



Flexible Benefit Plan Election Form and Contribution Agreement

Employer Name: School Administrative Unit 70

Plan Year: January 1, 2026 – June 30, 2026 (“short” plan year)

Business Solutions
Business Simplified

1. Employee Information Please Print Clearly Refer to Back for Instructions

Full Name: _____ Social Security Number: _____
 Home Address: _____
 City: _____ State: _____ Zip Code: _____ Cell Phone Number: _____
 E-Mail: _____ Date of Birth: _____
 (CGI will only use the provided e-mail address and telephone # for the sole purpose of issuing correspondence regarding your account, not for solicitation purposes)
 Plan Year Beginning/Date of Eligibility: _____

2. Election Agreement for Insurance Premium Pre-Tax Deductions

- Yes, I have elected insurance coverage and authorize contributions in the amounts of current premiums deducted from my paycheck pre-tax. I understand that:
 _____ If my required contributions for the elected benefits are increased or decreased while this agreement remains in effect, my Contributions will automatically be adjusted to reflect that increase or decrease.
 _____ Prior to the first day of each Plan Year, I will be offered the opportunity to change my benefit election for the following Plan Year.
- No, I hereby waive this benefit.

3. Flexible Spending Benefit Plan Pre-Tax Elections

Health Care Spending Account Reimbursement will only be available for “qualifying medical care expenses” for my eligible dependents and/or myself during the Plan Year as described in my Summary Plan Description and Employee Booklet. You will need to read the Flexible Benefit Plan Terms and Conditions on the back of this form. **Effective January 1, 2020 The Cares Act treats all OTC drugs, medicines and now menstrual care products as qualifying medical expenses that may be paid for (or reimbursed) on a tax-free basis by a Health FSA. This change eliminates the ACA Provision that requires individuals to have a prescription for an OTC medicine, except insulin.**

- Yes, I elect to participate in the Health Care Spending Account.
 \$ _____ X _____ = \$ _____ ****The Prorated Short Year Plan Limit is \$1,700.00**
 Contribution per pay period # of pay periods in plan year Total Annual Election* with a minimum of \$25.00
- No, I hereby waive this benefit.

4. CGI Benefits Card Dependent Enrollment (Optional) Your debit card will automatically be reactivated upon enrollment. You will need to read the terms and conditions on the back of this form for the CGI Benefits Card and your Flexible Benefit Plan.

Dependent Information You will be charged a \$2.00 fee for dependent cards or replacement cards. Please indicate if you would like to receive additional debit cards for your spouse and any additional dependents (over age 18.) This is only for your eligible dependents, per IRS guidelines.

Full Name	Social Security Number	Date of Birth	Relationship	Card
1.				<input type="checkbox"/> Yes <input type="checkbox"/> No
2.				<input type="checkbox"/> Yes <input type="checkbox"/> No

5. Direct Deposit Application To receive reimbursements for out-of-pocket medical and/or dependent care expenses as a direct deposit to your personal checking or savings account (rather than receiving paper checks) please complete the below section and attach a voided check or savings deposit slip.

Name of Bank: _____ Checking Account Savings Account

(ABA) Routing #: 9 Digits located on the bottom left hand side of check

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 Account #: located after ABA # (Do not include check #)

6. Signatures By signing below, I agree to all of the FSA Plan Terms and Conditions on the back of this form.

Employee Signature (required): _____	Date: _____
Employer Signature (required): _____	Date: _____

Flexible Benefit Election Form and Contribution Agreement Instructions

Section 1	EMPLOYEE INFORMATION – Please print your name and provide your complete address clearly. Your phone number and e-mail address will be used only to communicate with you in regards to your plan. It will not be distributed to any other organizations or used for solicitation purposes in any way. Please understand that this is an employee account under federal and state laws CGI cannot release detailed information to anyone other than the participant, this also includes spouse and/or dependent(s). Should a spouse and/or dependent(s) have a CGI Benefits Card they may obtain account balance or information on card transactions with their assigned card. Please contact our office for further information.
Section 2	ELECTION AGREEMENT FOR INSURANCE PREMIUM PRE-TAX DEDUCTIONS – Please indicate whether or not you elected health insurance offered by your company and authorize pre-tax deductions for this benefit.
Section 3	FLEXIBLE BENEFIT PLAN PRE-TAX ELECTIONS – Health Care Spending Account: Carefully figure out how much money you wish to set aside each pay period during your employer’s plan year to pay for you/your family’s eligible out-of-pocket medical expenses. Reimbursement will be available for only “qualified medical care expenses” as described in your Summary Plan Description (SPD) and Employee Booklet. Under the Health Care Spending Account Plan you will be reimbursed only for those types of medical expenses normally deductible on your federal income tax return with certain exceptions.
Section 4	CGI BENEFITS CARD- Please be sure to not discard your card, as the cards are valid for 3 years and will be reactivated for the new plan year’s election. Dependent Information -You will be charged a \$2.00 fee for dependent cards or replacement cards. Please indicate if you would like to receive additional debit cards for your spouse and any additional dependents (over age 18.) This is only for your eligible dependents, per IRS guidelines.
Section 5	DIRECT DEPOSIT AUTHORIZATION- Manual claims submitted to CGI for reimbursement are normally reimbursed to you by sending a paper check. If you wish to receive reimbursements directly to your checking or savings account via direct deposit, please fill out this section and attach a copy of a voided check (for checking) or a deposit slip (for savings).
Section 6	SIGNATURES- After completing this election form in its entirety and carefully reading the below Terms and Conditions thoroughly, please sign and date then return the completed election form to your HR office as applicable. Employers must review the election form and sign and date that the employee meets the eligibility requirements under their plan.

Flexible Benefit Plan Terms and Conditions

I UNDERSTAND THAT:

- I cannot change or revoke this contribution agreement at anytime during the Plan Year, unless I have a qualifying event (including marriage, divorce, birth or adoption of a child, death of a spouse or child, termination or commencement of employment of spouse.)
- My Social Security benefits may be slightly reduced as a result of my election.
- I have read and understand the explanation I have received regarding my options under the Section 125 Plan. I understand that I have authorized my Employer to reduce my salary on a pre-tax basis during this plan year.
- This agreement will automatically terminate if the Plan is discontinued or if I cease to receive compensation from my Employer. Any services submitted for reimbursement against your available balance must have the dates of service incurred on or before your date of termination. **Any CGI Benefits Cards will be automatically deactivated as well. Claims must be submitted within 90 days of your termination date.**
- I must choose my annual elections carefully. Expenses from reimbursement accounts cannot be reimbursed from any other source and must be incurred during my active participation of the employer’s plan year. Any remaining balance deemed unclaimed from my reimbursement account at the end of the plan year or after my termination will be forfeited to my employer after a 90 day run out period.
- I may have an additional 2 ½ month grace period at the end of the current plan year to incur eligible expenses towards a remaining balance for reimbursement. Please see your Flexible Benefit Summary Plan Description for more details.
- I acknowledge that Flexible Benefit Plans are to reimburse expenses incurred by my legal dependents or myself only. Domestic/Civil Union Partners are not eligible IRS dependents in most cases.
- Health Care Spending Accounts will be reimbursed up to your annual election. Dependent Care Reimbursement Accounts will be reimbursed up to the balance currently credited to your account.
- **March 27, 2020, President Trump signed the Coronavirus Aid, Relief and Economic Security Act (CARES Act) into law to address the COVID-19 crisis. Effective Jan. 1, 2020, the CARES Act allows OTC drugs, along with menstrual care products, to be treated as qualified medical expenses that may be paid for using these tax-advantaged arrangements. This change eliminates the ACA provision that requires individuals to have a prescription for an OTC drug (except insulin) to pay for it on a tax-free basis with a Health FSA.**
- A) CGI Benefits Card: The CGI Benefits Card debit card is to be only used to pay for IRS eligible health care expenses. It cannot be used to purchase any expenses not specifically approved by IRS guidelines.
B) The IRS requires me to keep documentation of all my expenses the card is used for, and supply copies of the documentation upon CGI’s request.
C) Misuse of the card will result in deactivation and repayment of all ineligible expenses.
D) For expenses paid with the CGI Benefits Card I certify that I have not been reimbursed for the expenses by any other health benefit plans or will not seek for reimbursement after use of my card.