The BESTflex℠ Plan

Enrollment Guide

Enroll in the BESTflex℠ Plan and you'll pay less for eligible health care and daycare expenses.

Use **tax-free dollars** to pay for eligible health care and daycare expenses.

Tax-Free Dollars

The BESTflex Plan is an easy way for you to set aside a portion of your earnings, and use it to pay for insurance, health care and daycare expenses. The money you set aside in the BESTflex Plan is free from payroll taxes, so you save approximately 30 percent* in taxes for each dollar you contribute.

A Prescription for Savings

Whether your prescription medicine helps calm your allergies after snuggling with your cat, suppress heartburn after your favorite meal, breathe through your asthma – or something else entirely – the BESTflex Plan lets you pay less for it.

The plan saves you approximately 30 percent* in taxes on your eligible prescriptions and prescription co-payments, meaning a $20 prescription expense amounts to about $14.

Smile!

When you go out to socialize with your friends and meet new people, you trust in your bright smile to lend yourself confidence. It's no surprise, then, that you like to keep your smile in tip-top shape, despite how expensive it can be.

The BESTflex Plan helps you save approximately 30 percent* on your dental expenses, and keep your smile healthy and bright. A dental exam and cleaning might cost you $100 – or more, depending on your provider. Using funds in the BESTflex Plan, you essentially pay around $70. That's a savings that's likely to bring a smile to your face.

Daycare Relief

You know how the hundreds of dollars you spend on daycare each month can pinch your finances. The BESTflex Plan dulls the pinch. By saving you around 30 percent* on your daycare expenses, a week of care at $150 is, in essence, closer to $105.

*These tax examples are broad approximations of tax liability. You should consult a tax advisor for help with your own situation. Current IRS tax laws control all BESTflex Plan matters.

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Why pay more than you have to?

The BESTflex Plan makes it easy for you to set aside a portion of your earnings and use it to pay for certain insurance, medical and dependent care expenses. Because dollars you place in the BESTflex Plan are exempt from Federal, State and FICA taxes, you'll save approximately 30 percent* in taxes for each dollar you contribute.

Direct those tax savings toward your eligible BESTflex Plan expenses and a **$20 prescription could cost $14.** A week of daycare could cost $70 instead of $100 and your $30 health insurance premium could cost you $21.

Our online videos explain where extra FSA dollars come from, the difference between FSA account types, and how to submit claims. ***Watch them now!*** *Visit our website at www.ebcflex.com.*

My **Mobile** Account Assistant

Smart, Simple,
Secure and Mobile!

- File a claim
- Attach receipts
- Check balances
- View payment history

Visit www.ebcflex.com to learn more.

Available on the App Store | Google play

How the BESTflex Plan Works

When you enroll in the BESTflex Plan, you set aside the portion of your pay you'll spend annually on eligible health and dependent care expenses. Throughout the year, these elections are deducted bit by bit from your paychecks and placed in flexible spending accounts (FSAs). The usual payroll taxes do not apply to your BESTflex Plan contributions, saving you from paying approximately 30 percent* in taxes on each dollar you contribute to the BESTflex Plan.

Just a Fraction of the Eligible Expenses

These savings can be applied to a variety of expenses. Prescription medicines, dental expenses, vision expenses – including contact lens solution, contact lenses and prescription eyeglasses – day care expenses and co-payments are just a few of the common expenses on which the BESTflex Plan helps you save money.

Enrollment in the BESTflex Plan

We help you set aside the right amount of money for eligible health care and dependent care expenses. Referencing your *Eligible Expenses List* and using the worksheets we've created, you'll arrive at a solid estimate of how much money you should contribute to the plan and help alleviate concerns about forfeiting any contributions.

Reimbursement From the BESTflex Plan

To get back the pre-tax money that's deducted from your pay and deposited in your FSA(s), simply submit a *Claim Form*, along with documentation, such as an itemized receipt, for the eligible expense. We quickly process your form and mail you a reimbursement check or deposit the payment into your bank account.

Filing Claims

We make filing claims easy and we offer three options:
Mobile, Online or via a paper **Claim Form**

My Mobile Account Assistant lets you file a claim and scan and submit a receipt – at the pharmacy, your provider or anywhere you have access to a 3G or wireless internet connection. Filing a claim for any eligible health care or dependent care expense doesn't get any easier than this. Complete a few lines on a simple form, upload your receipt using your phone's camera and tap "Submit." My Mobile Account Assistant makes filing claims smart, simple, secure and mobile!

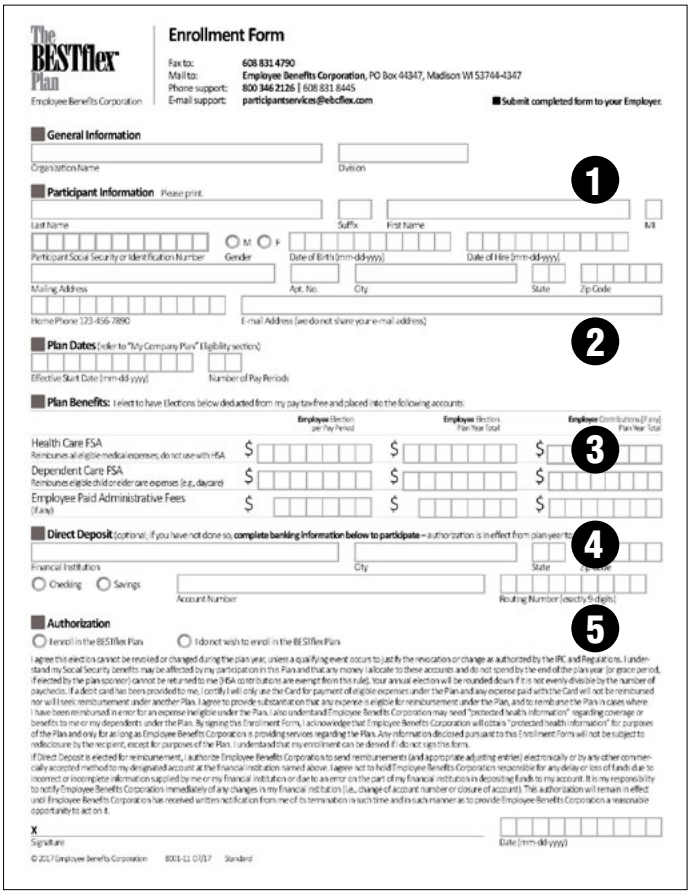
Participant Support

If you have questions or need information regarding your account, you can call our in-house Participant Services team at **800 346 2126** for one-on-one support, or access our convenient Telephone Account Assistant, which provides you with basic account details. We are also available via email at **participantservices@ebcflex.com.**

Download information regarding The BESTflex Plan and your FSAs by activating then logging in to My Account Assistant at www.ebcflex.com.

*These tax examples are broad approximations of tax liability. You should consult a tax advisor for help with your own situation. Current IRS tax laws control all BESTflex Plan matters.

How to enroll in the BESTflex Plan:



Enrollment Form

The BESTflex Plan
Employee Benefits Corporation

Fax to: 608 831 4790
Mail to: **Employee Benefits Corporation**, PO Box 44347, Madison WI 53744-4347
Phone support: 800 346 2126 | 608 831 8445
E-mail support: **participantservices@ebcflex.com**

■ Submit completed form to your Employer.

■ General Information
Organization Name | Division

■ Participant Information Please print.
Last Name | Suffix | First Name | MI
Participant Social Security or Identification Number | Gender ○ M ○ F | Date of Birth (mm-dd-yyyy) | Date of Hire (mm-dd-yyyy)
Mailing Address | Apt. No. | City | State | Zip Code
Home Phone 123-456-7890 | E-mail Address (we do not share your e-mail address)

1

■ Plan Dates (refer to "My Company Plan" Eligibility section)
Effective Start Date (mm-dd-yyyy) | Number of Pay Periods

2

■ Plan Benefits: I elect to have Elections below deducted from my pay tax-free and placed into the following accounts:

	Employee Election per Pay Period	Employee Election Plan Year Total	Employer Contributions (if any) Plan Year Total
Health Care FSA Reimburses all eligible medical expenses; do not use with HSA	$	$	$
Dependent Care FSA Reimburses eligible child or elder care expenses (e.g., daycare)	$	$	$
Employee Paid Administrative Fees (if any)	$	$	$

3

■ Direct Deposit (optional, if you have not done so, **complete banking information below to participate** – authorization is in effect from plan year to
Financial Institution | City | State | Zip Code
○ Checking ○ Savings | Account Number | Routing Number (exactly 9 digits)

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■ Authorization
○ I enroll in the BESTflex Plan ○ I do not wish to enroll in the BESTflex Plan

I agree that this election cannot be revoked or changed during the plan year, unless a qualifying event occurs to justify the revocation or change as authorized by the IRC and Regulations. I understand my Social Security benefits may be affected by my participation in this Plan and that any money I allocate to these accounts and do not spend by the end of the plan year (or grace period, if elected by the plan sponsor) cannot be returned to me (HSA contributions are exempt from this rule). Your annual election will be rounded down if it is not evenly divisible by the number of paychecks. If a debit card has been provided to me, I certify I will only use the Card for payment of eligible expenses under the Plan and any expense paid with the Card will not be reimbursed nor will I seek reimbursement under another Plan. I agree to provide substantiation that any expense is eligible for reimbursement under the Plan, and to reimburse the Plan in cases where I have been reimbursed in error for an expense ineligible under the Plan. I also understand Employee Benefits Corporation may need "protected health information" regarding coverage or benefits to me or my dependents under the Plan. By signing this Enrollment Form, I acknowledge that Employee Benefits Corporation will obtain "protected health information" for purposes of the Plan and only for as long as Employee Benefits Corporation is providing services regarding the Plan. Any information disclosed pursuant to this Enrollment Form will not be subject to redisclosure by the recipient, except for purposes of the Plan. I understand that my enrollment can be denied if I do not sign this form.

If Direct Deposit is elected for reimbursement, I authorize Employee Benefits Corporation to send reimbursements (and appropriate adjusting entries) electronically or by any other commercially accepted method to my designated account at the financial institution named above. I agree not to hold Employee Benefits Corporation responsible for any delay or loss of funds due to incorrect or incomplete information supplied by me or my financial institution or due to an error on the part of my financial institution in depositing funds to my account. It is my responsibility to notify Employee Benefits Corporation immediately of any changes in my financial institution (i.e., change of account number or closure of account). This authorization will remain in effect until Employee Benefits Corporation has received written notification from me of its termination in such time and in such manner as to provide Employee Benefits Corporation a reasonable opportunity to act on it.

X
Signature | Date (mm-dd-yyyy)

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(Sample Enrollment Form shown; your form may differ slightly)

Follow enrollment instructions from your employer. If you receive an enrollment form, complete these steps:

1. **Enter General and Personal Information.** All of it, including your email address, if you have one. Email is how we prefer to contact you.
2. **Enter Plan Dates.** Enter the date you start the plan (the Effective Start Date) and the number of paychecks per year from which your elections are deducted (Number of Pay Periods). Enrollment is for one plan year, usually consisting of 12 calendar months or less.
3. **Enter BESTflex Plan Benefits.** Use the mini-worksheet on the *Enrollment Form* to enter your annual election. Choose the amount you'd like deducted from each paycheck (Employee Deduction per Pay Period) and multiply that amount by the Number of Pay Periods to determine your Plan Year Total. Do this for each FSA in which you are enrolling and total the form.

   If you receive contributions from your employer, add the Employer Contribution Plan Year Total.
4. **Complete Direct Deposit Information.** You have the option of having your reimbursement check mailed to you or deposited directly at your bank, credit union or other financial institution. To authorize the direct deposit feature of the BESTflex Plan, provide the financial account information requested on the enrollment form. If you already have direct deposit information on file with us, it is not necessary to provide it again. The direct deposit feature will carry over to your new plan year.
5. **Authorize Enrollment and Direct Deposit.** First, indicate whether you want to participate in the BESTflex Plan. Then sign and date the form and return it to your employer.

   If you choose to not enroll in the BESTflex Plan FSAs, you must sign and date the form anyway. Your eligible employer-provided insurance premiums will still be deducted from your pay on a pre-tax basis.

What Happens After I Enroll?
Your employer transfers the amounts you elected on the *Enrollment Form* to your Health and/or Dependent Care FSA. Check your pay stub to ensure these amounts are correct.

Once your plan year starts, visit our website at **www.ebcflex.com.** You can activate your online account and access My Account Assistant, where you'll see your account information and be able to download useful materials to help you make the most of your plan.

Review My Company Plan

My Company Plan, the appendix to your *Summary Plan Description (SPD),* describes the specific details and features of your company's BESTflex Plan. Use the information in *My Company Plan* to aid in completing your enrollment.

My Company Plan Contains:

A. BESTflex Plan Dates, including the date your employer started its BESTflex Plan (Original Plan Date) and the start and end dates of your employer's current BESTflex Plan (My Company's Plan Year)

B. Eligibility definitions

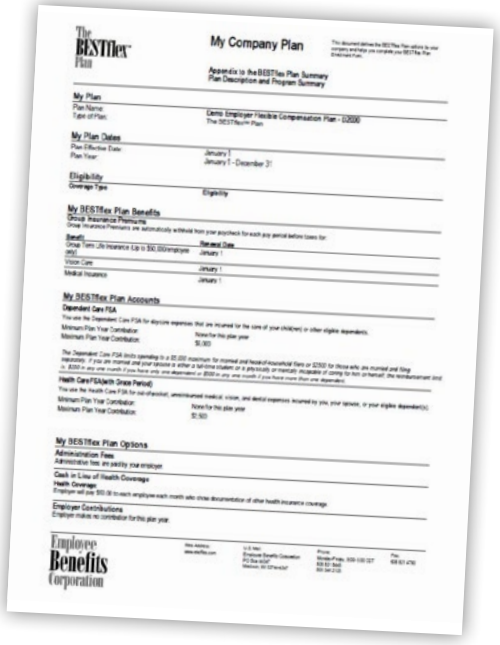
C. Group Insurance Premiums, the types of premiums deducted from your paycheck on a pre-tax basis

D. The Health Care and Dependent Care FSA contribution limits, the maximum amount you can contribute to each account

E. Plan Amendments, if any

F. Company Information regarding who to contact within your Company

G. Legal Information defining the relationship between your employer and Employee Benefits Corporation



The BESTflex Plan

My Company Plan

Appendix to the BESTflex Plan Summary Plan Description and Program Summary

My Plan
Plan Name
Type of Plan: Demo Employer Flexible Compensation Plan - 02000
The BESTflex® Plan

My Plan Dates
Plan Effective Date: January 1
Plan Year: January 1 - December 31

Eligibility
Coverage Type: Eligibility

My BESTflex Plan Benefits
Group Insurance Premiums
Group Insurance Premiums are automatically withheld from your paycheck for each pay period before taxes for:

Benefit	Renewal Date
Group Term Life Insurance Up to $50,000/employee	January 1
Vision Care	January 1
Medical Insurance	January 1

My BESTflex Plan Accounts
Dependent Care FSA
You use the Dependent Care FSA for daycare expenses that are incurred for the care of your child(ren) or other eligible dependents.
Minimum Plan Year Contribution: None for this plan year
Maximum Plan Year Contribution: $5,000

The Dependent Care FSA limits operating in a $5,000 maximum for married and head-of-household filers or $2500 for those who are married and filing separately. If you are married and your spouse is either a full-time student or is physically or mentally incapable of caring for him or herself, the reimbursement limit is $5,000 in any one month if you have only one dependent or $10,000 in any one month if you have more than one dependent.

Health Care FSA(with Grace Period)
You use the Health Care FSA for out-of-pocket, unreimbursed medical, vision, and dental expenses incurred by you, your spouse, or your eligible dependent(s).
Minimum Plan Year Contribution: None for this plan year
Maximum Plan Year Contribution: $2,600

My BESTflex Plan Options
Administration Fees
Administrative fees are paid by your employer.
Cash in Lieu of Health Coverage
Health Coverage
Employer will pay $50.00 to each employee each month who show documentation of other health insurance coverage.
Employer Contributions
Employer makes no contribution for this plan year.

Employee Benefits Corporation

My Company Plan is available online at www.ebcflex.com by logging onto My Account Assistant.

Employee Benefits Corporation's Website

Once you enroll in the BESTflex Plan, our website makes it easy to view your claims and reimbursements. Get started at www.ebcflex.com.

My Account Assistant

As a BESTflex Plan participant, it's important to monitor the status of the claims you've submitted, stay aware of your FSA balances, be mindful of the deadlines for submitting claims, and have a place to find the latest BESTflex Plan forms and materials.

Once you enroll in the BESTflex Plan, our website makes all of this easy with **My Account Assistant,** your online account management portal.

Using My Account Assistant, you can:

- File claims
- Review account balance(s)
- Review when a claim was processed and when the reimbursement was mailed or direct deposited
- Download BESTflex Plan forms and information regarding the operation of your plan
- Update personal information
- View a detailed account history

In order for you to view your account, you activate it by entering a valid email address and receiving a password. You can then log-in and view your account using your Social Security Number and your password.

Employee Benefits Corporation
We make it easy.

P: 800 346 2126 | 608 831 8445
F: 608 831 4790
P.O. Box 44347
Madison, WI 53744-4347
An employee-owned company
www.ebcflex.com