# Table of Contents

## Section 6: Tax Savings Plan and Spending Accounts

# TAX SAVINGS PLAN OVERVIEW

The Tax Savings Plan (TSP) allows participants to pay for their portion of Caltech medical and dental plan premiums with pre-tax dollars. Paying with pre-tax dollars means your contributions are taken from your pay before any Federal – and, in most cases state – income and FICA taxes are withheld.

Your actual tax savings will depend on several factors, such as your:

- Gross salary
- Taxable income
- Medical and dental plan elections
- Level of coverage.

# SPENDING ACCOUNTS OVERVIEW

The spending accounts provide you with an opportunity to set aside pre-tax dollars to pay for certain eligible health and/or dependent day care expenses. There are two spending accounts available:

- **Health Care Spending Account (HCSA)** allows you to set aside pre-tax dollars for you and your Tax-Qualified Dependent(s) to cover allowable health care expenses not covered under the Caltech medical plan or any other medical plan including: out-of-pocket medical, dental, and vision care expenses such as deductibles, copayments, eyeglasses, orthodontia or prescription drugs. For a more detailed list of allowable expenses for reimbursement, see page 6.7.

- **Dependent Care Spending Account (DCSA)** allows you to set aside pre-tax dollars to pay for child care for children under 13 or day care expenses for an incapacitated Spouse, Domestic Partner or other individual (e.g., a disabled parent) who is your Tax-Qualified Dependent under the Internal Revenue Code that allow you and your Spouse, Domestic Partner[1] to work or look for work.

You may choose to participate in one or both of the accounts. Based on your estimate for health care and/or dependent day care expenses for the plan year, you designate an annual amount which is pro-rated and taken from your salary each pay period to fund your account(s). Then, when you incur an eligible expense, you submit a Flexible Spending Account claim form with proof of your expense. Once your request has been processed, the expenses will be deducted from the appropriate account(s) and a reimbursement check will be sent to your home or deposited to your Bank Account.

## Estimate Expenses Carefully

It is important that you estimate your expected eligible expenses accurately, because the Internal Revenue Service has certain requirements that affect you and your spending account(s).

Claims for expenses must be for services you receive when your spending account is in effect. For example, if you begin a spending account on September 1 and continue your participation until December 31, only expenses incurred from September 1 through December 31 are eligible for reimbursement. You will forfeit any unused amounts remaining in your account at the end of the calendar year. This is commonly known as the "use-it-or-lose-it" rule. All claims incurred during the plan year must be submitted within 3 months after the close of the year (e.g., claims must be postmarked by March 31 for services incurred in the prior calendar year).

Amounts reimbursed from your spending account(s) cannot also be claimed as federal income tax deductions or credits. This is because these amounts are already being reimbursed with pre-tax dollars.

Amounts in your HCSA cannot be used to reimburse DCSA expenses and vice versa.

[1] Only applies if your Domestic Partner is your Tax-Qualified Dependent.

# EFFECT ON SOCIAL SECURITY AND OTHER BENEFITS

Your participation in the TSP and/or in a spending account may have a slight effect on your Social Security benefits. This is because your pre-tax contributions lower the amount of your taxable earnings, which is the amount on which your Social Security benefits are based. Your Social Security benefits may be reduced, but in most cases this reduction (if any) will be very small. If your taxable income (after the reduction for your spending account contribution) is greater than the Social Security Taxable Wage Base, there will be no effect on your future Social Security retirement benefits.

Your other pay-based benefits (such as retirement, vacation, group life insurance and LTD) will still be based on your Regular Salary.

## Tax Laws

The terms and provisions of the Tax Savings Plan and the spending accounts are based on current tax laws. Tax laws or regulations could reduce some of the tax savings and/or may require modification to the plans by the Plan Administrator (see page 8.23).

# ENROLLMENT

## Tax Savings Plan

Benefit-Based Employees automatically participate in the Tax Savings Plan when they enroll in either medical or dental coverage provided under the Caltech benefits program sponsored by the Institute. This means any contributions will automatically be deducted from your pay on a pre-tax basis. Benefit-Based Employees may elect to waive participation in the TSP and make contributions on an after-tax basis. The waiver of participation in the TSP must be made within 31 days of becoming a Benefit-Based Employee or during the annual Enrollment Period. If you participate in the TSP, you may not make a change in election until the next Annual Enrollment Period unless you have a qualifying Change in Status or other IRS-recognized event permitting a mid-year election change (see below).

Please note that you cannot pay for coverage on a pre-tax basis for Domestic Partners who are not otherwise your Tax-Qualified Dependents as defined under Internal Revenue Code Section 125. Contributions for their medical and dental coverage can be made pre-tax for the State of California but after-tax for Federal taxation. Any employer provided coverage for a non-IRS tax dependent is subject to imputed income.

## Spending Accounts

In order to participate in one or both of the spending accounts, you must enroll within 31 days of becoming a Benefit-Based Employee, during the Annual Enrollment Period or within 31 days of a Change in Status or other IRS recognized event (see page 6.3). You may not submit claims for reimbursement under the spending accounts for a Domestic Partner who is not your Tax-Qualified Dependent.

# CHANGE IN STATUS EVENTS

Outside of Annual Enrollment period, you may add or delete Dependents to your current medical, dental and vision plans, start or stop contributions under the medical, dental and vision plans, and start, stop or change your contributions under one or both of the spending accounts during the plan year only within 31 days of a Change in Status Event or other IRS-recognized event or if you experience a different event permitting a new mid-year election change. The effective date of any changes is subject to individual plan provisions. Read each section carefully to determine election changes that are permitted following a Change in Status Event.

The following Change in Status Events and other IRS events are recognized under the plan:

- ***Change in legal marital status*** — marriage, death of Spouse or Domestic Partner, divorce, legal separation, termination of Domestic Partnership or annulment.
- ***Change in the number of your Dependents*** — birth, Adoption, placement for Adoption, death, or change in legal custody or a change in your relationship with your Spouse or Domestic Partner.
- ***Change in your or your Spouse's, or Domestic Partner's Dependent's employment status that impacts eligibility for benefits*** — termination or beginning employment, beginning or returning from an unpaid leave of absence, or other event (e.g., salaried to hourly, full time to part time, change in worksite).
- ***Change in Dependent's eligibility*** — age, Tax-Qualified Dependent status or other similar eligibility criteria.
- ***Change in residence that impacts benefit eligibility*** — you move outside of an HMO/DMO service area **[NOTE: This does not apply to an election change with respect to HCSA or DCSA.]**
- ***Judgment, decree, court order, or Qualified Medical Child Support Order (QMCSO)*** — court-ordered medical and dental coverage for your legal Dependent children. You may also make a corresponding election change for HCSA.
- ***HIPAA special enrollment events*** — adding group medical or dental plan coverage following loss of other medical or dental coverage or acquiring a new Spouse, Domestic Partner or Dependent through marriage, formation of Domestic Partnership, birth or Adoption (see page 2.9).
- ***Significant cost or coverage changes*** — increase or decrease in cost charged to Benefit-Based Employees; new benefit option introduced during the plan year; substantial decrease or change in network providers; significant reduction in a benefit plan option. Also includes an open enrollment period of your Spouse's or Domestic Partner's employer plan, if applicable, that is at a different time than this plan. **[NOTE: This does not apply to an election change with respect to the HCSA (or on account of a change in cost or coverage under the HCSA).]**
- ***Change due to entitlement (or loss of entitlement) to Medicare or Medicaid*** — If you, your Spouse, Domestic Partner or a covered Dependent becomes entitled to Medicare or Medicaid (i.e., becomes enrolled), you may drop or reduce coverage for that individual. If you are participating in the health care spending account (HCSA) , you may stop making contributions to your HCSA account. If you, your Spouse, Domestic Partner or a Dependent loses entitlement to Medicare or Medicaid, you may enroll or increase coverage for that individual (and yourself) in the plan. **[NOTE: This does not apply to an election change with respect to the DCSA.]*****Changes consistent with taking leave under the Family and Medical Leave Act (FMLA)*** — If you take leave under the FMLA, you may revoke your election under the plan and make such other election for the remaining portion of the period of coverage as may be provided for under the FMLA.

If applicable, the events listed on the previous page qualify as Change in Status Events or other IRS recognized events permitting mid-year election changes only if they result in your or your Spouse's, Domestic Partner's or Dependent's gain or loss of eligibility under the Caltech or other employer plan. Note that financial hardship is *not* a qualified Change in Status event. You cannot use financial hardship as a basis to request a change in your election.

In addition, if applicable any changes you wish to make to your coverage must be on account of *and* correspond with the Change in Status Event (such as requesting Dependent coverage for your Spouse if you get married), *and* must be made within 31 days of the Change in Status Event. You will *not* be permitted to switch from one plan to another, unless the switch is required due to a change in residence or unless you make an election change under a HIPAA Special Enrollment Event. A Change in Status Event becomes effective on the first of the month coincident with or next following the date of the event except that additions to medical coverage due to a birth or Adoption will become effective as of the date of birth or Adoption (see page 2.9).

If you have a Change in Status Event or other IRS-recognized event that permits you to make a change in coverage, you should contact the Campus or JPL Benefits Office immediately to obtain the appropriate forms and determine allowable coverage changes you can make.

If you waived participation in the Tax Savings Plan and pay for your coverage on an after-tax basis, the rules in this section do not apply to your election changes. For example, you may cancel medical and/or dental coverage at any time but reenrollment in these plans is limited to annual enrollment or in the case of HIPAA Special Enrollment Event described on page 2.9. Contact the Campus or JPL Benefits Office for more information.

## HEALTH CARE SPENDING ACCOUNT ELIGIBILITY

Benefit-Based Employees are eligible to use the HCSA. You may submit eligible expenses incurred by any of your Tax-Qualified dependents as long as the expenses are not covered or reimbursed by the Institute's or any other medical or dental plans.

### Automatic Reimbursement Feature For Anthem Blue Cross Members

Because our Spending Account Administrator, UniAccount, is part of the Anthem Blue Cross family, certain eligible health care expenses can be automatically reimbursed without submitting claim forms:

- Anthem Blue Cross PPO participants who elect to participate in a HCSA can be reimbursed automatically for most out-of-pocket medical expenses, including office visit copays, deductible and coinsurance payments, and prescription drug copays;
- Anthem Blue Cross HMO participants can be reimbursed automatically for prescription drug copays.

You will still need to submit a claim for reimbursement of Anthem Blue Cross HMO office visit copays and all other eligible expenses.

## CONTRIBUTION LIMITS

If you choose to participate in the HCSA, you will decide how much to contribute, subject to the HCSA plan minimum, $120; or a maximum, $2,500 per year.

You will be reimbursed from the HCSA for eligible expenses up to your annual elected contribution (minus any prior reimbursements), even if this exceeds your account balance at the time of the reimbursement.

## FILING SPENDING ACCOUNT CLAIMS FOR REIMBURSEMENT

Claim forms are available in the Campus or JPL Benefits Office. Include appropriate receipts with the claim form and mail to UniAccount for reimbursement. (See claim form for filing and mailing instructions.)

For HCSA claims, expenses must be incurred while you are a plan participant and during the calendar year. Expenses paid for or reimbursed by another employer or program are not eligible for reimbursement through the spending account(s).

**All claims for health care and/or dependent care expenses incurred prior to the end of the calendar year must be postmarked by March 31 of the following year or they will not be reimbursed.** You will receive a statement prior to the end of the year showing your reimbursements and your account balance.

If you have any questions about the status or filing of your claims, call UniAccount at 1-888-209-7976.

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# HOW TO ESTIMATE YOUR HCSA CONTRIBUTION

Consider your family's recent and future expected health care expenses. Use the worksheet below to help you estimate your calendar year expenses and the amounts to be deposited into your HCSA. Review the list of eligible expenses on page 6.7 and identify any expenses you anticipate for the year. Review your and your Dependent's medical and dental plans to determine what will be covered and what you might expect to pay yourself.

## Planning Your Health Care Expenses Worksheet

Here is a worksheet to help you estimate what your eligible health care expenses would be for the plan year. See page 6.7 for a list of eligible health care expenses.

**Health Care Spending Account**

*This total represents the amount you may want to deposit into your Health Care Spending Account:*

| OUT OF POCKET EXPENSES* | ANNUAL AMOUNT** |
|---|---|
| Deductibles and Copayments (medical and dental) | ________________ |
| Routine Physical Exams (covered at 100% in-network) | ________________ |
| Well Baby Care (covered at 100% in-network) | ________________ |
| Vision Exams | ________________ |
| Purchase of Glasses/Contact Lenses | ________________ |
| Hearing Care | ________________ |
| Prescription Drugs | ________________ |
| Dental/Orthodontia | ________________ |
| Other | ________________ |
| | **ANNUAL TOTAL** |

* *Uncovered expenses for you and any eligible tax-qualified Dependents. Each year you must mak[illegible]g the Annual Enrollment Period for expenses you anticipate incurring during the following calendar year. Remember [illegible]ses carefully, because you forfeit any leftover amounts in your account that are not reimbursed.*

** *Prorate for remainder of year if starting participation mid-year.*

## HCSA Eligible Expenses

### Examples of Eligible Health Care Expenses

The following list identifies some of the common medical and health related expenses that the Internal Revenue Service considers to be reimbursable medical expenses. These expenses are eligible for reimbursement through your HCSA provided that you have not been reimbursed from any other benefits plan. Expenses are deemed to be incurred on the date you (or your Dependent) receives the medical care, not on the date you are billed or charged for it, or pay for it. Allowable HCSA expenses include, but are not limited to:

Abortion, legal
Acupuncture
Ambulance service
Bandages
Birth control pills
Capital expenses for:
  Home improvements*
  Special equipment installed in the home or car*
  *(if the main reason for the improvement or equipment is for medical care, but only to the extent the expenditure exceeds any increase in the improved property's value)
Chiropractor
Christian Science practitioners (for medical care)
Contact lenses
Crutches
Dental treatment (including orthodontia)
Eye examination
Eyeglasses
Fees to doctors, hospitals, etc., for medically necessary services
Guide dog and its upkeep
Hearing exams, aids or batteries
HMO copayments
Insulin
Laboratory fees and diagnostic testing
Laser eye surgery
Mental health treatment
Nursing services
Nursing home (for medical reasons)
Organ transplant expenses
Oxygen equipment
Prescription drugs, legal
Prostheses
Radial Keratotomy
Rental of medical equipment
Smoking cessation programs
Substance abuse treatment
Surgery
Special schooling and equipment for physically or mentally handicapped (if recommended by a doctor)
Sterilization
Therapy
Transportation expenses primarily for, and essential to, medical care
Wheelchair
X-ray fees

### Examples of Non-Reimbursable Health Care Expenses

Cosmetic surgery (subject to certain exceptions)
Concierge Services
Custodial or domiciliary care
Diaper service
Electrolysis or hair removal
Funeral and burial expenses
Hair transplants
Health club membership fees and dues (however, fees incurred for specific health club services are reimbursable if prescribed by a doctor to treat a specific medical condition - e.g., obesity)
Household and domestic help
Illegal services and supplies (e.g., illegally imported prescription drugs)
Insurance premiums of any kind (including Medicare)
Long term care premiums or expenses
Meals and lodging at nonmedical facility
Maternity clothes or uniforms
Nursing services for a normal, healthy newborn baby
Marriage counseling
Over-the-counter drugs used to promote general wellness
Over-the-counter drugs used to treat a specific illness or injury, if not prescribed by a physician
Personal use items like cosmetics, toiletries, and items for personal hygiene or beautification
Schooling or tuition for scholastic improvement or discipline
Social activities like dancing or swimming lessons
Special foods or dietary supplements like vitamins, minerals, bottled water, and diet foods taken for general health purposes
Teeth whitening
Transportation for nonmedical reasons
Trips or vacations

Refer to the IRS Publication 502, Medical and Dental Expenses for more specific information on eligible health care expenses. However, some expenses that are considered allowable medical expenses in Publication 502 are not reimbursable under the HCSA (e.g., long term care expenses and any insurance premiums). To request IRS Publication 502, call 1-800-829-3676, or go on line to http://www.irs.gov/pub/irs-pds/p502.pdf.

## DEPENDENT DAY CARE SPENDING ACCOUNT ELIGIBILITY

Benefit-Based Employees are eligible to use the DCSA. If you are married, your Spouse or Domestic Partner must either work, be a full-time student, or be physically or mentally Disabled in order for expenses to be eligible for reimbursement from the DCSA. Expenses must be incurred to enable you and your Spouse or Domestic Partner (if applicable) to work or look for work, or for your Spouse or Domestic Partner to attend school full-time (i.e. at least 5 months during the year) while you work. Additionally, eligible dependent day care expenses include expenses that you incur to allow you to work while your Spouse or Domestic Partner is mentally or physically disabled and is in need of care or is unable to provide care for a Dependent. Your and your Spouse's or Domestic Partner's work can be done for others or in your own business. It can be either full-time or part-time. However, it doesn't include volunteer work.

You must also have "qualifying individuals" for whom you will incur eligible dependent care expenses. Qualifying individuals include:

- A child under the age of 13* (a "qualifying child" under the Internal Revenue Code) who meets all of the following requirements:

  I. Is either your child (including a step, adopted and foster child) or grandchild, or your brother, sister, stepbrother, stepsister or a descendant of any such relative (e.g., niece or nephew);

  II. Resides with you for more than one-half of the taxable year, and

  III. Does not provide over one-half of his or her own support for the calendar year.

- Your disabled Spouse or Domestic Partner who meets all of the following requirements:

  I. Is physically or mentally unable to care for himself or herself and;

  II. Lives with you for more than one-half of the calendar year.

- Any other relative or household member of any age or any other tax Dependent of any age (e.g., an elderly parent, your Spouse, Domestic Partner or older child) who receives more than half their support from you, who is not the "qualifying child" of yours or any other individual and who meets all of the following requirements:

  I. Is physically or mentally unable to care for himself or herself; and

  II. Lives with you for more than one-half of the calendar year.

**If your child turns 13 during the year, you can stop your contributions within 31 days following the child's 13th birthday.*

## CONTRIBUTION LIMITS

If you are single, or married filing a joint return, you can set aside up to $5,000 in pre-tax dollars each calendar year into your DCSA. If you are married and file separate returns, you can set aside up to $2,500 a year.

If you choose to participate in the DCSA, you will decide how much to contribute, subject to the DCSA plan minimum, $120; or a maximum, $5,000 per year and IRS limits on what you can defer.

Your annual contribution can never be more than your earned income for the year if you are single or the lesser of your or your Spouse's or Domestic Partner's earned income for the year if you are married. In addition, if your Spouse or Domestic Partner is not employed, but is Disabled or a full-time student, your Spouse's or Domestic Partner's presumed earned income for each month during which he or she is Disabled or a full-time student is:

- $250 per month if you have one qualifying individual; and

- $500 per month if you have two or more qualifying individuals.

# EXPENSES

Only certain expenses are eligible through the DCSA. You should refer to the following list when estimating the amount of your eligible expenses for the year.

## Expenses That Are Eligible For Reimbursement

Here is a partial list of IRS-approved Dependent care expenses for which you can seek reimbursement through the DCSA when incurred for qualifying individuals:

- A day care (includes before/after school) center that meets local regulations, provides care for more than six non-residents and receives a fee for such services, whether or not for profit
- Elder/dependent care facility
- Housekeeper, maid, or cook, as long as he/she is also responsible for the well-being and protection of a qualifying individual (including meals and lodging expenses)*
- Babysitters or companions, including your children who have attained age 19 at the end of the calendar year, and other individuals for whom you (or your Spouse or Domestic Partner) cannot claim as exemptions on your federal income tax return*
- Nursery school or preschool (expenses are limited to care of your child and not your child's education)
- Day camp
- Dependent care services provided outside your home for a Dependent child under age 13, or for any other qualifying individual (e.g., a disabled Spouse, Domestic Partner or older child, an elderly parent), but only if such other qualifying individual spends at least 8 hours a day in your home

**Eligible expenses can include wages and Social Security taxes paid to or on behalf of a caretaker.*

## Expenses That Are *Not* Eligible For Reimbursement

- Dependent care provided by your Spouse, Domestic Partner, your children who will be under age 19 at the end of the calendar year (regardless of tax-dependent status), or any other individual who could be claimed as a dependent on your (or your Spouse's or Domestic Partner's) federal income tax return
- Dependent care obtained for reasons not related to gainful employment (e.g., a babysitter for you and your Spouse or Domestic Partner to attend a social event; also note that volunteer work is not considered gainful employment)
- Overnight camp
- Any expense for which you deduct or for which you take the Dependent care tax credit on your (or your Spouse's or Domestic Partner's) federal income tax return
- Transportation to and from a dependent care location
- Dependent care if your Spouse or Domestic Partner is not employed or is not Disabled or a full-time student
- Dependent care if your Spouse or Domestic Partner is employed, but could provide care because his or her work hours do not coincide with yours
- Dependent care while you are off work because of illness (if applicable)
- Food, clothing, education, entertainment (unless these are small amounts that are incident and cannot be separated from the cost of caring for the qualifying individual),

or transportation to and from the Dependent care location

- Care provided in full-time residential institutions, such as nursing homes and homes for the mentally Disabled
- Education expenses in the first grade or higher. Kindergarten expenses are reimbursable only to the limited extent the expense is for the care of your child, and not your child's education.

### Maximum Reimbursement

Under the DCSA, you may be reimbursed for expenses only up to the amount of money you have in your account. If your requested reimbursement exceeds your account balance, the excess will be pended until you make additional contributions.

Here is an example: Let's say $200 is withdrawn from your paycheck for deposit in a Dependent Care Spending Account (DCSA) in January, and you submit a claim for $300 in January. Only $200 will be reimbursed until additional deposits are made available in the DCSA account.

## ADDITIONAL MID-YEAR CHANGES TO YOUR DCSA ELECTION

In addition to the Change in Status Events and other IRS-recognized events on page 6.3, the plan allows mid-year changes to your DCSA election if you are already participating in the DCSA as follows:

- Increase/decrease in day care provider fees (except for increases by a day care provider who is related to you)
- Choosing a different day care provider that impacts your cost
- A change in your or your Spouse's or Domestic Partner's regular work schedule that increases or decreases the amount paid to a day care provider

## DCSA OR TAX CREDIT

The current tax laws provide two means of saving on dependent care expenses: dependent care assistance plans (such as the DCSA) and the federal dependent care tax credit. The tax credit would apply to the same expenses that are eligible for reimbursement through your DCSA. You can take a tax credit on your federal income tax return of 20% to 35% of your eligible dependent care expenses, depending on your adjusted gross income. The amount of the credit offsets your tax liability dollar for dollar. The expenses covered by the credit are limited to a maximum of $3,000 for one qualifying individual and $6,000 for more than one qualifying individual. The credit equals a percentage of your dependent care expenses up to the maximum limit on expenses. The percentage is determined under the chart shown below:

Thus, if your adjusted gross income is $30,000 and you have $5,000 in dependent care expenses for one child, your tax savings under the tax credit method would be 27% of $3,000, or $810 (see chart below). The $3,000 figure is the maximum amount of dependent care expenses that may be taken into account under the tax credit method if you have one child.

You may be able to use both approaches, but you cannot take a deduction for the same expenses twice. In addition, each dollar you contribute to the DCSA reduces the total amount of expenses that are eligible for the tax credit (i.e., reduces the $3,000 and $6,000 maximum eligible expense amount). You may want to consult a tax expert for help in determining whether the DCSA is more advantageous than the tax credit, as individual circumstances must be considered.

Refer to IRS Publication 503 for further information, available by request from the IRS by calling 1-800-829-3676 or online at *http://www.irs.gov/pub/irs-pds/p503.pdf*. Please note, however, that this plan's definition of when an expense is "incurred" will control, not the definition in IRS Publication 503. For purposes of this plan, expenses are deemed to be incurred on the date the dependent care is received, not on the date you are billed or charged for it or pay for it.

### Federal Dependent Care Tax Credit

| Adjusted Gross Income | Percentage of Eligible Dependent Care Expenses* |
|---|---|
| **$ 0 – $15,000** | **35%** |
| **$15,001– $17,000** | **34%** |
| **$17,001– $19,000** | **33%** |
| **$19,001– $21,000** | **32%** |
| **$21,001– $23,000** | **31%** |
| **$23,001– $25,000** | **30%** |
| **$25,001– $27,000** | **29%** |
| **$27,001– $29,000** | **28%** |

| Adjusted Gross Income | Percentage of Eligible Dependent Care Expenses* |
|---|---|
| $29,001– $31,000 | 27% |
| $31,001– $33,000 | 26% |
| $33,001– $35,000 | 25% |
| $35,001– $37,000 | 24% |
| $37,001– $39,000 | 23% |
| $39,001– $41,000 | 21% |
| $43,001 and over | 20% |

***** *Maximum of $3,000 for one qualifying individual, $6,000 for more than one qualifying individual.*

## FILING SPENDING ACCOUNT CLAIMS FOR REIMBURSEMENT

Claim forms are available in the Campus or JPL Benefits Office. Include appropriate receipts with the claim form and mail to UniAccount for reimbursement. (See claim form for filing and mailing instructions.)

For DCSA claims, the IRS requires you to provide the name, address, and taxpayer identification number (or social security number) of the dependent care provider. You will need to provide this information on your claim form and on your annual federal tax return.

For DCSA claims, expenses must be incurred while you are a plan participant and during the calendar year. Expenses paid for or reimbursed by another employer or program are not eligible for reimbursement through the spending account(s).

**All claims for health care and/or dependent care expenses incurred prior to the end of the calendar year must be postmarked by March 31 of the following year or they will not be reimbursed.** You will receive a statement prior to the end of the year showing your reimbursements and your account balance.

If you have any questions about the status or filing of your claims, call UniAccount at 1-888-209-7976.

## TERMINATION OF EMPLOYMENT

If you leave the Institute for any reason (including retirement, Disability, or death), you or your Beneficiary may use your spending account(s) for expenses incurred prior to the end of the month in which you leave. All claims must be filed by March 31 following the end of the calendar year in which you left.

In order to submit HCSA claims for health care expenses incurred after the first of the month following your termination of employment, you must elect COBRA continuation of coverage for HCSA and continue to make contributions on an after-tax basis. You may continue your HCSA participation under COBRA only through the end of the calendar year in which your COBRA qualifying event occurs (see page 2.20 in the *General Information* section for further details on COBRA coverage under the HCSA). COBRA continuation is not available for the DCSA.