
**SOUTH COLONIE CENTRAL SCHOOLS
DISTRICT OFFICES
102 LORALEE DRIVE
ALBANY, NY 12205**

DATE: MAY 1, 2012
TO: ALL EMPLOYEES
CC: K. WESSELS – BENETECH
L. GORDIMAN – PAYROLL
FROM: ANJELIEEQUE MARTINEZ, BUSINESS OFFICE
MANAGER/DISTRICT TREASURER
RE: FLEXIBLE BENEFITS PLAN
PRIORITY: OPEN ENROLLMENT PERIOD - MAY

It is open enrollment for the district sponsored **2012-2013** Flexible Benefit Plan. If you wish to participate in this plan, please complete the Flexible Benefits Plan Election Form and Compensation Reduction Agreement and return to the Payroll Department at District Office **NO LATER THAN MAY 31, 2012.**

The necessary Flexible Benefits Plan Election Form and Compensation Reduction Agreement forms are available in all building offices.

South Colonie Central Schools has contracted with Benetech to administer our Flexible Benefit Plan. If you have questions about the Flexible Benefit Plan, please contact Christine Rathbun (ext. 329) or Sheila Watts (ext. 354) at Benetech at 518-283-8500.

Remember, the deadline to apply is **May 31, 2012.**



Benetech, Inc
 One Dodge Street
 North Greenbush, NY 12198

EMPLOYEE/EMPLOYER
 ELECTION FORM/COMPENSATION
 REDUCTION AGREEMENT
 FLEXIBLE SPENDING ACCOUNT

EMPLOYEE INFORMATION

ADD _____ CHANGE* _____ EMPLOYEE TERMINATION* _____
 (* Must provide reason on back of form and must be authorized by employer)

Flexible Spending Plan Year: July 1, 2012 through June 30, 2013 Enrollment: Month of May

COMPANY/CLIENT NAME South Colonie CSD	CLIENT #
EMPLOYEE NAME	DATE OF BIRTH OR DATE OF US BIRTH
SOCIAL SECURITY NUMBER	EMPLOYEE PHONE NUMBER
ADDRESS: STREET, CITY, STATE, ZIP	
EMAIL ADDRESS (REQUIRED)	

My employer and I hereby agree that my cash compensation will be reduced 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). The following tax dependents are eligible under my Flexible Benefits Plan.

<u>Dependent Name</u>	<u>Date of Birth</u>	<u>Relationship</u>

Unreimbursed Medical Expense Account

I elect to make contributions to a medical reimbursement account for this plan year as follows:

Yearly compensation reduction: \$ _____
 The annual plan limit is \$2,500 per participant.

~~For Office Use Only~~
 # of Pay Periods Per Pay Period
 / _____ = \$ _____

Qualifying Medical Care Expenses

Under the Plan, you will be reimbursed only for those types of medical expenses normally deductible on your Federal income tax return with certain exceptions (i.e., health insurance provided by a spouse's employer cannot be reimbursed).

Dependent Care Assistance Account

I elect to make contributions to a dependent care assistance account for this plan year as follows:

Yearly compensation reduction: \$ _____
 (Up to \$5,000 or \$2,500 if married filing separate tax returns)

~~For Office Use Only~~
 # of Pay Periods Per Pay Period
 / _____ = \$ _____

Please mail completed form to: South Colonie CSD Attn: Payroll Department



I hereby elect to participate in the Employer's Flexible Spending Account for the Plan Year beginning 07/01/12, and ending 06/30/2013. Any previous election and compensation reduction agreement relating to the same benefits is hereby revoked. As a participant, I understand that:

- I cannot change or revoke this agreement at any date prior to the next plan year, unless I have a change in my family status as set forth in the Adoption Agreement and Summary Plan Description. Prior to my next Plan Year I will be offered the opportunity to change my benefit election for the following year.
- My pay will be reduced by the amount of my required contribution for the benefit option(s) I have elected, continuing for each succeeding pay period until this agreement is amended or terminated.
- The reduction in my cash compensation under this agreement will be in addition to any reductions under other agreements or benefit plans. If my required contributions change while this agreement is in effect, my pay reduction will automatically be adjusted to reflect that change.
- The Plan Administrator may change the amount of my reduction or otherwise modify this agreement, if he believes it is required to satisfy provisions of the Internal Revenue Code.
- The amount of my compensation reduction will be credited to the appropriate reimbursement account on my employer's books for payment of eligible expenses incurred within the plan year.
- Reimbursement will be available only for qualifying expenses as described in the attached form. I agree to notify the Employer if I have reason to believe that any expense for which I have obtained reimbursement is not a qualifying expense. I also agree on demand to indemnify and reimburse the Employer for any liability it may incur for failure to withhold income or FICA tax from any reimbursement I receive of a non-qualifying expense.
- If the amount in my reimbursement account at the end of the year exceeds the amount of my eligible expenses for the plan year, I will forfeit the excess amount.

The pay reductions will not be effective for any pay period that begins before you have signed this form and returned it to the Plan Administrator.

CHANGES/TERMINATIONS

Date of Event: ____/____/____
 First paycheck date that change will be processed: ____/____/____.

- ___ Marriage/Divorce
- ___ Birth or Adoption of a child/Death of Spouse or Dependent
- ___ Spouse's employment commenced/terminated
- ___ Status change from full-time to part-time or part-time to full-time by employee or spouse
- ___ Unpaid leave of absence by employee or spouse
- ___ Open Enrollment
- ___ Other(briefly explain change in family status) _____

Employee Signature _____ Date _____

Employer Signature _____ Date _____

Reminder: Please advise your payroll service or payroll department of these employee deductions. Your employer will forward this form to Benetech, Inc.

HUMAN RESOURCES - OFFICE USE ONLY
(ALL FIELDS REQUIRED)

Highly Compensated <input type="checkbox"/> Y <input type="checkbox"/> N	Spouse or Dependent of Owner <input type="checkbox"/> Y <input type="checkbox"/> N
Key Employee <input type="checkbox"/> Y <input type="checkbox"/> N	More than 5% Owner <input type="checkbox"/> Y <input type="checkbox"/> N
Officer <input type="checkbox"/> Y <input type="checkbox"/> N	More than 1% owner with salary greater than \$150,000 <input type="checkbox"/> Y <input type="checkbox"/> N