections C & D.

PERS will scan the election agreements as they are entered and send the originals to the agency to input any payroll deducted insurance premiums that the employee specifies to pretax in Section B of the agreement. The original election agreement will be retained by the agency.

Those agencies on the Central Payroll System can input insurance premiums after supplemental payroll has been run in December. If an employee is having an eligible insurance premium payroll deducted pre-tax and they do not complete an election agreement, the code must be changed to an after-tax deduction for the new plan year.

Those agencies NOT ON the Central Payroll System, PERS will scan the election agreements as they are entered and send the originals to the agency to set up the complete record for each participant. **The original election agreement will be retained by the agency.**

NEW EMPLOYEES:

New employees who meet eligibility requirements must enroll within 60 days of their hire date. New employees will become a participant the month the first contribution is received.

New employees who are set up with an email address will receive an email from PERS to inform them that they are eligible to participate in the FlexComp program and to contact the PERS office with any questions.

New employees should be instructed to return the completed FlexComp form to their agencies payroll office for review. The box indicating New Election/Date of Hire should be checked and the date of hire listed on the form. To participate in the Plan, should be filled in with the date the first payroll deduction will be taken. Payroll will set up the employee's FlexComp deductions based on the information on the form. The original should then be forwarded to PERS to set up the employee's FlexComp record and scan the election agreement. The original will be returned to the agency to be retained by the agency.

PAYROLL DEDUCTIONS

Salary reductions as a result of FlexComp Plan participation reduce an employee's gross salary for Federal, State and FICA tax. However, retirement contributions are still based on the employee's gross salary.

Employees electing to pre-tax premiums for employer-sponsored insurance benefits may find that a portion of their premium for a particular insurance benefit is not eligible for pre-tax treatment. Examples of insurance premiums that are not eligible for pre-tax treatment include:

1. Premiums for employer sponsored group life insurance in excess of $50,000 on the employee.

2. Premiums for Personal Cash Value Life Insurance, such as Whole Life or Universal Life.

3. Premiums for long or short-term disability products and disability riders to cancer policies. **Please be advised, premiums for AFLAC disability products cannot be pre-taxed under any circumstances because AFLAC does not do tax reporting for claims paid.**

4. Premiums for long-term care insurance policies.

Central Payroll - If payroll discovers a premium is coded wrong after the start of the plan year, you must notify the NDPERS FlexComp Coordinator as soon as possible. NDPERS will notify OMB to correct the error so the applicable federal, state and FICA taxes are reflected on the employee's next payroll check. It is payroll's responsibility to change the employee's payroll record so the deduction is coded correctly for future deductions.

Non-Central Payroll - If payroll discovers a premium is coded wrong after the start of the plan year, you must notify the NDPERS FlexComp Coordinator as soon as possible. It is payroll's responsibility to change the employee's payroll record. Payroll must also deduct any applicable related taxes including federal, state, and FICA tax from the employee's next payroll check.

NOTICE OF CHANGE

SFN 10766

This form is to be completed to notify NDPERS of:

- Name change
- Address change
- Marital Status change
- Change in Dependent status
- FlexComp Election change

Whenever the Notice of Change SFN 10766 is completed and sent to NDPERS, the employee or authorized agent must certify the accuracy of the information and the form must be dated. If someone other than the authorized agent or employee signs the form, it will be returned for the proper signature.

EMPLOYEE RESPONSIBILITIES – FLEXCOMP ELECTION CHANGE:

FlexComp Change in Status Form SFN 53511 must be completed and submitted to NDPERS along with the Annual FlexComp Benefit Election Salary Redirection Agreement SFN 53851 within 60 days of the change in status event. A change to a FlexComp Medical Spending election is allowable and consistent with IRS regulations only if the change in status results in the employee, or their spouse or dependent, gaining or losing eligibility for health coverage under either the cafeteria plan or health plan of the employee or the employer of their spouse or dependent and the election change corresponds with that gain or loss of coverage.

EMPLOYEE RESPONSIBILITIES - DEPENDENT'S LOSS OF ELIGIBILITY STATUS:

If an employee is participating in a FlexComp Medical Spending Account and their spouse becomes widowed, divorced, or legally separated or their dependent child ceases to be a dependent under the terms of the Plan, their spouse or dependent(s) may have the right to continuation coverage.

It is the responsibility of the person seeking continuation coverage to contact the NDPERS office within 60 days of the occurrence of the event to obtain COBRA continuation information and application.

NOTICE OF STATUS OR EMPLOYMENT CHANGE

SFN 53611

This form is to be completed by the employer when the employee has a change in employment status. (Instructions and conditions are also listed on the other side of this form).

This form is to be completed to notify NDPERS of:

- Employee leave of absence/leave without pay
- Extending leave of absence/leave without pay
- Employee's return from leave of absence
- Employee classification change within agency
- Employee's reduction in hours
- Employee's separation from employment

LEAVE OF ABSENCE

1. NDPERS must be notified whenever an employee is taking a leave of absence and the reason for the leave.
2. FlexComp Change in Status Form SFN 53511 must be completed by an employee participating in the FlexComp Plan and submitted to NDPERS indicating whether or not they wish to continue their participation and how the contributions will be received while they are on a leave
3. NDPERS must be notified of the employee's return from leave. Upon returning from leave, if the employee elected not to participate in the FlexComp Plan while on leave, they may reinstate the coverage that was in effect prior to their leave or reinstate the coverage less the contributions that were missed during the leave.

CLASSIFICATION CHANGE

1. Often employees will change their position within the employer group. This may affect their eligibility for participation in the FlexComp Plan.

SEPARATION OF EMPLOYMENT

1. If an employee is leaving the employer's service due to Termination (pre-retirement), Retirement, Long-Term Disability, or Death, this form is in one (1) of 6 PERS separation of employment kits. The employer must complete a Notice of Status or Employment Change (SFN 53611). The PERS separation of employment kit includes all necessary forms the employer and employee are required to complete.
2. The employer or employee may obtain the following Kits:
   - Refund/Rollover SFN 53725 (under construction)
   - Deferred Retirement SFN 53724
   - Long-Term Disability Kit SFN 53726 (under construction)
   - Retirement Kit SFN 53723
   - Notice of Death SFN 53727 (under construction)
3. The "membership termination date" is the last date the employee worked at your agency in an eligible position.

FLEXCOMP CHANGE IN STATUS

SFN 53511

IRS QUALIFIED CHANGE IN STATUS EVENTS

In most circumstances, an employee's annual election amounts or any insurance premiums they are having payroll deducted pre-tax cannot be changed. An employee may change their election if they have a gain or loss of eligibility for coverage under this Plan or a plan maintained by their spouse's employer or their dependent's employer that is caused by a qualifying change in status and their election change corresponds with the gain or loss of coverage. An employee may be able to make a change under the following circumstances:

1. If they go on a leave of absence, military leave, or a leave covered by the Family and Medical Leave Act (FMLA), their medical spending and dependent care contributions may be made as follows:

   The employee may elect not to participate in either the Medical Spending or Dependent Care Reimbursement Account while on leave. If they elect not to participate in either the Medical Spending or Dependent Care Reimbursement Account while they are on a leave of absence, they will not be entitled to receive reimbursements for claims incurred beyond the last day of the month a contribution is received. Upon returning from leave, the employee may reinstate the coverage that was in effect prior to their leave or reinstate the coverage less the contributions that were missed during the leave.

   Under the pre-pay option, the employee may pay the amounts due while on leave in a lump sum on an after-tax basis. Contributions under the pre-pay option may also be made on a pre-tax basis by having the total contribution due while on leave payroll deducted prior to the leave.

   Under the pay-as-you-go option, the employee may make after-tax contributions by submitting payments to NDPERS by the first of each month while on leave. Contributions may also be made pre-tax from any taxable compensation, such as annual leave or sick leave during the leave period.

2. The employee's legal marital status changes through marriage, divorce, death, legal separation or annulment.
3. The employee's number of dependents changes because of birth, adoption (or placement for adoption), or death.
4. There is a change in the employee's employment status or the employment status of their spouse or any dependents. The employment status change must affect eligibility under this Plan or a plan maintained by the employer of their spouse or dependent due to termination of employment or a change from full-time to part-time or part-time to full-time employment. If the employee terminates employment see Termination of Employment. If the employee changes employment status from full-time to part-time or

part-time to full-time their election change must correspond with the gain or loss of coverage. If the employee's spouse or dependents have an employment status change that affects eligibility under their employer's plan, and coverage is lost then the employee may increase coverage under this Plan. If the status change results in their spouse or dependents gaining coverage under their employer's plan, they may decrease coverage under this Plan.

5. An employee's dependent satisfies or ceases to satisfy the requirement for coverage under the Health Insurance Plan. If an employee's unmarried dependent is no longer eligible due to attainment of age, a change in student status, or marital status the employee could make a corresponding change to increase or decrease coverage under this Plan for the dependent.
6. If an employee is served with a judgment, decree or court order. This includes divorce, legal separation, annulment, or change in legal custody (including a qualified medical child support order) that requires health coverage for the employee's child. It would allow the employee to make an election change to their Medical Spending Account. The change is allowed in order to provide coverage for the child if the order requires coverage under your Plan; or cancel coverage for the child if the order requires the employee's former spouse to provide coverage.
7. The employee's spouse, or any of their dependents, become eligible or lose eligibility for coverage under Medicare or Medicaid. The election change must correspond with the gain or loss of coverage.
8. The employee's dependent care expenses change due to a provider rate change. This includes both increases and decreases in expenditures. However, the provider must not be the employee's relative.
9. Change in dependent care providers. The employee may make an election change to reflect the cost of the new provider. It is also considered a provider change and election decreases are allowed when the employee's child is no longer eligible for childcare or is only in after-school care due to entering kindergarten or first grade.

A change in election is allowable and consistent with IRS regulations only if the change in status results in the employee, or their spouse or dependent, gaining or losing eligibility for health coverage under either the cafeteria plan or health plan of the employee or the employer of their spouse or dependent and the election change corresponds with that gain or loss of coverage.

If the change in status event is the birth of a child, and the employee is a participant in the Plan at the time of birth, the effective date of coverage is the date of birth. If the change in status event is for reasons other than the birth of a child and the employee is a participant in the Plan, the effective date of coverage is the first of the month following the qualifying event.

If an employee is not enrolled in the Plan prior to the change in status event, the effective date of coverage is the date the first payroll contribution is received.

FlexComp Change in Status Form SFN 53511 must be completed and submitted to NDPERS along with the Annual FlexComp Benefit Election Salary Redirection Agreement SFN 53851 within 60 days of the change in status event.

COMPUTING CHANGES TO MEDICAL OR DEPENDENT CARE ACCOUNTS

To compute an increase in the monthly deduction amount as a result of a change in status, the following guidelines apply:

The amount paid into the account to date must be subtracted from the new annual limit. The balance is divided by the number of payroll periods remaining in the plan year to determine the new monthly deduction.

Example:

Original Election:	$1,200 ($100 a month)
Contributed to Date:	$ 400 (4 X $100)
New Election:	$1,500
	-400
	$1,100

$1,100 ÷ 8 months = $137.50 a month for the remainder of the plan year

The same procedure would be used for a decrease in the monthly deduction amount.

TERMINATION OF EMPLOYMENT
CONTINUATION OF COVERAGE IN A MEDICAL SPENDING ACCOUNT (COBRA)

SFN 53512

MEDICAL SPENDING REIMBURSEMENT ACCOUNT

If an employee retires or terminates employment during the Plan Year, they will be offered COBRA continuation coverage through the end of the Plan Year. The employee will have sixty (60) days from the date the notice their right to continue coverage is provided by NDPERS to elect continuation coverage.

Unless an employee selects COBRA, their coverage will end on the last day of the month in which they terminate their employment.

If the employee becomes widowed, divorced, or legally separated or their dependent child ceases to be a dependent under the terms of the Plan, their spouse or dependent(s) may have the right to continuation coverage. It is the responsibility of the person seeking continuation coverage to inform NDPERS within 60 days of the occurrence of the event.

The remaining program contribution payments will be charged to the employee, their spouse, or dependent, as the case may be, in equal payments through the end of the Plan Year at 102%. The contribution payment amount in excess of 100% of the cost of providing coverage shall be treated as an administrative charge.

If continuation coverage is elected, coverage will be extended to the end of the current Plan Year.

DEPENDENT CARE REIMBURSEMENT ACCOUNT (No COBRA Continuation Coverage Offered)

If an employee terminates employment their contributions will cease and payroll deductions will stop after the last day of the month in which they terminate. The employee may continue to file claims for qualifying expenses incurred during the Plan Year until they have been reimbursed the remaining balance in their account, if any.

The final day for accepting claims for the Plan Year from either an employee's Medical Spending or Dependent Care Reimbursement account for services received while the employee was a participant is three months after the Plan Year ends on December 31 or until March 31.

NOTICE OF TRANSFER
SFN 53728

All instructions, terms and conditions are in the NDPERS Notice of Transfer Kit SFN 53728.

If the employee will not begin employment with a new participating agency within 31 days from the date of employee's last regular paycheck with your agency, both the employee and the authorized agent must complete a separation of employment kit.

Administrative Code Chapter 71-02-01-01(24): "Termination of employment" means a severance of employment by not being on the payroll of a covered employer for a minimum of one month. Approved leave of absence does not constitute termination of employment.

If an employee transfers employment from one participating employer to another participating employer (NDPERS Participating Employer Groups) without terminating eligible employment, and the employee is enrolled in the NDPERS FlexComp plan, no change is allowed and the employee's election will be reinstated as it was immediately prior to the separation of service.

In recognition of the fact that the current employer may not be aware of the circumstances regarding a departing employee's employment plans and subsequently a new employer will not receive any transfer information, NDPERS has developed a series of scenarios along with the required administrative procedures to follow depending on the particular situation. These procedures are designed to ensure transfers are processed consistently based on "what the employer knows at the time of separation of employment.

Situation: Current employer knows the employee is transferring to another covered employer:

1. Complete the Notice of Transfer Kit SFN 53728, which contains the NOTICE OF TRANSFER FORM

2. Send the NOTICE OF TRANSFER FORM to the new employer

Situation: Current employer has no knowledge that terminating employee is transferring to another covered employer:

1. Current employer and employee complete the appropriate separation of employment kit

2. Send the complete kit to PERS

3. PERS will process accordingly in absence of any other information.

Situation: New employer receives a NOTICE OF TRANSFER FORM from a participating employer.

1. Do not have transferring employee complete new enrollment forms for plans indicated in Part C of the NOTICE OF TRANSFER FORM
2. Set up employee with benefits according to information provided in Part C of the NOTICE OF TRANSFER FORM
3. Have employee complete enrollment forms for programs not previously enrolled in through previous employer
4. Submit any new enrollment forms to PERS

Situation: New employer is not aware a new employee is a transfer from another participating employer. Previous employer processed as a separation of employment and employee does not provide the information.

1. Have new employee complete all required enrollment forms
2. Send the enrollment forms to PERS
3. If there is an existing record, and the hire date is within 31 days of separation from previous employer, PERS will notify you that employee is a transfer from another participating employer and will:
   a. Void the enrollment forms for any programs that employee previously participated in.
   b. Complete Parts A-D of the NOTICE OF TRANSFER FORM and send it to new employer.
   c. Employer will set up benefit record according to information provided in Part C of the NOTICE OF TRANSFER FORM
   d. Employer must complete Parts E and F on the NOTICE OF TRANSFER FORM and return it to PERS

Situation: New employer is aware a new employee is a transfer but previous employer treated as a separation of employment and did not complete a NOTICE OF TRANSFER FORM.

1. Complete Parts A, E, and F of the NOTICE OF TRANSFER FORM
2. Send the NOTICE OF TRANSFER FORM to PERS
3. If hire date is within 31 days of separation from previous employer, PERS will complete Part C based on existing record and return the form to the new employer
4. Have employee complete enrollment forms for programs not previously enrolled in through previous employer
5. Employer will set up the benefit record accordingly

REPORTING FLEXCOMP CONTRIBUTIONS & FICA TAX

Chapter 54-52.3-03 of the North Dakota Century Code requires that the FICA tax savings be remitted to defray expenses of administering the program.

CENTRAL PAYROLL

Payroll deductions for employees paid through the Central Payroll System are made through computer file download. Administrative fees are paid through a payroll clearing account with the Office of Management & Budget. Agencies on the Central Payroll System must deposit their FICA tax savings into this payroll clearing account.

NON-CENTRAL PAYROLL

Bank of North Dakota and Municipal Bond Bank report payroll deductions and administrative fees through computer file down load.

Other participating employers report deductions by written documentation to coincide with their respective payroll schedules.

Payroll personnel should submit to NDPERS a current deduction list showing the payroll deductions being taken pre-tax and the FICA Savings Recap form along with a check for the total of the Medical Spending and Dependent Care contributions and the FICA savings.

NDPERS is able to accept FlexComp payroll deduction information electronically on a computer disk, if it meets our specifications. If you are interested in this reporting option, please contact the NDPERS office.

EMPLOYER FICA SAVINGS RECAP

FOR PAY PERIOD ENDING

____/____/____

AGENCY:

Total Premium Conversions	$______________
Total Medical Spending Account Deductions	$______________
Total Dependent Care Spending Account Deductions	$______________
Total FlexComp Deductions	$______________
Applicable FICA Rate	(multiply) X .075
TOTAL FICA SAVINGS REMITTED	$______________

Please make check payable to NDPERS - FlexComp Program

cc: NDPERS
File

NON CENTRAL PAYROLL
PREMIUM CONVERSION RECAP SHEET

NAME	SSN	MED SPEND	DEP CARE	LIFE	DENTAL	VISION	TOTAL
TOTAL							

W-2 WAGE AND TAX STATEMENT

A general example of how employers should treat salary reductions for FlexComp, deferred compensation, taxes and other non-eligible deductions is shown below. The example uses an employee under the following circumstances:

- ➔ Married with one child (3 withholding allowances).
- ➔ Monthly salary is $2,000.
- ➔ $100,000 of employee supplemental life insurance coverage.
- ➔ $50 monthly deferred compensation contribution.
- ➔ $50 monthly contribution to Medical Spending Reimbursement Account.
- ➔ $100 monthly contribution to Dependent Care Reimbursement Account.

EXAMPLE:

1.	Gross Monthly Salary (upon which retirement contributions are based).	$2,000.00
2.	LESS: Life insurance premium for $50,000 of coverage.	6.86
3.	Medical spending reimbursement account.	50.00
4.	Dependent care reimbursement account.	100.00
5.	Gross monthly salary (upon which FICA contributions are based).	$1,843.14
6.	LESS: Deferred compensation.	50.00
7.	Taxable wages.	$1,793.14
8.	Less FICA (7.65% of $1,843.14).	141.00
9.	Federal withholding (based on $1,793.14 with 3 allowances).	93.00
10.	State withholding (14% of Federal Withholding).	13.02
11.	Life insurance premium for $50,000 of life insurance.	7.00
	NET WAGES PAYABLE	$1,539.12

Based on the example, the amounts which would be reported on the W-2 Wage and Tax Statement are indicated on the statement by their corresponding numbers from the example.

Box 1 - The annualized amount in number 7 of the example is reported.

Box 3 - The annualized amount in number 5 of the example is reported.

Box 10 - The annualized amount withheld from an employee's dependent care reimbursement account in number 4 of example is reported.

FLEXCOMP REIMBURSEMENT VOUCHER

SFN 16868 (3-2001)

This form must be completed by the employee to request reimbursement from a Medical Spending and/or Dependent Care Account.

SECTION A - PARTICIPANT INFORMATION

1. Enter all information as requested.

SECTION B - MEDICAL EXPENSES

1. To receive reimbursement from a medical spending reimbursement account the employee must include all supporting documentation. Page 2 of Form SFN 16868 outlines acceptable forms of documentation to submit in order to ensure the claim is processed without delay.

SECTION C - DEPENDENT CARE EXPENSES

1. To receive reimbursement from a dependent care reimbursement account, the provider must complete Section C, Dependent Care Expenses, fill in the expense dates and amount, sign on the "Provider's Signature" line, and provide their social security number or taxpayer ID number in the space provided. Provider receipts submitted with request forms in lieu of provider completing Section C must include the following:
   - Name of provider
   - Actual dates on which care was provided **(not billing payment date)**
   - Amounts of dependent day care charge
   - Tax Identification Number or Social Security Number

Dependent care expenses that must be paid in advance cannot be reimbursed until after the services have been rendered.

SECTION D – CERTIFICATION

1. Employee must sign and date form certifying that the information submitted on voucher and attached billings and receipts is correct and complete and for medical spending requests that the expense is not reimbursable under any other health plan coverage.

FILING PROCEDURE: The original of the Reimbursement Voucher and all supporting documentation may be delivered or mailed to:

NDPERS
PO Box 1657
400 East Broadway Ave Suite 505
Bismarck, ND 58502-1657

APPEALS PROCEDURE

The appeals procedure is for those situations in which the circumstances contributing to the delay for requesting reimbursement are beyond the participant's control. After three (3) months from the close of the plan year and before the end of 360 days following the close of the plan year, the participant may request the Appeals Committee to authorize reimbursement of a qualifying medical expense incurred during the plan year. The following guidelines will apply:

- A written request must be submitted by the participant to the Appeals Committee specifying the request and the reason(s) why the qualifying medical expense was not submitted on or before the end of the three (3) month grace period following the close of the plan year (December 31^{st}). The request should be sent to NDPERS, Attn: FlexComp Administrator, PO Box 1657, Bismarck, ND 58502-1657.

- The Appeals Committee may authorize payment for any reason constituting good cause not involving fault on the part of the participant, if such payment would be permitted under Section 125 of the Internal Revenue Code.

- Upon authorization from the Appeals Committee, NDPERS will reimburse participant for the amount not to exceed the medical spending account balance. The decision of the Appeals Committee is final.