

Roger Williams University and Roger Williams University School of Law
FLEXIBLE SPENDING ACCOUNTS
Plan Document

I. INTRODUCTION:

The health and welfare of you and your family are important to Roger Williams University and Roger Williams University School of Law and we recognize that safeguarding both is frequently a difficult and expensive task. To assist you with these types of expenses, we are offering you the opportunity to participate in a voluntary Flexible Spending Account (FSA). You can use your FSA to pay for IRS qualified healthcare, dependent care, and commuter expenses with before-tax dollars.

Funds in your FSA are deducted from your paycheck per pay period on a pre-tax basis. Please note that funding your FSA is voluntary.

This booklet has been written so that you will be aware of your rights and benefits. Every effort has been made to

II. GENERAL DEFINITIONS:

Account or Accounts

III. INTRODUCTION TO YOUR FLEXIBLE SPENDING ACCOUNT (FSA)

Your contributions to the FSA can only be used to reimburse eligible healthcare, dependent care, and commuter expenses that you incur for yourself and/or eligible dependents during the Plan year. Expenses that you incur in excess of your account balance at the end of the Plan year cannot be reimbursed or carried forward for reimbursement in a subsequent Plan year. If employment should terminate during the FSA Plan year, all contributions to the spending account will cease, effective the date of termination. However, employees will be entitled to submit claims for eligible e

expenses must be incurred by the participant or his or her eligible dependents (spouse and any children). To qualify, the dependent must be claimed as a tax exemption on the individual's federal income tax return.

The following is a summary of the general eligibility requirements for dependents to participate in the Dependent Care Account. Eligible dependents include:

- Any child under age 13 who is claimed as a dependent for federal income tax purposes.
- Any other dependent that is claimed as a dependent for federal income tax purposes and who normally spends at least eight hours in the home each day and who is unable to care for himself or herself because of a physical or mental disability. The person may be a child age 13 or over, a spouse, a parent, etc.

Sample Qualified Dependent Care Expenses:

Dependent care center, babysitter, nanny

Care of an eligible dependent under age 13

Care of an eligible dependent of any age who is physically or mentally incapable of caring for herself or himself

- The individual has 60 calendar days from the date the notice is received to return a signed election form.
- An individual has 45 calendar days from the date the election form is received to pay the first deposit. That check should cover the period which runs from the employment termination date through the end of the current month.

Each subsequent monthly deposit is due on the first day of the month.

MILITARY SERVICE

If you serve in the United States armed forces and must miss work as a result of such service, you may be eligible to continue to receive benefits with respect to any qualified military service.

FAMILY AND MEDICAL LEAVE ACT (FMLA)

For any leave, and solely to the extent the provisions of the Family and Medical Leave Act of 1993 (FMLA) apply and such leave qualifies as a FMLA leave, the member may remain an active member and shall be entitled to receive the same benefits as before the start of the FMLA leave, subject to the continued payment of any required contributions under the FSA Plan.

EFFECTS OF THE PLAN ON OTHER BENEFITS

The salary dollars you contribute to the FSA Plan are not subject to Federal, State or FICA taxes, and will not be included in the income reported on your W-2 form. For the purpose of determining these benefits, your salary will be based on your earnings before any salary reduction contributions are made to the FSA Plan.

However, under present law, your earnings for the purpose of determining your Social Security benefits do not include salary reduction contributions made under the Flexible Spending Account Plans. In almost all cases, the value of the FICA, Federal and State income tax savings to you should substantially exceed the reduction in your eventual Social Security benefits.

RULES FOR FLEXIBLE SPENDING ACCOUNT CLAIMS

1. All manual claims must be accompanied with a completed claim form.
2. Dates of services for all reimbursable expenses must be in the current Plan year, which is January 1, 2023 through December 31, 2023 plus grace period.
3. Manual claims for expenses which are coverable expenses under employee's health or dental insurance plan must be submitted to employee's insurance company for action before being sent for reimbursement from the Flexible Spending Account. The insurance company's Explanation of Benefits must accompany such claims.
4. Manual claims that have been paid with your personal funds must be accompanied by a paid receipt. These receipts must provide the date of service, type of service, individual charges and the amount paid.

V. YOUR RIGHTS UNDER ERISA

As a covered employee under the Plan, you are entitled to certain rights and protections under the Employee Retirement Income Security Act of 1974 (“ERISA”). ERISA provides that all Plan participants are entitled to:

1. Examine, without charge, at the Employer’s office all Plan documents, including those filed by the Plan with the U.S. Department of Labor, such as annual reports and Plan descriptions.
2. Obtain copies of all Plan documents and other Plan information upon written request to the Employer. The Employer may make a reasonable charge for the copies.
3. Receive a summary of the Plan’s annual financial report. The Employer is required by law to furnish each participant with a copy of this summary financial report.
4. Continue health care coverage for yourself, spouse or dependents if there is a loss of coverage under the Plan as a result of a qualifying event. You or your dependents may have to pay for such coverage. Review this summary plan description and the documents governing the plan on the rules governing your COBRA continuation coverage rights.
5. Reduction or elimination of exclusionary periods of coverage for preexisting conditions under your group health benefit plan, if you have creditable coverage from an

VI. HIPAA PRIVACY

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