

# Wise & Well

January 2020

Be Informed about Your Health Benefits  
Jackson School District



## 2020 FSA Open Enrollment Now through January 31

**Important notice to employees eligible for or enrolled in District health plans: Open Enrollment for our Medical FSA and the new Commuter Benefits option is Now through January 31! Now is the time to:**

- Enroll/re-enroll in the Medical Flexible Spending Account (FSA) option
- Enroll in the new Commuter Benefits option to save on qualified commuter-related costs

2020 Medical FSA / Commuter Benefits Open Enrollment is now through January 31, 2020.

If enrolling or re-enrolling, return the attached worksheet to [Barbara Guhne](#) / Health Benefits Department on or before January 31, 2020.

The plan effective date is March 1, 2020.

Common health-related expenses include the following; visit [Discovery Benefits](#) for more details:

- Copayments
- Contact lenses and solutions
- Eyeglasses, Lasik eye surgery
- Dental care, orthodontia, dentures
- Hearing aids/batteries

### Enroll/re-enroll in the Medical FSA option

Now is the time to enroll or re-enroll in the Medical FSA. *If you are currently enrolled and wish to continue into the 2020 plan year, you must re-enroll now.* A Medical FSA can help you save on out-of-pocket, medical-related costs by covering [eligible health-related expenses](#) with *before-tax dollars*, almost like an automatic federal “tax deduction”. Visit [discoverybenefits.com](#) to learn more.

The dollar amount you designate will be deducted, before federal taxes are applied, in an amount equally divided over your paychecks and credited to your Medical FSA account. Then, use the *Discovery Benefits Debit Card* to cover the cost of FSA-eligible items at the point of sale or submit a form for reimbursement.

### Enroll in the new Commuter Benefits option

The State of New Jersey recently mandated that employers with 20+ employees must offer a Commuter Benefits plan option to help you save on costs for mass transit, parking, and vanpooling.

Much like the Medical FSA Account, the Commuter Benefits option allows you to



INTEGRITY CONSULTING GROUP

Employee Benefits Specialists

Integrity Consulting Group

104 Interchange Plaza, Suite 202, Monroe Township, NJ 08831

Office: 609 737 4313

Toll-Free: 888 737 4313

Fax: 609 737 4314

cover the cost of eligible commuter-related expenses with “before-tax” dollars. Our Commuter Benefits FSA is managed by [Discovery Benefits](#).

If you choose to enroll, you will designate a dollar amount to be deducted from each paycheck, before taxes are applied, that will be credited to your account. Then, use your *Discovery Benefits debit card* to pay for eligible commuter costs on-the-spot, up to the amount in your account at that time.

For plan year **March 1, 2020 – February 28, 2021**, the maximum amounts transferable to your account are shown in the below table; deductions begin with the first payroll in March 2020. Review the attached and visit [discoverybenefits.com](http://discoverybenefits.com) to learn more.

### Next Steps

- Visit *Benefits Online*, our health benefits website, and [Discovery Benefits](#) to learn more about your FSA options. **(Note: while Dependent Care / Limited Health FSA are included in Discovery Benefits materials, only the Medical FSA and Commuter Benefits pertain to you).**
- Paperwork is due to [Barbara Guhne](#) by **January 31, 2020 *IF you choose to:***
  - 1) enroll/re-enroll in the Medical FSA option
  - 2) enroll in the Commuter Benefits option
- Enrollment is effective **March 1, 2020**.
- Questions?* Contact [Barbara Guhne](#) or Integrity Consulting Group, our benefits consultant, at (888) 737-4313 / [email](#).

Type of Commuter Benefit		Maximum Amount
<b>Qualified parking</b>	At or near your work location; on or near location from which you commute using mass transit, commuter vehicles, or carpools*	\$270 per month
<b>Vanpooling/transit passes</b>	Passes, tokens, farecards, etc. that allow you to ride free of charge (or reduced rate) on mass transit or in commuter vehicle seating 6+ adults*	\$270 per month
<b>Vanpooling</b>	Transportation to/from work location in commuter vehicle seating 6+ adults*	

\* See attached materials for qualifying details





## Flexible Spending Account (FSA) Data Collection Worksheet

*Please complete and submit this worksheet to your employer. This is an internal document used by your employer for data collection purposes. Worksheets submitted to Discovery Benefits will not be processed.*

\* = Required Fields

### Step 1: Participant Information

<div style="border: 1px solid black; height: 20px; margin-bottom: 5px;"></div> <p>*Employer Name (Do not abbreviate)</p> <div style="border: 1px solid black; height: 20px; margin-bottom: 5px;"></div> <p>*Participant Name (First, MI, Last)</p> <div style="border: 1px solid black; height: 20px; margin-bottom: 5px;"></div> <p>*Participant Mailing Address</p> <div style="border: 1px solid black; height: 20px; margin-bottom: 5px;"></div> <p>*City</p> <div style="border: 1px solid black; width: 100px; height: 20px; margin-bottom: 5px;"></div> <p>Day Telephone</p> <div style="border: 1px solid black; width: 100px; height: 20px; margin-bottom: 5px;"></div>	<div style="border: 1px solid black; height: 20px; margin-bottom: 5px;"></div> <p>Employee Identifier Number</p> <div style="border: 1px solid black; width: 100px; height: 20px; margin-bottom: 5px;"></div> <p>*Social Security Number</p> <div style="border: 1px solid black; width: 100px; height: 20px; margin-bottom: 5px;"></div> <p>Email Address (If provided, all notifications will be sent via email)</p> <div style="border: 1px solid black; width: 100px; height: 20px; margin-bottom: 5px;"></div> <p>*State      *Zip</p> <div style="border: 1px solid black; width: 50px; height: 20px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; width: 50px; height: 20px; margin-bottom: 5px;"></div>
Gender (Please circle one): Male / Female	Marital Status (Please circle one): Married / Single

### Step 2: Employee Premiums

If you have a payroll deduction for insurance premiums, eligible premiums will be deducted before taxes are calculated. You will automatically be enrolled in this portion of your Section 125 Plan. However, if you wish, you may opt out of the Employee Premium Conversion part of the Plan by contacting your HR Department and filling out the waiver form. \*Please Note: Insurance premiums are not eligible for reimbursement with your Medical or Limited Medical Spending Account.

### Step 3: Enrollment and Election Information

\*Plan Type (if enrolled in an HSA, you are not eligible to enroll in the Medical FSA. However, you are eligible for both the Limited Medical FSA and Dependent Care FSA if offered through your employer)

- \*Annual Election (if employer funded, note 'ER' next to amount)
- \*Number of Pay Periods (if enrolling mid-year, please enter the number of remaining pay periods within the plan year)
- \*Per Pay Period Amount (to be deducted each pay period)
- \*Date of First Payroll (mm/dd/yyyy)
- \*Participant Effective Date (mm/dd/yyyy)
- \*Pay Frequency (please circle one)

Medical FSA Limit set by employer	<del>Dependent Care Account Limit set by employer up to IRS maximum</del>	<del>Limited FSA Limit set by employer if this plan type is offered</del>
\$	<del>\$</del>	<del>\$</del>
÷	<del>÷</del>	<del>÷</del>
=	<del>=</del>	<del>=</del>
Monthly / Semi-Monthly / Bi-Weekly 24 / Bi-Weekly 26 / Weekly / Other		

### Step 4: Authorization

I authorize my employer to reduce my pay on a per pay period basis as indicated above. I understand my reduction is for one flex plan year and that I cannot change or revoke my election unless I experience a qualifying event in accordance with Internal Revenue Code Section 125 and submit my request within a reasonable amount of time as deemed by the IRS and my employer. I am aware of the plan's forfeiture provision and that my Social Security and federal unemployment benefits may be reduced because of my reduced salary for tax purposes. Further, I authorize the release of any information necessary to substantiate claims submitted against my Flexible Spending Account.

*Participant Signature	*Date





# COMMUTER BENEFITS

## EMPLOYEE HANDOUT

### SAVE MORE DURING YOUR COMMUTE WITH EASY ACCESS TO PRE-TAX FUNDS



ONE ONLINE ACCOUNT, ONE MOBILE APP AND ONE DEBIT CARD FOR ALL OF YOUR BENEFITS



EASY LOADING OF COMMUTER DOLLARS ONTO SMART CARDS IN SELECT CITIES



ABILITY TO USE COMMUTER DOLLARS FOR UBERPOOL, LYFT SHARED AND SPOTHERO IN SELECT CITIES

#### Commuter Benefits Overview

Commuter costs can pile up, especially in major cities. Instead of paying more for your commute to and from work, save up to 40 percent\* on your commuter costs by taking advantage of a Commuter Benefits plan. A commuter plan allows you to set aside pre-tax dollars for qualified transit, vanpooling and parking expenses.

\*Note: 40 percent savings is based on a combined income tax rate of 40 percent for federal, state and local taxes. Tax savings vary by state.

#### Transit and Vanpooling

Transit and vanpooling benefits let you pay for transportation to and from work with tax-free money. Examples of eligible transportation for transit benefits include train, bus, subway and ferry.

The Discovery Benefits debit card can be added as a payment method in the Uber and Lyft apps.

Commuter dollars can be used toward uberPOOL and Lyft Shared rides in select cities.

#### Parking

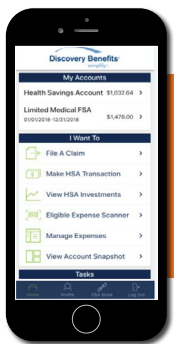
Save money when you pay for parking at or near your regular place of employment. Those who use park and ride facilities are also able to take advantage of this plan. Parking benefits aren't available when employees park at or near their residence or at a temporary work location.

Commuter dollars can also be used to reserve or pre-pay for parking spots in select cities by adding your Discovery Benefits debit card as a form of payment in the SpotHero app. For a full list of SpotHero-friendly cities, go to [spothero.com/cities](http://spothero.com/cities).

#### Accessing Funds

There are a few ways you can access your commuter funds.

- You can use your benefits debit card to pay providers directly at the time of service from your transit and/or parking account.
- If a transit or parking facility doesn't accept debit card payments, you can pay out of pocket and submit a reimbursement request through the Benefits Mobile App by Discovery Benefits or your online account. Sign up for direct deposit to receive your reimbursement as quickly as possible.
- If your employer participates in our Discovery SmartCommute™ program, you can load commuter dollars onto a reloadable smart card in select cities and easily transfer funds from your Discovery Benefits commuter account onto the card.



DOWNLOAD THE APP FOR FREE ON APPLE AND ANDROID SMARTPHONES AND TABLETS



## RESOURCES



COMMUTER BENEFITS 101 VIDEO

[www.DiscoveryBenefits.com/commuter101](http://www.DiscoveryBenefits.com/commuter101)



SMARTCOMMUTE™ VIDEO

[www.DiscoveryBenefits.com/smartcommute](http://www.DiscoveryBenefits.com/smartcommute)



Discovery Benefits®

[www.DiscoveryBenefits.com](http://www.DiscoveryBenefits.com)

## Commuter Benefits Payroll Deduction Worksheet

Please complete and submit this worksheet to your employer. This is an internal document used by your employer for data collection purposes. Worksheets returned to Discovery Benefits cannot be processed.

\*=Required Fields

### Step 1: Participant Information

\*Employer Name (Don't abbreviate)

\*Participant Name (First, MI, Last)

\*Social Security Number

\*Day Telephone

\*Hire Date (mm/dd/yyyy)

\*Date of Birth (mm/dd/yyyy)

\*Address

\*City

\*State

\*Zip

### Step 2: Contribution Information

The IRS monthly maximums for pre-tax contributions are \$270 for Mass Transit and \$270 for Parking.

I elect a Mass Transit monthly contribution of:

\$

Note: This amount can be changed from month to month.

I elect a Parking monthly contribution of:

\$

Note: This amount can be changed from month to month.

Please check one:

**Recurring Payroll Deductions:** My payroll deductions will remain the same each month and I would like the same amount to be deducted each payroll through the end of the plan year.

**Payroll Deductions Will Change:** My payroll deductions will vary each month. I agree to notify my employer each month with my election amount.

**I decline to elect Commuter Benefits.**

### Step 3: Participant Authorization

By signing this form, I authorize my employer to deduct the elected amount from my pay on each pay date. I hereby consent that all personal information and selections made are correct.

\*Participant Signature

\*Date

By the below signature, I hereby consent to waive election of Mass Transit and Parking benefits.

\*Participant Signature

\*Date