



# **FSA & Commuter Benefits**

## **2019 Open Enrollment**

800-400-1968 • Fax: 609-860-0440 • [AbelHR.com](http://AbelHR.com)  
2 Corporate Drive, Cranbury, New Jersey 08512-3604  
Harrison, NY • Santa Ana, CA

# 2019 FLEXIBLE SPENDING ACCOUNTS (FSA) & COMMUTER BENEFITS OPEN ENROLLMENT

**Begins November 12, 2018 and ends on December 3, 2018**

Must **RE-ENROLL** in order for your benefits to start in 2019

## ENROLLMENT PERIOD

Begins on **November 12<sup>th</sup>** and will end on **December 3<sup>rd</sup>** for a plan effective date of January 1, 2019.

## ACTIVE ENROLLMENT

To participate you must enroll in a FSA Medical, Dependent Care and/or Commuter Benefits for 2019. If you do not re-enroll, your Medical, Dependent Care FSA accounts and Commuter Benefits will terminate on December 31, 2018.

## RULES – WHO CAN ENROLL

**Medical FSA:** Only Full-Time employees working 30+ hours per week and who are offered group medical insurance through their employer may enroll. If you are a Part-Time employee (working less than 30 hours per week) and enroll, your enrollment will be cancelled. Also, if you are enrolled in a Health Savings Account (H.S.A), you are not eligible to participate in Medical FSA.

**Dependent FSA:** All Full-Time and Part-Time employees may enroll.

**Mass Transit & Parking:** All Full-Time and Part-Time employees may enroll.

## IRS 2019 MAXIMUM CONTRIBUTION LIMITS

- Medical FSA \$2,700
- Dependent FSA \$5,000 (\$2,500 if married and filing separately) for annual contribution
- Parking \$265 per month (pre-tax)
- Transit \$265 per month (pre-tax)

## ENROLLMENT OPTIONS

**Online Enrollment:** Please enroll online with Discovery Benefits by visiting the Abel Website at <https://www.abelhr.com/> which will route you to the Discovery Benefits Website at <https://www.discoverybenefits.com/> See page 4 - ENROLLING ONLINE section for more details on how to enroll online.

**Paper Enrollment:** Your paper enrollment can be retrieved from the Abel Website at <https://www.abelhr.com/resources/> Click on Document | Forms >Flexible Spending Accounts and Commuter Benefits >2019 FSA/Commuter Open Enrollment Packet. Print, complete and forward pages 5 and/or 6 to [benefits@abelhr.com](mailto:benefits@abelhr.com) or via fax at 609-860-0440 before December 3, 2018.

**All forms MUST BE RECEIVED no later than December 3<sup>rd</sup>, no exceptions.**

## HELP

### **Discovery Benefits Contact Information**

Participant Services Hours of Operations: 6:00 a.m. to 9:00 p.m. CST M-F

Participant Services Toll-Free Phone Number: 866-451-3399

Participant Services Email Address: [customerservice@discoverybenefits.com](mailto:customerservice@discoverybenefits.com)

### **Abel HR**

Hours of Operations: 8:00 a.m. to 5:00 p.m. EST M-F

Toll-Free Phone Number: 800-400-1968

Fax: 609-860-0440

Email Address: [benefits@abelhr.com](mailto:benefits@abelhr.com)

### **MEDICAL FLEXIBLE SPENDING ACCOUNT WITH CARRYOVER**

This benefit allows pre-tax contributions for out-of-pocket healthcare, prescription, dental and vision expenses defined as eligible by the IRS. Pre-tax contributions are placed in an account at Discovery, which can be accessed for eligible expenses. The annual amount you choose to place into these accounts are not subject to federal taxes. The accounts are “use it or lose it”; except the healthcare FSA has a \$500.00 rollover provision.

The full amount of your FSA Medical annual election will be available on the Plan Year Effective Date of January 1, 2019.

Once enrolled, you cannot revoke or change your election during the Plan Year, unless there is a qualifying “Change in Status” event that affects you or your dependents’ eligibility under this Plan or another employer plan.

For more information and for a copy of the FSA Summary Plan Description please visit <https://www.abelhr.com/resources/> and click on “Discovery” under the Documents | Forms tab.

**Yearly Carryover Provision:** Minimum \$50 and a maximum of \$500. Carryover balances are calculated after the runout periods ends and will be transferred automatically.

**90 Day Runout Period (Active Employees):** you have until March 31, 2020, to submit incurred eligible expenses to Discovery for the 2019 calendar year.

**90 Day Runout Period (Terminated Employees):** you have 90 days from date of termination to submit claims and substantiation for services incurred up until date of termination.

### **DEPENDENT CARE FLEXIBLE SPENDING ACCOUNT**

Dependent Care Flexible Spending Account (DCFSA) is a pre-tax benefit used to pay for dependent care services, such as preschool, summer day camp, before or after school programs for children under the age of 13 and elder care.

A Discovery Benefits Dependent Care FSA is a smart, simple way to save money while taking care of your loved ones so that you can work. Your FSA Dependent Care Account is NOT pre-funded; therefore, you will only receive reimbursement up to your year-to-date contributions from payroll deductions.

Once enrolled, you cannot revoke or change your election during the Plan Year, unless there is a qualifying "Change in Status" event that affects you or your dependents’ eligibility under this Plan or another employer plan.

**New in 2019 – Grace Period (Active Employees Only):** you have an additional 2 ½ months after the plan year end date (3/15/2020) to continue to incur services using the previous plan year’s funds.

**90 Day Runout Period (Active Employees):** you have 90 days from 12/31/2019 (up until 3/31/2020), to submit claims for incurred eligible expenses.

Active Employees:

*Example of using your Grace Period and 90 Day Runout Period: Combined with the grace period, participants will have 90 days from 12/31/2019 to submit claims for services incurred during the plan year and grace period.*

*Example: If you submit a claim with a date of service of 3/14/2020, you will only have until 3/31/2020 to submit that documentation.*

**90 Day Runout Period (Terminated Employees):** you have 90 days from date of termination to submit claims and substantiation for services incurred up until date of termination.



**COMMUTER BENEFITS (TRANSIT | PARKING)**

Payroll deductions start in January and your commuter benefits will be available for February.

**Transit** is a pre-tax benefit account used to pay for train, subway, bus, ferry, eligible vanpool.

**Parking** is a pre-tax benefit account used to pay for qualified parking as part of your daily commute to work.

Contribute up to a maximum of \$265 per month. Contributions over \$265 will be post-tax.

Funds are withdrawn from your paycheck for deposit to your account. For more information visit:

<https://www.abelhr.com/resources/> and click on “Discovery” under the Documents | Forms tab.

*Note: You can use your commuter Visa debit card to purchase tickets and/or establish monthly passes. All full-time and part-time employees are eligible to participate. Mass Transit and Parking balances as of December 31, 2018, will be transferred to your 2019 account.*

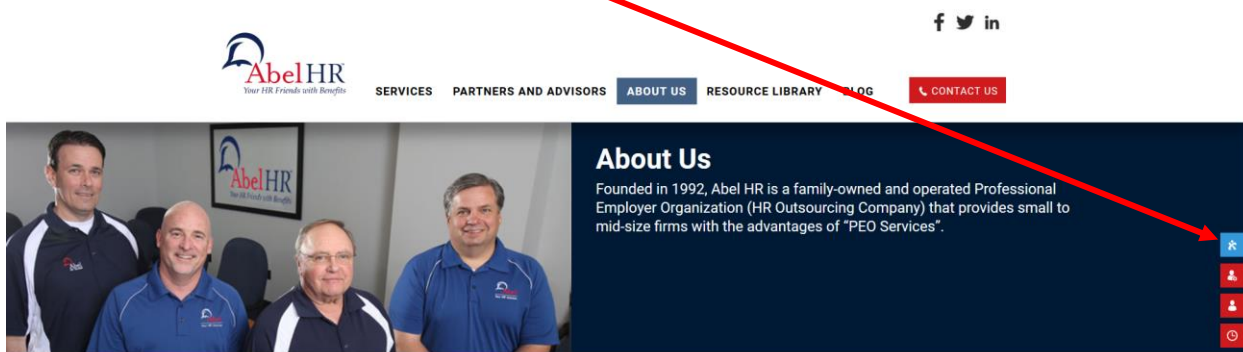
**Monthly Cut off Deadline: 3rd of every month.** Due to Discovery Benefits funding structure, the Commuter Benefit (Transit and Parking) full funding will not be available for the month in which you enroll. The full commuter benefits will be available the 1st of the month following your benefits eligibility date.

PAYROLL DEDUCTIONS	
(ENROLLMENT RECEIVED BEFORE 1/3/19)	(ENROLLMENT/CHANGES RECEIVED AFTER 1/3/19)
Deductions will begin January 1, 2019	Deductions will begin February 1, 2019
Commuter benefits are available as funds are credited to your account. Deductions are credited within 1-2 business days after each pay period.	Commuter benefits are available as funds are credited to your account. Deductions are credited within 1-2 business days after each pay period.

## ENROLLING ONLINE

The following are instructions to access the Abel HR Webpage and to register/enroll at Discovery Benefits.

1. <https://www.abelhr.com/>
2. Click on the BLUE ICON on the right-hand side of the Web Page
3. When it expands, it reads “FSA | COMMUTER”, click here



4. You will be routed to the Discovery Benefits Page at <https://www.discoverybenefits.com/>
5. Click on “**LOGIN**” on the top right corner
6. Click on “H.S.A, FSA, HRA, & COMMUTER LOGIN”
7. Existing User: Enter username and password
  - Forgot Username: click on Forgot Username and enter information
  - Forgot Password: please call Discovery Benefits at 866-451-3399
8. New User: click on “create your new username and password”

If you require further assistance, please contact Discovery Benefits Participant Services at 866-451-3399 Monday – Friday 6:00 am – 9:00 pm CST.

## COMMUTER BENEFIT CHANGES

To make changes to your commuter benefits, please contact the Benefits Department at Abel HR via [benefits@abelhr.com](mailto:benefits@abelhr.com) or by calling 609-860-0400.



# Enrollment Form: Flexible Spending Accounts

**GENERAL INFORMATION:**

**01/01/2019 – 12/31/2019**

Employee Name	EE #	
Company Name	Client #	
Employee Mailing Address		
City	State	Zip
Email Address	Date of Birth	
Social Security Number	Date of Hire	

**CONTRIBUTION INFORMATION:**

The 2019 IRS annual maximums are \$2,700 for Health Care FSA and \$5,000 for Dependent Care FSA			
	Monthly Amount		Annual Election
<b>Health Care FSA</b> <small>(Only FT Employees are eligible)</small>	\$ _____	OR	\$ _____
<b>Dependent Care FSA</b> <small>(FT &amp; PT employees are eligible)</small>	\$ _____		\$ _____
<i>(Day care expenses incurred only during employment hours)</i>			

**Effective date of coverage: 01-01-2019**

**My pay schedule is:**   
 Weekly – based on 52 deductions   
 **Bi-weekly – based on 26 deductions**   
 Semi-monthly – based on 24 deductions   
 Monthly – based on 12 deductions

**AUTHORIZATION AND ACKNOWLEDGEMENT:**

I understand that I cannot revoke or change this election during the Plan Year, unless there is a qualifying "Change in Status" event that affects me or my dependents' eligibility under this Plan or another employer plan. The rules regarding election changes are described in more detail in the Summary Plan Description.

I understand that I must submit a claim and appropriate documentation (e.g., explanation of benefits, itemized bill) for out-of-pocket, Medical, Dental, Vision and/or Dependent Care expenses before I can be reimbursed. I certify that I will only submit claims for reimbursement under the Flexible Spending Accounts for eligible expenses incurred by myself or my eligible dependents, in accordance with the terms of the respective Flexible Spending Account Plan. I certify that I will not submit claims for reimbursement under the Flexible Spending Accounts for amounts that have already been reimbursed by another source nor will I seek reimbursement for such amounts from any other source.

<b>Employee Signature</b>	<b>Date</b>
---------------------------	-------------

Please scan and email the Completed form to  
[Benefits@AbelHR.com](mailto:Benefits@AbelHR.com) or fax to Abel HR at 609-860-0440.

**Guidelines for FSA when a Termination occurs:**

Runout Period: Provides terminated participants with 90 days from date of termination to submit claims and substantiation for services incurred up until date of termination.

BENEFITS USE ONLY					
Date Received	# of Pay Periods	Amount Per Period	Date Entered EE Record	Date Entered with Vendor	Entered By



# Enrollment Form: Commuter Benefits

## GENERAL INFORMATION:

01/01/2019 – 12/31/2019

Employee Name		EE #	
Company Name		Client #	
Employee Mailing Address			
City		State	Zip
Email Address		Date of Birth	
Social Security Number		Date of Hire	

## CONTRIBUTION INFORMATION:

The 2019 IRS monthly maximum for pre-tax contributions are \$265 for Mass Transit and Parking	
	Monthly Amount
<b>Mass Transit*</b> (max \$265 pre-tax per month)	\$ _____
<b>Parking*</b> (max \$265 pre-tax per month)	\$ _____

For any future monthly changes, please contact the Abel HR Benefits Department via email at [benefits@abelhr.com](mailto:benefits@abelhr.com) or call 609-860-0400

*\*Amounts over the maximum pre-tax allowed will automatically roll over to post-tax*

**Effective date of coverage: 01-01-2019**

**My pay schedule is:**

Weekly – based on 48 deductions     
  Bi-weekly – based on 24 deductions  
 Semi-monthly – based on 24 deductions     
  Monthly – based on 12 deductions

## AUTHORIZATION AND ACKNOWLEDGEMENT:

By signing this form, I authorize my employer to deduct the elected amount from my pay each pay date. I hereby consent that all personal information and selections made are correct.

<b>Employee Signature</b>		<b>Date</b>	
---------------------------	--	-------------	--

*Please scan and email the Completed form to [Benefits@AbelHR.com](mailto:Benefits@AbelHR.com) or fax to Abel HR at 609-860-0440.*

**Guidelines for Commuter Benefits when a Termination occurs:**  
 Per IRS Regulations, a participant is entitled to make a purchase *up to the date of termination* using the debit card or be reimbursed for qualified commuter expenses incurred up to the date of termination. If you wish to be reimbursed for expenses incurred up to date of termination, receipts must be received by Discovery Benefits no later than 90 days after date of termination (run-out period).

BENEFITS USE ONLY					
Date Received	# of Pay Periods	Amount Per Period	Date Entered EE Record	Date Entered with Vendor	Entered By