IMPORTANT INFORMATION

What is a 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 medical or daycare 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.) Effective for plan years beginning on or after January 1, 2013 participant salary reductions to your Health Care FSA may not exceed the maximum permitted under Code Section 125(i). Salary reductions (contributions) to your Health Care FSA limit may be less, review your Summary Plan Description (SPD) for contribution levels.

What expenses qualify for payment with my Flex Dollars? Most qualified expenses are for goods or services that you'll buy anyway. They include health care costs such as co-pays and doctor's fees; prescribed over-the-counter (OTC) drugs and medications; dental and eye care expenses; and day care expenses for dependents so you can work.

How do I pay for qualified expenses?

You fill out a claim form found online at www.mycpiteam.com or use the claim form and instructions provided by your employer. Simply complete the form and attach copies of the healthcare or dependent care bills, then fax or mail the form to CPI. Within a week or so you will receive your Tax-Free reimbursement. Your payment options are check or direct deposit. If your employer has set up the debit card option (Take Care Visa) you may simply swipe your card for qualified expenses and the amount will be deducted from your account. Note: when using the Take Care Card you must keep all receipts in case of an audit. Debit card users will only need to file a claim when purchasing prescribed OTC items or when the merchant does not accept your debit 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! (See worksheet on page 3 of this booklet.)

How do I know how much is available for me to spend? Your balance and other account details are always available online @ www.mycpisupport.com or by calling our office. 866-241-0237

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

www.mycpiteam.com

the plan year. However, funds in the dependent care account are available only when they are deposited into your account.

I already have health insurance. Why should I participate in the Flexible Benefit Plan for medical expenses?

This account is used to pay for expenses not covered by insurance. These include co-pays, prescribed OTC 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 through regular payroll deductions (before taxes are taken out) to budget and pay for qualified expenses. Remember, a qualified expense paid from this plan cannot be reimbursed form 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; 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 website and use the easy calculator to determine your savings or contact your tax advisor.

If I set aside part of my paycheck, 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?
Only if you have a qualifying change in status such as marriage, birth, adoption, or a change in your spouse's employment status or a dependent's change in status.

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 ½ months after the plan year end and use the remaining plan year

balance to reimburse those expenses.

What happens to my account if I terminate employment?
You may request reimbursement from your FSA for qualified expenses incurred prior to your termination. 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. Also, if disability insurance is paid on a pre-tax basis, any future benefits you receive will be taxable.

866-241-0237 225-706-0280 FAX



You can make more money this year...

with the Flexible Benefits Plan!



Take advantage of your company's

Flexible Benefits Plan

and take home more money.

Plan Design, Administration, Compliance, Education

A Flexible Benefits Plan helps your paycheck buy more!

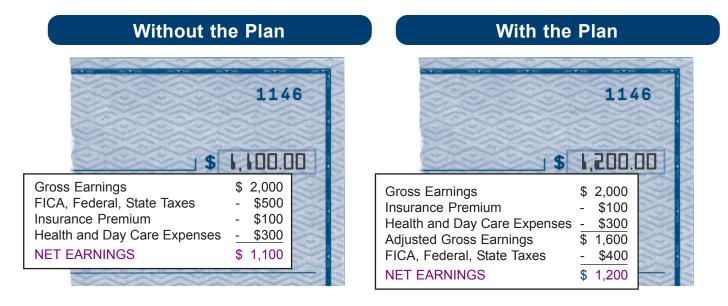
Sometimes referred to as a cafeteria plan, flex plan, or a Section 125 plan — a Flexible Benefits Plan lets you set aside a certain amount of your paycheck into an account — before paying income taxes. During the year you have access to this account for reimbursement of expenses you regularly pay for, such as health-care and dependent daycare. When you use tax-free dollars to pay for these expenses, you realize an increase in your spending power, and substantial tax savings.

Reimbursable expenses can include:

- Deductibles, Co-pays, and Prescription Drugs
- Expenses not covered by insurance
- Dental Services & Orthodontics
- Eyeglasses, Contacts, Solutions & Eye Surgery
- Weight-loss programs (associated with a specific disease)
- Chiropractic services
- Psychiatric care & Psychologist's fees.
- Smoking Cessation programs
- Adult & Child Daycare services
- And more!

Here's how it works...

Example: An employee makes \$2,000 each month and decides to participate in her employer's Flexible Benefits Plan. As a result, her insurance premiums and health and daycare expenses are paid with tax-free dollars, giving her an additional \$100 each month!



It's as easy as...

Carefully read this material and choose which options make sense for you to participate in.

Determine how much you expect to spend during the year for each option.

Complete the attached Participation Form and return it to your Human Resources Department.

Step I: Your Options

There are several accounts you can participate in with the Flexible Benefits Plan.

I: Healthcare Reimbursement Account

This account reimburses you for healthcare expenses not covered by insurance. You set aside money, tax-free, through regular payroll deductions. During the year, you can be reimbursed directly from your account for those qualified healthcare services provided that are not covered by insurance.

Common expenses that qualify for reimbursement are — doctor visits, deductibles, co-payments, prescriptions, mental health care, dental services and orthodontics, chiropractor services, eye exams, glasses and contacts.

II: Dependent Care Reimbursement Account

Dependent care expenses are those that are necessary for you and your spouse (if married) to be gainfully employed.

This account reimburses you for daycare expenses for eligible children and adults. Through regular payroll deductions, you set aside part of your income to pay for these expenses on a tax-free basis. To qualify, your dependents must be:

- a child under the age of 13, or
- a child, spouse or other dependent who is physically or

mentally incapable of self-care and spends at least 8 hours a day in your household.

Qualified expenses for reimbursement include — adult and child daycare centers, preschool and before/after school care.

Please note: A dependent care credit is available on your annual tax return. Whether or not to participate in the daycare portion of this plan depends on your income, filing status, number of dependents and annual daycare expenses. You will also receive your tax savings throughout the year, rather than once a year when you file your taxes. Contact your plan administrator for further information.

III: Additional Benefit

Your employer may have included benefits in addition to the programs described above. Your Human Resources Department will send notification, along with this enrollment brochure, if any such additional benefits are being offered at this time.

IV: Premium Savings Account

This account allows you to pay for your employer-provided health and other insurance premiums with tax-free dollars. If you are covered under your employer's health and/or other insurance plans, you are automatically enrolled in this account! Be sure to let your employer know if you don't want your premiums paid tax-free.

Step II: Determining Your Reimbursable Expenses

Healthcare Expenses				Estimated Annual Expenses and	Estimated Annual Expenses and Tax Savings		
Medical (1)*		Vision (2)		Total Healthcare Expenses (add 1 + 2 + 3)			
Deductibles	\$ \$	Exams	\$				
Co-payments	\$	_ Eye Surgery	\$ \$	Total Other Reimbursable Expenses			
Doctor visits	\$	Lenses/Frames Contacts Solutions	s \$	Total Expenses	Ψ.		
Prescriptions	\$	Contacts	\$	Total Expenses	J		
			\$	Tax Bracket Percentage (see below)	-	%	
Other	\$	_ Other	\$	Annual Tax Savings	\$.		
Total	\$	_ Total	\$	(multiply total expenses by tax bracket perc	entage)		
				Savings Amount Per Paycheck	\$		
Dental (3)*				(divide total expenses by number of payor	hecks		
Routine Check-ups	\$	_		you receive each year - 52, 26, 24, 12)			
Fillings/Crowns	\$	_					
Orthodontics	\$ \$ \$	_		Tax Estimate Table			
Other	\$	_					
Total	\$	_		Based on a combination of social secur	rity,		
Dependent Daycare Expenses				federal, and state income taxes.			
Children	s = xpc				mated		
Adults	\$	_			rate is:	These tax rates	
Total	<u> </u>	_			5%	are estimates	
	Ψ				9%	based on	
Other Reimbursable Expenses**				1%	national average and may not		
Total	\$			Greater than \$70,000 3	3%	reflect your	

Step III: Complete the Participation Form

Using the information you calculated in Step II, complete the attached Participation Form and return it to your Human Resources Department.