

# ***Island Flex***

## **Flexible Spending Accounts**



**for the valuable  
employees of the  
State of Hawaii**

## **Plan Document**

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# **Island Flex Flexible Spending Accounts**

## **What is Island Flex Flexible Spending Accounts?**

**Island Flex** flexible spending accounts is an employee benefit program that provides you with a way to pay for your eligible health care expenses (Medical FSA) and dependent care expenses (Dependent Care FSA) with TAX-FREE money. By directing “before tax” money from your paycheck into one or both of these accounts, you can put up to 41% of the money you are spending on eligible expenses back into your pocket.

## **How do I qualify for Island Flex?**

You must be an employee of the State of Hawaii Executive, Judicial or Legislative Branch, Office of Hawaiian Affairs or Hawaii Health Systems Corporation and be eligible to participate in the Employees’ Retirement System.

## **When does my coverage begin?**

For employees who turn in their Compensation Reduction Agreement form (enrollment form) to the third party administrator, National Benefit Services, LLC. (NBS), during the open enrollment period, coverage will begin July 1<sup>st</sup>. For employees who become eligible during the plan year, coverage begins on the first day of the month following NBS’s receipt of the Compensation Reduction Agreement form, provided the Compensation Reduction Agreement form is received within 90 days of the employee becoming eligible.

## **If I’m a new employee or become eligible during the plan year, must I wait until open enrollment to enroll?**

No. As soon as you become eligible (become a member of the Employees’ Retirement System), you are eligible to enroll right away. You must complete a Compensation Reduction Agreement form and send it to NBS within 90 days of becoming eligible. Your date of participation will begin on the first day of the month following NBS’s receipt of your Compensation Reduction Agreement form. However, if you choose not to enroll within 90 days of becoming eligible, you will have another opportunity during the next annual open enrollment period.

## **How can the money in Island Flex be used?**

### Medical FSA

The money in your Medical FSA can be used to reimburse yourself for medical, dental, drug and vision expenses incurred by you or your family members, which aren’t covered by your health insurance plans.

Examples of items not covered by your health insurance plans that could be covered under Medical FSAs include such things as: co-payments, deductibles, glasses, contacts, orthodontic work, fees to doctors and hospitals, etc. See page 11 for a more detailed list.

### Dependent Care FSA

The money in your Dependent Care FSA can be used to reimburse yourself for dependent care expenses incurred. You must be working in order for these expenses to qualify for reimbursement. If you are married, both you and your spouse must both be working, or your spouse must be a full-time student or disabled.

To be considered a “dependent,” the person receiving care must be eligible to be claimed as your dependent on your federal income tax return and be either:

- Under age 13; or
- Your spouse or other dependent who is physically or mentally incapable of self-care, and who spends at least 8 hours a day in your home.

Examples of eligible dependent care expenses include:

- Child care services inside your home or someone else’s home
- Charges by a licensed child care facility
- Adult day care in your home or someone else’s home or an adult care facility
- Expenses for summer day camp
- A+ after-school program

### **Is there a fee for using this program?**

Yes. You will be charged a nominal administration fee each month. The fee will be deducted from your paycheck each pay period on a BEFORE-TAX basis. You pay one fee whether you enroll in one or both accounts. Generally, if you expect your annual, out-of-pocket expenses to exceed \$200 annually, you will probably save taxes even after paying the administration fee.

### **How do the spending accounts work?**

First, you establish a Dependent Care FSA, Medical FSA, or both if you have both types of expenses. You do this by completing a Compensation Reduction Agreement form and turning it in to NBS during the open enrollment period. Or, if you become eligible during the plan year, you have 90 days to complete and submit your Compensation Reduction Agreement form.

The amount you designate on the Compensation Reduction Agreement form will be deducted from your pay check **before taxes are calculated**, and deposited into your account. This makes your contributions TAX-FREE.

Let's look at an employee example: Employee Leilani has one child attending pre-school, for which she pays the pre-school \$400 per month. Leilani also has approximately \$50 per month of unreimbursed health care expenses. Leilani is married, claiming two exemptions.

### Hypothetical Example for Employee Leilani

<b>\$1,200 Per Check</b>	<b>Currently</b>	<b>With Island Flex</b>
Gross Pay	\$ 1,200.00	\$ 1,200.00
Medical FSA	\$ 0.00	\$ 25.00*
Dependent Care FSA	\$ 0.00	\$ 200.00
Taxable Income	\$ 1,200.00	\$ 975.00
Federal Withholding	\$ 76.53	\$ 45.18
State Withholding	\$ 55.03	\$ 40.18
FICA (Social Security)	\$ 91.80	\$ 74.59
Net Pay	\$ 976.64	\$ 815.05
Medical Expenses	\$ 25.00	\$ 0.00
Dependent Care Expenses	\$ 200.00	\$ 0.00
Spendable Income	\$ 751.64	\$ 815.05
<b>Savings Per Paycheck</b>		<b>\$ 63.41</b>
<b>Savings Per Month</b>		<b>\$ 126.82</b>
<b>Savings Per Year</b>		<b>\$ 1,521.84</b>

\*Does not include administration fee.

### Is there a maximum amount I may contribute each plan year?

Yes. Maximum amounts are set for Medical FSA and Dependent Care FSA as follows:

#### Medical FSA

- The maximum amount you may contribute for the Medical FSA is \$2,400 each plan year. That **does not** include the administration fee. If you are married and both spouses are eligible State employees, each may contribute a maximum annual amount of \$2,400.

#### Dependent Care FSA

- The maximum amount you may contribute for the Dependent Care FSA is \$5,000 each plan year. That **does** include the administration fee. If you are married, filing a separate return, the maximum amount you may contribute is \$2,500 each plan year (even if your spouse does not work for the State).
- If your spouse makes less than \$5,000 or is a full time student or incapable of self-care, the maximum amount you may contribute to the Dependent Care FSA will be less than \$5,000.

## How do I get reimbursed for my eligible expenses?

It's simple. Once an eligible service is provided by a doctor, hospital, pharmacy, etc., you can use your **Island Flex** Debit Card to pay for the expense or select one of the various options below. For dependent care provider expenses, you could pay for the expense as usual and then use one of the options below. You may select the one that works best for you.

- Web Portal or Mobile App to submit your claim.
  - Additional information on the Web Portal and Mobile App can be found at <http://www.nbsbenefits.com/islandflex> under the "Informational Materials" tab.
- Mail, fax or email to NBS a completed reimbursement form along with a copy of your paid itemized receipt for healthcare expenses or dependent care expenses from your provider.

It's that easy. Medical reimbursement claims are processed on a daily basis, and Dependent Care reimbursement claims are processed on a semi-monthly basis. Please keep in mind that the service has to be "completed" before a claim can be submitted. Your reimbursement will be issued once the claim is verified and processed. You can be reimbursed by check or direct deposit. Best of all, you don't have to pay taxes on the money you use to reimburse yourself.

## If I send my child to a baby-sitter, will that qualify for the Dependent Care FSA?

Yes. As long as your child is under 13 years old and the baby-sitter:

- Is not your dependent, spouse, or child under age 19; and
- Is willing to give you his/her social security number and a receipt.

## When may I file a claim for reimbursement?

As soon as you have accumulated a minimum of \$25 in eligible expenses **for each account**, you may file for reimbursement.

- The maximum amount of a claim for eligible dependent care expenses shall be the amount of contributions remaining in your account at the time your claim is processed.
- The maximum amount of a claim for eligible medical expenses shall be the amount specified in the Compensation Reduction Agreement form, less any reimbursements to date.

However, at the end of the Plan Year (June 30<sup>th</sup>), you may file a claim for reimbursement even if your receipts total less than \$25, provided your account balance is less than \$25.

## May I change the amount of my contribution during the year?

The IRS requires your enrollment in **Island Flex** to continue for the **entire plan year**. However, you may modify your contributions if you have a valid "status change." Examples of valid status changes include, without limitation, marriage, divorce, birth or adoption of a child, death of a spouse or dependent, or a spouse's change in employment. If you have a valid "status change," you must complete the status change form and return it to NBS within 90 days of the status change event.

Approved changes are effective on the first day of the month following NBS's receipt and approval of the required status change form. Cancellations are effective on the last day of the month following NBS's receipt and approval of the required status change form. Any increase, decrease, or cancellation of your **Island Flex** payroll deduction must be consistent with the status change. If NBS does not receive the status change form within 90 days of the status change event, you will not be allowed to make a change.

**What happens if I don't spend all of the money by the end of the plan year?**

Any money left in your Dependent Care account after September 30<sup>th</sup>, (after all claims have been processed for that plan year), will not be reimbursed and will be **forfeited** to the State pursuant to the Internal Revenue Code (IRC). After September 30<sup>th</sup>, any amount left in your Medical Spending account, up to \$500, will carry over to the new plan year to be used toward expenses incurred in the new plan year. Any money which exceeds \$500 after September 30<sup>th</sup>, (after you have claimed all eligible expenses for that year), will not be reimbursed to you and will be forfeited to the State pursuant to the IRC. The IRS considers the date of a claim as the **date the service is rendered, not when the bill is actually paid.**

**What happens when I take paid leave, such as vacation or sick leave, or leave without pay?**

Medical FSA

As long as you are on paid leave, your payroll deductions will continue, your eligibility to participate in **Island Flex** will continue, and any eligible medical, dental, drug, and vision services performed will be eligible for reimbursement. However, if you are on leave without pay, you must make arrangements with NBS to pay your contributions and administration fees on an out-of-pocket basis. If you do not pay your contributions and administration fees, you will be canceled from the plan. Only services performed prior to the cancellation will be eligible for reimbursement. Unused balances cannot be returned to you.

Dependent Care

As long as you are on paid leave, your payroll deductions will continue and your eligibility to participate in **Island Flex** will continue. However, *services performed during any paid leave period, such as vacation, sick, funeral, sabbatical, industrial injury, accidental injury, family leave or compensatory time off will not be considered eligible expenses and, therefore, you may not be reimbursed for those expenses during those periods.*

If you are on leave without pay, you must make arrangements with NBS to pay your contributions and administration fees on an out-of-pocket basis. If you do not pay your contributions and administration fees, you will be canceled from the plan. Unused balances cannot be returned to you. *Services performed while you are on leave without pay will not be considered eligible expenses and, therefore, you may not be reimbursed for those expenses during those periods.*

**If I work for the DOE or UH and take a job during my summer vacation, can I claim for dependent care services during that period?**

Yes. If you work for a public or private employer you may claim for eligible dependent care services during that period. However, if you attend school/classes to enhance your skills, you may not claim for services during that period.

**Can I transfer money from the Dependent Care FSA to the Medical FSA or vice versa?**

No. The Internal Revenue Code does not allow monies to be moved from one account to the other.

**How will I know how much money is in my account(s)?**

You will receive statements from NBS within 30 days of the end of each calendar quarter. Additionally, you can check your balance anytime by using the NBS Mobile App, the NBS participant portal, or you can call NBS directly.

**How do I know if I will benefit from the Medical FSA?**

If you and your family members have predictable out-of-pocket medical, dental, drug, and/or vision expenses, this account will likely benefit you. The actual dollar amount you will save depends on your income tax bracket. For assistance in determining your personal tax savings benefit, please call National Benefit Services, LLC at 465-2284 or neighbor islands may call toll free at 1-855-399-3035. Also, see *"Is There A Fee For Using This Program?"* on page 4 and the *"Personal Expenses Worksheet"* on page 12.

**How can I tell whether I should use the Dependent Care FSA or the IRS Child Care Tax Credit?**

Each person's tax situation is different, so the benefit is not the same for everyone. Generally, though, if your family's taxable income is more than \$28,000, you may save more money using the Dependent Care FSA. The IRS child and dependent care credit provides a tax break for many parents who are responsible for the cost of childcare. Each year the credit allows a maximum benefit of \$3,000 for one child or dependent or up to \$6,000 for two or more children or dependents. The percentage allowed on your tax return depends upon your total income. Through the Dependent Care FSA, you can elect up to \$5,000 per year regardless of the number of children in childcare or your income. Plus, the tax savings are realized on a monthly basis in your paycheck instead of having to wait to file your tax return at the end of the year. **You still must file the IRS Form 2441 for either benefit.** You should use caution in enrolling in the Dependent Care FSA if your dependent care expenses are not consistent or are unpredictable. You may wish to consult with your tax advisor on this matter.

**Will participating in *Island Flex* affect my retirement benefits, social security, deferred compensation, tax sheltered annuity, or premium conversion plan?**

- Your State **Employees Retirement System** benefits will not be affected.
- **Social security** is a federal tax assessed against your gross income up to an annual cap. If your salary for one year reaches the cap, you have paid the maximum amount of social security (Old Age, Survivors, and Disability Insurance - OASDI) tax the law requires for that year. In this case, your ***Island Flex*** participation will not reduce the amount of your social security benefit available to you at retirement. However, if your salary is below the cap for the year, you are reducing the amount of social security (OASDI) tax you pay and your social security benefit may be reduced.
- Participating in ***Island Flex*** will not affect your participation in the section 457 **deferred compensation plan**, the 403(b) **Tax Sheltered Annuity Plan** (if you are a DOE or UH employee) or the State's **Premium Conversion Plan**.

**Once I enroll, how will I know if FSA contributions are being deducted from my paycheck?**

Your paycheck stub will show two or three of the following codes under the "BEFORE TAX DEDUCTIONS" column:

FSA Admin Fee  
FSA Dependent  
FSA Medical

**Do all of my receipts need to be turned in by the end of the plan year – June 30<sup>th</sup>?**

No. You have 90 days after the end of the plan year, June 30<sup>th</sup>, to turn in your receipts for services provided within the plan year. However, it is advised that you turn in your claims well before the end of the 90 day run-out period following the end of the plan year or your termination date. No corrections to claims are allowed after the 90 day run-out period under the IRS guidelines, even though your claims are received before the end of the 90 day run-out period. In addition, the services must have been performed during the plan year. If you have monies left in your account(s) during the 90 days, the administration fee will be deducted from your account balance.

**Must I complete a new Compensation Reduction Agreement form each plan year?**

Yes. If you do not complete a new Compensation Reduction Agreement form each plan year, your enrollment will not continue. However, regardless of whether you enroll in the new plan year or not, if you have funds remaining in the Medical FSA account from the prior plan year, any balance up to \$500 will automatically roll into the new plan year.

**What happens if I terminate my employment?**

Your participation in *Island Flex* will end on your termination date. Eligible expenses for services performed up to your termination date may be reimbursed to you. And, you have 90 days after your termination to turn in receipts to NBS for eligible expenses incurred prior to your termination. The administration fee will still be deducted from your account balance during this 90 day period.

In addition, you may be eligible to continue in the Medical FSA under COBRA. Be sure to check with NBS to see if you are eligible for COBRA.

**What rights do I have if the third party administrator does not pay my claim?**

If you are not reimbursed after filing your claim form or reimbursed for an amount less than you requested, you may appeal their decision. You have 60 days from the date you receive notification to send an appeal to the Director of the Dept. of Human Resources Development at 235 S. Beretania St. 14<sup>th</sup> Floor, Honolulu, Hawaii 96813.

**What other services can the third party administrator provide to me at no cost?**

NBS will provide the following additional services at no cost to you upon request:

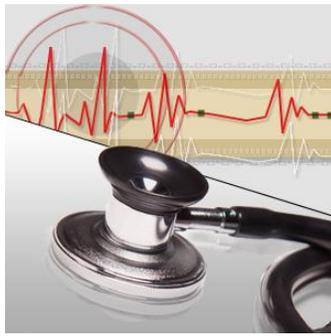
- A Paycheck Calculation – This allows to the penny illustration of changes made to an employees paycheck, giving an employee the ability to understand and budget their finances based on contributions to various available benefit options.

**Who do I contact if I have questions?**

Please call National Benefit Services, LLC's local office at (808) 465-2284. Neighbor islands may call toll free at 1-855-399-3035. You may also visit the website at [www.nbsbenefits.com/islandflex](http://www.nbsbenefits.com/islandflex) for more information or visit the local office that is located at 1314 South King Street, Suite 326 Honolulu, HI 96814.

# Medical FSA Account – Sample Eligible Expenses

State of Hawaii



## Medical Expenses

Acupuncture  
Addiction programs  
Adoption (medical expenses for baby birth)  
Alternative healer fees  
Ambulance  
Body scans  
Breast pumps  
Care for mentally handicapped  
Chiropractor  
Co-payments  
Crutches  
Diabetes (i.e. insulin, glucose monitor)  
Eye patches  
Fertility treatment  
First aid (i.e. bandages, gauze)  
Hearing aids & batteries  
Hypnosis (for treatment of illness)  
Incontinence products (ie Depends, Serene)  
Joint support bandages and hosiery  
Lab fees  
Monitoring device (blood pressure, cholesterol)  
Physical exams  
Pregnancy tests  
Prescription drugs  
Psychiatrist/Psychologist (for mental illness)  
Physical therapy  
Speech therapy  
Vaccinations  
Vaporizers or humidifiers  
Weight loss program fees (if prescribed by physician)  
Wheelchair



## Dental Expenses

Artificial teeth  
Co-payments  
Deductible  
Dental work  
Dentures  
Orthodontia expenses  
Preventative care at dentist office  
Bridges, crowns, etc.



## Vision Expenses

Braille – books & magazines  
Contact lenses  
Contact lens solutions  
Eye exams  
Eye glasses  
Laser surgery  
Office fees  
Guide dog and its upkeep, other animal aid

### Items listed below generally do not qualify for reimbursement

Personal Hygiene (i.e. deodorant, soap, body powder, shaving cream, sanitary products)  
Addiction products  
Allergy relief (oral meds, nasal spray)  
Antacids and heartburn relief  
Anti-itch and hydrocortisone creams  
Athlete's foot treatment  
Arthritis pain relieving creams  
Cold medicines (i.e. syrups, drops, tablets)  
Cosmetic surgery  
Cosmetics (i.e. makeup, lipstick, cotton swabs, cotton balls, baby oil)  
Counseling (i.e. marriage/family counseling)  
Dental care – routine (i.e. toothpaste, toothbrushes, dental floss, anti-bacterial mouthwashes, fluoride rinses, breath strips, teeth whitening/bleaching, etc.)  
Exercise equipment  
Fever & pain reducers (i.e. Aspirin, Tylenol)  
Hair care (i.e. hair color, shampoo, conditioner, brushes, hair loss products)  
Health club or fitness program fees  
Homeopathic supplement or herbs  
Household or domestic help  
Laser hair removal  
Laxatives  
Massage therapy  
Motion sickness medication  
Nutritional and dietary supplements (i.e. bars, milkshakes, power drinks, Pedialyte)  
Skin care (i.e. sun block, moisturizing lotion, lip balm)  
Sleep aids (i.e. oral meds, snoring strips)  
Smoking cessation relief (i.e. patches, gum)  
Stomach & digestive relief (i.e. Pepto-Bismol, Imodium)  
Tooth and mouth pain relief (Orajel, Anbesol)  
Vitamins  
Wart removal medication  
Weight reduction aids (i.e. Slimfast, appetite suppressant)

NOTE: For a complete listing, refer to IRS Publication 502

# Island Flex

## Personal Expenses Worksheet

You can use this worksheet to estimate your expenses. The items listed are not the only ones you can reimburse through your **Island Flex** flexible spending account(s), but they are the most popular.

FOR THE PERIOD \_\_\_\_\_ TO \_\_\_\_\_

<b><u>Medical Expenses</u></b>	
Include <b>out-of-pocket</b> costs for yourself, your spouse (if married), and all your dependents.	
Chiropractic, acupuncture, etc.	\$
Co-payments for doctor/dental visits	\$
Co-payments for hospital services	\$
Dental, including dentures	\$
Drugs (prescribed medicines, contraceptives)	\$
Lab and x-ray tests	\$
Orthodontics	\$
Parking fees while you visit the doctor	\$
Routine physicals and well-baby visits	\$
Vision (optometry visits, prescription glasses, contacts, contact solutions)	\$
Other eligible medical expenses	\$
<b>Total Medical Expenses</b>	<b>\$</b>

FOR THE PERIOD \_\_\_\_\_ TO \_\_\_\_\_

<b><u>Dependent Care Expenses</u></b>	
Expenses incurred for the care of a dependent in order for you (and your spouse) to be gainfully employed. Your care provider must provide a Federal I.D. number or Social Security number.	
Baby-sitting	\$
Preschool/child care	\$
Before/after school care	\$
Programs during non-school periods	\$
Certain types of care for an incapacitated dependent over 12 years	\$
Other eligible dependent care expenses	\$
<b>Total Dependent Care Expenses</b>	<b>\$</b>

**IMPORTANT NOTICE**  
**For Island Flex Participants**  
**Claim Filing Procedures**

Claims can be submitted through the Web Portal, the Mobile App or sent by mail, email or fax. Please check the claim form for the address, email or fax number. For information on using the Web Portal or Mobile App to submit claims, please visit <http://www.nbsbenefits.com/islandflex>

TO MINIMIZE OR ELIMINATE DELAYS IN PROCESSING YOUR CLAIMS FOR REIMBURSEMENT, PLEASE CAREFULLY READ THE FOLLOWING PROCEDURES.

1. If filing a paper reimbursement claim form, please type or print your full name as it appears on your pay check, including any middle initials, your **complete** current mailing address (please indicate if this is a new address), your last four digits of social security number, and both your work and home phone numbers (in the event we need to reach you).
2. **DO NOT** submit any receipts for reimbursement unless the total of that reimbursement (Medical/Dental/Vision/Drugs or Dependent Care) is more than \$25.00 per account. DO NOT combine Medical/Dental/Vision/Drugs reimbursement with Dependent Care reimbursements to obtain that total for reimbursement.
3. **THE MOST ACCEPTABLE DOCUMENTATION FOR MEDICAL CLAIMS IS YOUR HMSA AND/OR HDS STATEMENTS. For Prescription Drugs, an itemized pharmacy receipts is acceptable. Cash register receipts are acceptable for approved over-the-counter (OTC) qualified expenses, VSP reports and receipts are recommended for vision expenses.**
4. Hospital, doctor, dentist, eye care, chiropractic, and acupuncture billing statements will only be processed if, the Patient's name, Doctor's name, service provided, date of service, insurance payment and your "**CO-PAYMENT**" are clearly indicated on the billing. Each claim for reimbursement **MUST** either meet the requirements of the Internal Revenue Service for reimbursement (see publication 502) or **MUST** be accompanied by a letter from a Licensed Medical Doctor prescribing or providing a "Medical Necessity."
5. ALL Dependent Care claims for reimbursement **MUST** be accompanied by a receipt from the provider that clearly shows the provider's name, address, Federal I.D. number or Social Security number, the period of service and the amount paid for that period of service. Federal Regulations prohibit advancing of Dependent Care reimbursement funds; therefore, you may only receive reimbursement of funds that are available in your account.
6. When the number of items exceeds the number of lines provided on the claim form, a separate form IS NOT REQUIRED. Please attach a separate list of your additional expenses. Please add up all of your submitted claims and write it in the block marked "Total."
7. If your medical provider's statement reflects a prior balance that is not within the current plan year, does not provide a date of service or fails to show insurance participation and for whom the balance pertains to, that claim will be denied.
8. Over the Counter drugs/medications may be reimbursable under IRS Code Section 105(b). To substantiate your claim you must provide the Store's receipt showing the name of the medicine/drug, and the date it was purchased and a Doctor's note/prescription stating the drug / medication is required or recommended by your Physician. **The IRS does not permit reimbursement for dietary supplements/vitamins because they are considered "merely beneficial to general good health" and therefore not considered a medicine or drug.** We reserve the right to add to the list of items which the Federal Regulations prohibit reimbursement for, as they occur. The Internal Revenue Service periodically updates new items that we can no longer reimburse you for, as well as new medicines/drugs that can be reimbursed. For a complete Revenue Ruling please visit [www.irs.gov/pub/irs-drop/rr-03-102.pdf](http://www.irs.gov/pub/irs-drop/rr-03-102.pdf)
9. Teeth whitening and other **cosmetic services**, whether medical or dental, CANNOT be reimbursed under Federal Regulations.
10. Any claims for mileage and parking (receipt required) **MUST** be accompanied by your medical/dental claim. Please DO NOT submit mileage and parking separate from your medical claim. Rates for mileage are subject to change at any time by the IRS; therefore, please refer to IRS Publication 502 for current rates.
11. Services must be incurred during your coverage period. Claims can be submitted during your coverage period plus an additional 90 days after your coverage period ends.

Samples of Prescription Medication Receipts



Doctor, Dentist, Optometrist, Hospital, Chiropractor, Acupuncturist or any other medical/dental/vision provider's receipt or billing must show the following information in order for your claim to be processed in a timely manner. Any claims missing relevant information will be denied.

Dr. John Doe  
 Any Place  
 Honolulu, Hawaii 96800

Patient's Name  
 Address:  
 City, State, Zip:  
  
 Date of Service:  
 Type of Service:  
 Insurance Co-Pay:  
 Patient Co-Pay:

The Flexible Spending Account Plan is offered to State employees pursuant to Hawaii Revised Statute, chapter 78, and within the meaning of Section 125 of the Internal Revenue Code of 1986 ("Code"), as amended, relating to cafeteria plans.

This plan document, together with the provisions of chapter 52 of Title 14, Hawaii Administrative Rules (HAR), is intended to satisfy the written plan requirement of section 125 of the Code and any Treasury regulations thereunder relating to cafeteria plans. If there are any conflicts between the Code and this plan document, the Code shall prevail.

This plan document is only a summary of HAR, chapter 14-52, "Flexible Spending Accounts Plan," and does not constitute a legal document or contract, and is not the complete text. The Rules may be examined or a copy may be obtained by contacting:

National Benefit Services, LLC  
1314 South King Street, Suite 326  
Honolulu, HI 96814

Or, visit the DHRD website at <http://dhrd.hawaii.gov/administrative-rules/>

Information, benefits, provisions, and/or qualifications provided may be subject to change.

If you need any auxiliary aids or services (large print, Braille, etc.), contact National Benefit Services, LLC at 465-2284 for assistance. Neighbor islands may call toll free 1-855-399-3035.

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