

SAVE 25% TO 40% ON EVERYDAY ITEMS

WHEN YOU ENROLL IN YOUR
take care[®] FLEX BENEFITS PLAN

Reduce taxes & increase your take-home pay

HEALTH CARE

CHILD DAYCARE

DENTAL CARE EYE CARE

ADULT ELDER DAYCARE

OVER-THE-COUNTER DRUGS

CO-PAYS

PRESCRIPTIONS



take care[®] OF YOURSELF

take care[®] OF YOURSELF

Take just a second right now and take advantage of a smart, simple way to prepare for expenses not covered by your employer's health insurance plan. It's called "take care," and it allows you to use pre-tax income for things like co-pays at the doctor's office, over-the-counter drugs and prescriptions, chiropractic treatment and even prescribed weight-loss programs.

OVER-THE-COUNTER DRUGS CO-PAYS
OFFICE VISITS SMOKING-CESSATION PROGRAMS
PRESCRIPTION DRUGS
PSYCHOLOGIST FEES
WEIGHT-LOSS PROGRAMS CHIROPRACTIC
ASSOCIATED WITH SPECIFIC DISEASES MEDICAL SUPPLIES

By taking advantage of this flexible benefits plan, you'll be able to hold on to more of your paycheck in a special, easily accessible account. Just check off the items on the worksheet on page 6 of this booklet. Then, once you enroll, the entire amount you estimate for healthcare expenses for the year will be available to you on the first day of the plan year.*

Budget for expenses and pay with pre-tax earnings.



You can use the money in your account for whatever services or items you check on the worksheet – over-the-counter medications, prescriptions and doctor co-pays, eyeglasses, orthodontia, LASIK procedures or eye surgery. This way, the money is ready and waiting whenever you need it. It's that simple when you plan ahead, budget and enroll.

Save on items not covered by your insurance plan.

By saving money with the plan, you get to use more of what you make for the things your family needs. You can also make adjustments to your plan in case your status changes due to marriage, divorce, birth, loss of a dependent or a change in your employment or the employment status of your spouse or a dependent.

Take home more of the money you earn.

LASIK SOLUTIONS
CONTACTS
EYEGASSES
EYE SURGERY

*See "Important Information" regarding availability of funds elected for an HSA.



BEFORE / AFTER SCHOOL CARE
DAYCARE FEES
NURSERY SCHOOL
NANNY EXPENSES
DAY CAMP

If you are a working parent, you can use your **take care** plan to cover the expenses of child care. Just estimate your costs for those services for the coming year. Check them off on the worksheet on page 6 of this booklet and fill out the enrollment form. Then a portion of that money will be deducted automatically from your paycheck before you're taxed. Now you'll be saving for something you pay for every month and use the money you take home for other things.

Use pre-tax money and save 25% to 40% on qualified expenses.



Your flexible benefits plan can help you realize significant savings on adult and elder daycare expenses (so you can work) for a qualified member of your family. You can use your **take care**® Visa® flex benefits card to pay for care received both in and outside the home. And it's simple to keep track of how much money is in your account. All you have to do is check your account online.

HEARING AIDS
PHYSICAL THERAPY
DENTURES
HOME HEALTH CARE
ELDER DAYCARE
MEDICAL ALERT BRACELETS

TRANSIT PASSES
VAN POOLING
PARKING
SUBWAY
COMMUTER TRAIN
BUSES

When you have transit or parking costs related to work, just reach for your **take care**® Visa® flex benefits card. With it, you can pay for mass transit passes, tokens, or fare cards. You can also put aside money each month to cover qualified parking in connection with your job.



mytakecareplan.com



HERE'S HOW THE **take care**® PLAN WORKS

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

Take a look at three typical examples. While everyone is different, they all enjoy big tax savings. Worried about not using all the money you put in your account? We'll remind you to make your purchases before the year ends. You may also be allowed to incur expenses up to 2½ months after the plan's year end to reimburse those expenses, if your employer elected this option. Relax, and enjoy the tax savings and increased take-home pay.

Young couple with two children

<input type="checkbox"/> Co-pays to doctors & pharmacies	\$ 210
<input type="checkbox"/> Drugs (over-the-counter & prescription)	720
<input type="checkbox"/> Eye exams & LASIK	160
<input type="checkbox"/> Prescribed sunglasses & eyeglasses	400
<input type="checkbox"/> Dental cleanings, fillings & x-rays	320
<input type="checkbox"/> Sealants, crowns & bridges	200
<input type="checkbox"/> Braces, spacers & retainers	1,500
<input type="checkbox"/> Chiropractor & podiatrist fees	910
<input type="checkbox"/> After-school care, day camp & pre-K	4,080
<input type="checkbox"/> Parking located near place of employment	444
TOTAL BUDGETED EXPENSES	\$ 8,944

***Annual Savings of \$2,236 to \$3,578**

*Annual savings are determined by multiplying your total budgeted expenses by the percentage of payroll taxes you pay. In these examples, the smallest savings is based on a 25% tax rate and the largest savings is based on a 40% tax rate.

Single parent with one child

<input type="checkbox"/> Co-pays to doctors & pharmacies	\$ 135
<input type="checkbox"/> Drugs (over-the-counter & prescription)	540
<input type="checkbox"/> Eye exams & LASIK	80
<input type="checkbox"/> Prescribed sunglasses & eyeglasses	200
<input type="checkbox"/> Dental cleanings, fillings & x-rays	160
<input type="checkbox"/> Quit-smoking program	125
<input type="checkbox"/> Before and after-school care & day camp	5,000
<input type="checkbox"/> Subway or bus to work	444
TOTAL BUDGETED EXPENSES	\$ 6,684

***Annual Savings of \$1,671 to \$2,674**

Mature couple with dependent elder

<input type="checkbox"/> Co-pays to doctors & pharmacies	\$ 360
<input type="checkbox"/> Drugs (over-the-counter & prescription)	1,260
<input type="checkbox"/> Prescribed sunglasses & eyeglasses	800
<input type="checkbox"/> Eye exams, surgery & LASIK	2,120
<input type="checkbox"/> Dental cleanings, fillings & x-rays	240
<input type="checkbox"/> Dentures, sealants, crowns & bridges	1,200
<input type="checkbox"/> Chiropractor & podiatrist fees	910
<input type="checkbox"/> Physical therapy	1,560
<input type="checkbox"/> Quit-smoking program	125
<input type="checkbox"/> Weight-loss program (for specific disease)	520
<input type="checkbox"/> Elder daycare for dependent adult	5,000
<input type="checkbox"/> Parking located near place of employment	444
TOTAL BUDGETED EXPENSES	\$ 14,539

***Annual Savings of \$3,635 to \$5,816**

Here's an example of how a typical employee's take-home pay will increase as a result of participating in the **take care** plan. An employee makes \$2,000 each month and decides to participate in her employer's plan. She pays her insurance premiums and health and daycare expenses through the plan with tax-free dollars – and she saves \$100 each month!

Her paycheck without the plan

Salary	\$2,000	
FICA, federal & state taxes	-\$500	
Insurance premium	-\$100	\$ 1,100.00
Health & daycare expenses	-\$300	
Net pay without the plan	\$1,100	

Her paycheck with the plan

Salary	\$2,000	
Insurance premium*	-\$100	
Health & daycare expenses*	-\$300	\$ 1,200.00
Adjusted earnings	\$1,600	
FICA, federal & state taxes	-\$400	
Net pay with the plan	\$1,200	

*Paid through the plan



After you've decided how much money you want to set aside on each paycheck and how you want to spend it, enroll in the plan. Then when you're ready to use the money in your flex account, simply swipe your **take care**® Visa® flex benefits card for qualified purchases. When you use your **take care**

card for qualified purchases, the money is instantly deducted from your flex benefit account. That way, you won't have to reach into your pocket to pay for qualified expenses, file a claim, and wait to get reimbursed. If your provider does not accept Visa, you may pay your provider directly, then submit a receipt and wait for a reimbursement check.

Swipe your **take care** flex benefits card *first* to pay everyday expenses your health plan doesn't cover!



You won't have to remember what items are eligible to be paid from your flex account(s), because your **take care** flex benefits card does it for you! Your **take care** card knows which items in your shopping cart are eligible to be paid from your **take care** flex benefits account. So make sure you give the cashier your **take care** card *first* when paying for prescriptions and/or over-the-counter healthcare items at the drug store, grocery store, or "super" store.

OVER-THE-COUNTER MEDICINES & SUPPLIES (OTC)

OTC Antiseptics

- Boric acid powder
- First aid wipes & benzocaine swabs
- Hydrogen peroxide & rubbing alcohol
- Iodine tincture
- Sublimed sulfur powder
- Washes & ointments for cuts and scrapes

OTC Asthma Medications

- Bronchodilator & expectorant tablets
- Bronchial asthma inhalers

OTC Cold, Flu, and Allergy Medications

- Cold, cough, and flu relief
- Homeopathic sinus medications
- Medicated chest rub
- Nasal decongestant (*drops, inhaler, spray, or strips*)
- Sinus & allergy nasal spray
- Vapor patch cough suppressant

OTC Diabetes

- Diabetic lancets, needles, syringes, and supplies
- Diabetic test strips
- Glucose meters & tablets

OTC Ear/Eye Care

- Airplane ear protection
- Ear drops for swimmers

- Ear water-drying aid
- Ear wax removal drops
- Homeopathic earache tablets
- Contact lens solutions & cases

OTC Health Aids

- Anti-fungal treatments
- Denture adhesive
- Diuretics & water pills
- Hemorrhoid relief
- Incontinence supplies
- Lice control
- First-aid bandages, gloves, and masks
- Motion sickness tablets
- Respiratory stimulant ammonia
- Sleeping aids

OTC Pain Relief

- Arthritis pain reliever
- Baby teething gel
- Pain relievers, aspirin and non-aspirin
- Throat pain medications

OTC Personal Test Kits

- Cholesterol tests & monitors
- Colorectal cancer screening tests
- Home drug tests

- Ovulation indicators

- Pregnancy tests
- Home blood tests

OTC Skin Care

- Acne medications
- Anti-itch lotions & medications
- Bunion & blister treatments
- Cold sore & fever blister medications
- Corn & callus removal medications
- Bunion & blister treatments
- Diaper rash ointment
- Eczema cream
- Medicated bath products
- Wart removal medications

OTC Stomach Care

- Acid reducers & heartburn relief
- Antacid gum, liquid, and tablets
- Anti-diarrhea medications
- Gas prevention
- Ipecac syrup
- Laxatives
- Pinworm treatment
- Upset stomach medications

PRESCRIPTIONS & CO-PAYS

DOCTOR FEES & CO-PAYS

- Doctor office visits, co-pays, and deductibles
- Emergency room co-pays
- Out patient surgery co-pays
- Inpatient admission co-pays
- Routine check ups
- Non-diagnostic services or treatments
- Diagnostic & lab fees
- Psychologist & psychiatrist fees
- Obstetrics & fertility fees
- Chiropractor & podiatrist fees
- Physician & osteopath fees
- Acupuncture fees
- Christian Science practitioner's fees
- Radiology, X-Rays, and MRI
- Surgical fees
- Reconstructive surgery in connection with birth defects, disease, or accident

VISION SERVICES & SUPPLIES

- Office visits & routine eye exams
- Prescribed sunglasses & eyeglasses
- Contact lenses, solutions, and supplies
- Corrective eye surgery
- LASIK & cataract surgery
- Optometrist & ophthalmologist fees

DENTAL SERVICES & SUPPLIES

- Dentist, dental co-pays & deductibles
- Office visits & routine check-ups
- Cleanings, x-rays, sealants, and fillings
- Dentures, crowns, and bridges
- Braces, spacers, and retainers
- Wisdom teeth, implants, and oral surgery
- Orthodontist & periodontist
- Endodontist & oral surgeon
- Antiseptic mouthwash

HEALTH IMPROVEMENT PROGRAMS

- Physical & speech therapy
- Weight-loss programs (*for specific disease*)
- Quit smoking programs, patches, and gums
- Alcoholism & drug treatment
- Body scans
- Gastric bypass surgery
- Reconstructive surgery associated with birth defect, disease, or accident

HEALTH-RELATED EXPENSES & EQUIPMENT

- Generally, these items require a doctor's prescription to qualify.*
- Oxygen, humidifiers, and vaporizers
 - Blood pressure monitors
 - Hot and cold compress packs & wraps
 - Pill boxes & thermometers
 - Shower protection for casts, prostheses, etc.
 - Therapeutic support gloves
 - Elevated toilet seat

- Special schooling for disabled child
- Artificial limbs & braces
- Arches & orthopedic shoes
- Wigs for hair loss caused by disease
- Shower bars & safety handles
- Hearing devices & batteries
- Crutches & canes
- Wheelchairs, walkers, and shower chairs
- Medical alert bracelet & fees
- Bedpans & ring cushions
- Travel to doctors or healthcare facilities
- Ambulance expenses

DEPENDENT CARE EXPENSES* SO YOU CAN WORK

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

COMMUTER EXPENSES* FOR TRAVEL TO AND FROM WORK

- Parking located near work
- Parking from which you take mass transit or carpool
- Transit passes for bus, subway, or train
- Vanpooling expenses

*Check your summary plan description to verify which items, in addition to healthcare related items, your plan covers.

See mytakecareplan.com for additional details

take care® OF YOURSELF WORKSHEET

Visit mytakecareplan.com for the complete list of covered items

Now that you know about the many ways you can use pre-tax earnings and your **take care** flex benefits card to keep more of what you earn, take a moment to fill out this worksheet to determine how much money you'll save annually, by participating in your employer's flex benefit plan.

Simply check off the items you wish to save for and budget how much you'll spend in the upcoming year on those products and services. Fill in the estimate in the space next to each item. Then add up each category and place those totals in the corresponding section below the checklist.

Use the easy calculator at mytakecareplan.com

HEALTHCARE EXPENSES (estimated)

FOR EXPENSES NOT COVERED BY INSURANCE

- Co-pays to doctors & pharmacies \$ _____
- Over-the-counter drugs (except vitamins) \$ _____
- Prescription drugs \$ _____
- Office visits & checkups \$ _____
- Prescribed sunglasses & eyeglasses \$ _____
- Contact lenses, solutions & supplies \$ _____
- Eye exams, surgery & LASIK \$ _____
- Dental cleanings, fillings & x-rays \$ _____
- Sealants, crowns, bridges & dentures \$ _____
- Braces, spacers & retainers \$ _____
- Wisdom teeth, 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 \$ _____
- Arches & orthopedic shoes \$ _____
- Walkers, canes & wheelchairs \$ _____
- Physical & speech therapy \$ _____
- Weight-loss program (prescribed by doctor) \$ _____
- Quit-smoking program & medications \$ _____
- Alcoholism & drug treatment \$ _____
- Medical alert bracelet & fees \$ _____
- Reconstructive surgery (birth defect, disease) \$ _____
- Wigs for hair loss caused by disease \$ _____
- Special schooling for disabled child \$ _____
- Travel & mileage to doctor or hospital \$ _____

TOTAL **1** \$ _____

DEPENDENT CARE EXPENSES (estimated)

SO YOU CAN WORK

- Nanny & 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 \$ _____
- TOTAL **2** \$ _____

PARKING EXPENSES

FOR TRAVEL TO AND FROM WORK (estimated)

- Parking located near work \$ _____
 - Parking from which you take mass transit or carpool \$ _____
- TOTAL **3** \$ _____

TRANSIT EXPENSES

FOR TRAVEL TO AND FROM WORK (estimated)

- Transit passes for bus, subway, or train \$ _____
 - Vanpooling expenses \$ _____
- TOTAL **4** \$ _____

INSURANCE PREMIUMS

DEDUCTED FROM YOUR PAYCHECK (estimated)

- Health insurance (your share only) \$ _____
 - Other (your share only) \$ _____
- TOTAL **5** \$ _____

ESTIMATED ANNUAL EXPENSES AND TAX SAVINGS

1 _____ + **2** _____ + **3** _____ + **4** _____ + **5** _____ = \$ _____

Save between 25% and 40% on FICA, federal & state income tax (in applicable states). x 36%

Based on national averages, you'll save 25% if your annual household earnings are less than \$30,000, 36% if you earn \$30,000 to \$60,000, or 40% if you earn more than \$60,000. Federal and/or plan limits apply to all options. See your summary plan description for plan limits.

YOU SAVE \$ _____



CONTRIBUTION MAXIMUMS FOR EACH BENEFIT ARE BASED ON A PLAN YEAR

OPTION 1A – HEALTHCARE ACCOUNT

Flexible Spending Account (FSA) – Your employer sets the annual maximum contribution amount for the FSA. Check with your employer or review your Summary Plan Description (SPD) for contribution limits to the FSA. The SPD is provided to you by your employer.

OPTION 1B – LIMITED FLEXIBLE SPENDING ACCOUNT (LFSA)

Available only if you elect to enroll in an HSA (Health Savings Account). The LFSA is in addition to the HSA account and is limited to paying only qualified dental and/or vision expenses that are not covered by your employer's health plan or any other health plan.

Your employer sets the annual maximum contribution amount for the LFSA. Check with your employer or review your Summary Plan Description (SPD) for contribution limits to the LFSA.

OPTION 2 – DEPENDENT DAYCARE / ELDER CARE ACCOUNT

This pays for daycare expenses for a dependent child, adult or elder, so that you may work. Eligible services include: Nursery school, nanny and/or before/after school care thru age 12, daycare for a disabled adult or child, elder daycare for parent or dependent, day camp thru age 12.

The IRS sets the annual maximum contribution amounts for the Dependent Daycare/ Elder Care Account. Maximum amount per calendar year is the lesser of: (1) \$5,000 for married filing joint or \$2,500 for 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. (Based on IRS regulations). See mytakecareplan.com for current year maximums.

OPTION 3 – PARKING ACCOUNT

The IRS sets the annual maximum contribution amount for the Parking Account. Check with your Benefits/Human Resources coordinator or go to mytakecareplan.com for current year maximums.

OPTION 4 – COMMUTER ACCOUNT

The IRS sets the annual maximum contribution amount for the Commuter Account. Check with your Benefits/Human Resources coordinator or go to mytakecareplan.com for current year maximums.

OPTION 5 – PRE-TAX PREMIUM ACCOUNT

This pays for your employer-sponsored insurance premiums on a pre-tax basis. Eligible expenses include health, dental, and vision.

Other insurance premiums may qualify. Check with your employer or review your Summary Plan Description (SPD).



IT'S TOO EASY TO USE IT... OR, HOW NOT TO LOSE IT! 11 MYTHS ABOUT THE PLAN DISPELLED.

1. It will lower my tax refund in April.

Taking advantage of take care doesn't change what you do at tax time. You actually get a "tax refund" on every paycheck after enrolling in the take care plan, because you pay no tax on the money you set aside each pay period.

2. I could lose my money if I don't use it.

You decide how much money to put into the plan and where and when to spend the money in your account. This is a great way to budget. A regular amount is deducted from your paycheck, but the entire annual election is always available for you to spend on healthcare from day one of the plan year. You may also be allowed to incur expenses up to 2-1/2 months after the plan year end to reimburse those expenses, if your employer elected this option.

3. There's too much paperwork.

Once you have enrolled in the plan, everything you need can be found on the Web site. You can even enter your claim online. Then you just print the claim form and submit it along with your detailed receipts.

4. I'm close to retirement - I don't want to make my social security benefits any smaller.

Social security benefits are based on your lifetime earnings history. Your social security benefits may be slightly reduced by participating in the plan. However, tax advisors will tell you that the tax savings you earn today far outweigh any social security benefits reductions you might incur in the future.

5. I thought it was only for people with children.

Everyone has medical expenses, not just families. And now, over-the-counter drugs may be reimbursed through your plan.

6. I thought the plan was only for prescription drugs.

Not any more. With the most recent IRS Revenue Ruling, over-the-counter drugs (cough syrups, pain relievers, allergy medicine, etc.) may be reimbursed through your plan.

7. My spouse also has a plan at work.

You may incur more medical expenses than your spouse's plan allows you to elect. There is no IRS limit on the amount of medical expenses that can be reimbursed per household, so join your employer's plan to save taxes on additional medical expenses.

8. I can't afford to have any more money taken out of my paycheck.

Did you know you could get money out of the plan before you put money in? By joining the plan, you can have the plan pay your healthcare expenses in full at the time of service even before you make your contributions.

9. It's too confusing and time consuming.

Actually, it only takes a few moments to go to the Web site and familiarize yourself with take care.

10. It will flag me for an IRS audit.

The IRS is not looking for taxpayers that participate in these plans. In fact, federal government employees are currently covered by a similar plan.

11. I can take a deduction for medical expenses on my Form 1040.

Only after you spend over 7-1/2% of your adjusted gross income for these items. That's because the first dollar you pay for unreimbursed medical expenses is not deductible on your Form 1040. Through the take care plan, the very first dollar you spend will earn you 25% to 40% in tax savings.

Now, with the take care plan, you can be reimbursed for over-the-counter medications such as cold and allergy medicines, cough syrups, pain relievers, antacids, laxatives, anti-itch medicines, sleep aids, and other remedies. So even if you don't go to the doctor, you can still use the money in your account to feel better.

mytakecareplan.com

NOW OVER-THE-COUNTER DRUGS
ARE COVERED BY **take care**[®]



HOW DO I FILE A CLAIM?

Filing a claim is easy.

To complete the claim form online:

- 1 Log into www.Benefitsoft.com
- 2 Click the link to your Flexible Spending Plan
- 3 Select the "Request Payment" and follow the instructions

Claim Type	Start mm/dd/yy	End mm/dd/yy	Description	Amount	Dependent
Select...				\$	

[ADD AN ITEM](#)

Detailed Instructions

Step 1: Select a claim type from the drop down list, enter start date of service, end date of service, description of service and amount. Please note: dates of service are the dates the service occurred, not when paid. If this is for dependent care, please enter the dependent's name.

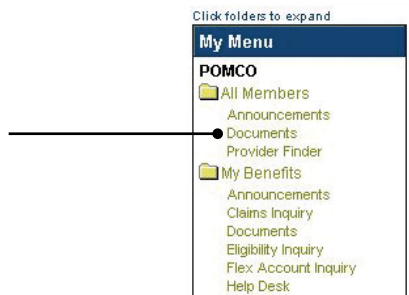
Step 2: Click **Add an Item**.

Step 3: Enter additional lines by repeating Step 1 and Step 2. Please enter an individual line for each item purchased.

Step 4: When finished entering items, click **View Form**.

To complete a paper form:

- 1 Log into www.Benefitsoft.com
- 2 Click Documents under All Members



- 3 Print the form for the type of payment you are requesting and follow the directions on the form.

Mail Claim To:
POMCO Group, Inc.
2425 James Street, Suite A
Syracuse, New York 13206

Fax Claim To:
315-703-4880

Customer Service:
1-800-836-1878

Web Address:
www.Benefitsoft.com

IT'S AS EASY AS...

- ① BUDGET
- ② ENROLL
- ③ SAVE

If you don't enroll, you won't save!
It's that simple.



ENROLLMENT FORM for the take care® FLEX BENEFITS PLAN

PLEASE PRINT. All information is required or your enrollment cannot be processed.

Employer _____ Employee Name (First, Last) _____

Social Security Number _____ Date of Birth (MM-DD-YYYY) _____

Home (Street) Address _____ APT. _____

City _____ State _____ Zip _____

Home Phone _____ E-mail _____

Spouse or Dependent's full name for 2nd take care flex benefits card (First, Last) _____

Employer to complete or enrollment cannot be processed. Plan year start (mm/dd/yy) ____/____/____ and end ____/____/____. First payroll start date ____/____/____. No. of Pays ____ Dept. _____

OPTION 1A HEALTH CARE ACCOUNT – FLEXIBLE SPENDING ACCOUNT (FSA)

- YES I elect to contribute \$ _____, _____ (before taxes) for the PLAN YEAR, which is \$ _____, _____ per pay period to fund my account that pays qualified out-of-pocket healthcare expenses that are not covered by my employer's health plan or any other health plan.
- 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 1B LIMITED FLEXIBLE SPENDING ACCOUNT Available only if you have an HSA. The LFSA is in addition to the HSA. It's limited because you can only pay dental and vision expenses from this account.

- YES I elect to contribute \$ _____, _____ (before taxes) for the PLAN YEAR, which is \$ _____, _____ per pay period to fund my account that pays only qualified dental and vision expenses that are not covered by my employer's health plan or any other health plan.
- 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 ACCOUNT

This pays for daycare expenses for a dependent child, adult, or elder, so that you may work. Eligible services include: nursery school, nanny and/or before/after school care through age 12, day care for a disabled adult or child, elder daycare for parent or dependent, day camp through age 12.

- YES I elect to contribute \$ _____, _____ (before taxes) for the PLAN YEAR, which is \$ _____, _____ per pay period to fund my account that pays qualified dependent day care or elder care expenses.
- 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.

YOU MAY ENROLL IN THE FOLLOWING BENEFITS ONLY IF THEY ARE OFFERED BY YOUR EMPLOYER. Check your Summary Plan Description or ask your employer.

OPTION 3 COMMUTER PARKING ACCOUNT

- YES I elect to contribute \$ _____, _____ (before taxes) for the PLAN YEAR, which is \$ _____, _____ per pay period to fund my account that pays qualified parking expenses.
- 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 4 COMMUTER TRANSIT ACCOUNT

- YES I elect to contribute \$ _____, _____ (before taxes) for the PLAN YEAR, which is \$ _____, _____ per pay period to fund my account that pays qualified commuting expenses.
- 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 5 AGREEMENT TO SAVE TAXES ON INSURANCE PREMIUMS

- YES On the appropriate benefit enrollment form, I have enrolled in certain employer-sponsored insurance benefits (i.e. health insurance). 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.

IMPORTANT – Please read the following before signing this enrollment form. My employer and I agree that my taxable income will be reduced each pay period during the year by an equal portion of the benefit elections (Options 1 thru 5) set forth above and that qualified expenses will be paid on a tax-free basis. I understand that I may change my election 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 acknowledge that I have received, read and understand the Summary Plan Description. I understand that the take care flex benefits card is available to pay only qualified expenses and 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 understand that when using the flex benefits card I must keep all receipts and that, on occasion, I may be asked for documentation of charges made with my card. I also understand that if a payment is made that is not for qualified expenses, I will repay my employer. For any expenses not repaid by me, I authorize my employer to deduct the amount from my paycheck (if permitted by state law).

Employee signature _____ Date _____

Employer signature _____ Date _____

Please return this completed form to your Benefits/Human Resources coordinator

IMPORTANT INFORMATION

What is the take care Flexible Benefit Plan?

It's a benefit provided by your employer that lets you set aside a certain amount of your paycheck into an account before paying income taxes. Then, during the year, you can use funds in the account to pay for qualified expenses with the untaxed dollars.

What are the benefits of participating in a Flex Plan?

Your biggest benefit is saving payroll withholding taxes. What that means to you is that you'll save \$25 - \$40 on every \$100 you budget to pay for qualified expenses with the money in your flexible benefit account. That's because you don't pay taxes on the money you set aside each pay period for your flex account. (Your savings are based on the percentage of payroll taxes you would have paid had you not put your money into a flex account.)

What expenses qualify for payment with my Flex Dollars?

Most qualified expenses are for goods or services that you'll buy anyway. They include healthcare costs such as co-pays and doctors' fees; over-the-counter drugs and prescriptions; dental and eye care expenses; daycare expenses for dependents so you can work; and even parking and transit costs in connection with your job.

How do I pay for qualified expenses?

Your take care® Visa® flex benefits card is the most convenient way to pay. And what's best, you don't have to reach into your pocket when you use the card to pay qualified expenses. By paying with the card, your purchase is deducted from the appropriate balance in your take care account(s).

Do I need to file claim forms?

Not in most cases. You only need to file a claim when the merchant or provider does not accept your take care® Visa® card. It is easy to file a claim. Just complete a claim form, attach a copy of the receipt(s), then send to your plan service provider. You'll receive your TAX-FREE reimbursement in a short time. Even if you use your take care card, you are required to keep receipts. Occasionally, you may be asked to provide documentation of purchases made with your take care card.

How does money get deposited into my account?

Through regular payroll deductions. It's that simple. Estimate how much you spend annually on the expenses that qualify to be paid from your flex account, then enroll!

How do I know how much is available for me to spend?

Your balance and other details are always available online or by calling the Flex Hotline.

Must money be deposited in my account before I pay expenses or file a claim?

NO. The entire annual amount you elect for the Health Flexible Spending Account (FSA) is available on the first day and through-out the plan year. However, funds in the Health Savings Account (HSA), dependent care, parking and transit accounts are available only when they are deposited into your account.

I already have health insurance. Why should I participate in the Health Account?

The Health Account is used to pay for expenses not covered by insurance. These include co-pays, over-the-counter medications, glasses, contacts, orthodontics, and prescription drugs, just to name a few.

I don't use my employer's health insurance. Can I still save?

YES. You can still set aside money (before taxes are taken out) to budget and pay for qualified expenses. Remember, a qualified expense paid from this plan cannot be reimbursed from another plan.

I take a dependent care credit on Form 1040. Will this Dependent Care Account save more?

The more you earn, the more you'll save. In addition, you'll also save social security tax (FICA) with a Dependent Care Account. So don't wait until April 15 to take the credit. Now you can save taxes on every paycheck. Which is best for you? Visit our Web site and use our easy calculator to determine your savings.

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 (where applicable) state withholding. Your net take-home pay will increase by the taxes you save. Plus, when you pay a qualified expense or receive a cash reimbursement, it's TAX FREE.

Can I change my contributions during the year?

YES, but only in certain situations. For the Health Account and Dependent Care Account, you can change your election if you have a change in status or a change in your employment or the employment of your spouse or a dependent. The Parking and Transit plans allow you to change your election for any reason.

What if I don't use all of the money in my account?

Generally, unused balances may not be paid to you in cash or used in a later year. However, for the Health FSA or Dependent Care Account, your employer may have elected to allow you to incur expenses up to 2-1/2 months after the plan year end and use the remaining plan year balance to reimburse those expenses. If you do not use all the money in your HSA, it may be carried over indefinitely. If you participate in the Parking and Transit Plans, any unused contributions will roll forward to the next plan year.

What happens to my account if I terminate employment?

You may request reimbursement from your FSA for qualified expenses incurred prior to your termination. Your HSA account belongs to you and is portable. Check your Summary Plan Description for additional rights provided by your employer's plan.

Are there any negatives that I should know about?

Because you may not pay social security tax on the amount of gross pay you set aside for qualified expenses, your social security benefits at retirement may be slightly reduced. However most tax advisors recommend taking advantage of current tax-savings opportunities like take care. Also, if disability insurance is paid on a pre-tax basis, any future benefits you receive will be taxable.

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