**School District of New Holstein**  
**Flexible Spending Account (FSA) Important Plan Information**  
**Please review the following information in preparation for your FSA enrollment!**

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| **Upcoming FSA Plan Year:** | 7/1/2018 - 6/30/2019 |  | | | | | |
| **Run-Out Period:** | You have until 8/29/2018 to **submit** claims for expenses incurred during the ***current*** Plan Year. | | | | |
| **FSA Carryover** | Your FSA Plan allows you to carry over up to $500.00 of unused funds from your current Plan Year Health Care FSA to be spent in the new Plan Year! | | | | |
| **Maximum Election Amount:** | Health Care FSA: $2,650 Dependent Care FSA: $5,000 Premium Reimbursement Account: No Maximum   (Note: Group insurance premiums are deducted pre-tax automatically. Contact your employer's benefits representative if you have questions.) | | | | | |
| **FSA Deductions:** | 24 FSA Deductions / 12 Month Employee  18 FSA Deductions / 9 Month Employee  20 FSA Deductions / Teacher/20 Pays  24 FSA Deductions / Teacher/Lump Sum/Summer Pay  (Your plan year election will be divided by the number shown above.) | | | | | |
| **Reimbursement Schedule:** | Eligible claims received Friday by 9 a.m. will have reimbursements released the following Friday. | | | | | |
| **Reimbursement Method:** | **Mandatory Direct Deposit** | | New participants - please have your bank account and routing numbers available when enrolling. | | | | | |
| **Debit Cards:** | If you are a new participant wishing to receive a debit card for your Medical Reimbursement FSA, please indicate this when you complete your enrollment. **Current participants** must elect the debit card option when enrolling to reload your card. Please read the attached information to learn more about debit cards. | | | | | |
|  | **You will be responsible for paying for the debit card fee of $25 per year.**  **This amount will be deducted from your Health Care FSA in September.** | | | | | |
|  | Debit card transactions after 6/30/2018 will be deducted from your 7/1/2018 - 6/30/2019 FSA election. Your card does not allow for transactions from the prior Plan Year. | | | | | |
| **Email Claim Notifications:** | Email notifications will be sent to inform you of claims received, reimbursements issued or requests for additional information needed to process your claims. By providing your email address when you enroll, you will automatically receive these notifications. | | | | |
| **Online Account Access:** | You may view account details including balance, claims and reimbursements and also access claim forms via the DBS website at **www.dbsbenefits.com**. | | | | |
|  | You will need the following PIN # to create an online account if you have not done so already: **NHSD** | | | | | |
| **Enrollment Method:** | Enroll online | | | See the attached online enrollment instructions. |
| **Deadline to Enroll:** | **6/8/2018** | | | | | |

**Flexible Benefit Plan Online Enrollment Instructions**

**To enroll online you will need an A.S.A.P.® (Advanced Strategic Administration Program) account. If you already have an account please skip to the ‘How to Enroll’ section below.**

**How to Create an A.S.A.P.® Account:**

1. Logon to the DBS website at [DBSbenefits.com](http://www.dbsbenefits.com)
2. Select ‘**User Login’** located at the top right of your screen.
3. Select ‘**Create New Account’** and enter the employer PIN: **NHSD**
4. Enter the required account information and select ‘Submit’. Your online account will be created and you may now complete the online enrollment.

**How to Enroll:**

1. Enter the **Login Name** and **Password** you created when setting up your online A.S.A.P.® account and click **‘Login’**.
2. Select the 7/1/2018plan year on the top of the screen and then select **‘Enrollment’** from the menu bar.
3. Complete the enrollment information as asked for on the online enrollment form.
4. Direct Deposit of claim reimbursements is an option of your plan. If you are a new participant wishing to elect direct deposit, you will need to complete the bank account information section of the online enrollment form in order to submit your enrollment. If you are a current FSA participant, your current bank information will auto-fill on the screen. You can update banking information or proceed with the current information.
5. Review the ‘**Legal Terms’** and check the box if you agree to the stated terms (required in order to enroll).
6. Next click on the red **‘Click Here to Submit Enrollment’** button. A window will pop up confirming you have successfully enrolled and providing the details of your enrollment.
7. You will have an option to print the enrollment form by clicking on the **‘Print Your Enrollment’** box.
8. When finished click on the **‘Logout’** link at the top of the page.