

# 2012

## Flexible Benefits Plan



City of Miami Beach  
Reference Guide

# Accessing Your Benefits

Our Customer Care Center offers you a variety of resources to make inquiries about your benefits and Flexible Spending Accounts (FSAs), including information from the website, Interactive Voice Response system (IVR) and our Customer Care Representatives.

## On the Web

Visit [www.myFBMC.com](http://www.myFBMC.com) to access our home page. Use the navigational tabs along the top of the webpage to get answers to many of your benefits questions.

If you previously registered an e-mail address and password, you may continue using this information. If you haven't registered, please log in to the website as a first time user (follow the link on the login page and register through Premier Login).

## Benefits

You can check your benefit status, read benefit descriptions, use our tax calculator and much more.

## FSA Claims

Check the status of your FSA claims, download forms, get information about mailing and faxing your claim and see transactions that need documentation.

## FSA Balance(s)

View your FSA balance(s) and contributions or review monthly statements and your transaction history.

## myFBMC Card® Visa® Card

Please visit [www.myFBMC.com](http://www.myFBMC.com) to activate your myFBMC Card®. You may also download a card fact sheet or claim form, read detailed instructions on proper card use and review our IIAS Store List to maximize card convenience:

## Go Green for Instant Information!

With Go Green you can review and print your real-time account information at any time and receive real-time updates about the following events:

- Claims are received
- Claims are paid
- Claims are partially or fully rejected
- myFBMC Card® documentation needed
- myFBMC Card® suspension warning
- myFBMC Card® suspended
- myFBMC Card® reinstated
- New Online Statement notification

Going Green makes it easy to track claims and manage your account while reducing your carbon footprint. To enroll, simply register or log into [www.myFBMC.com](http://www.myFBMC.com), click on the "Go Green" box under "Account Access" and you're on your way to simpler account management.

## Profile

Change your account profile, access your Member ID or select a new phone Personal Identification Number (PIN).

## Resources

Browse through our extensive resource library, including: benefit materials, eligible medical and dependent care expenses, required documentation, Over-the-Counter drug listings and benefit tips.

## FSA Forms

Download applicable forms for FSA reimbursement and Direct Deposit.

## Over the Phone

Our automated phone system, IVR, can be reached 24-hours a day by calling 1-800-865-3262. IVR allows you to access your benefits any time, follow the voice prompts to find out information about your benefits such as:

- Current FSA balance(s)
- Current active benefits
- FSA claim status
- Mailing address verification
- Obtain FSA claim forms
- Change your PIN

## Personal Identification Number (PIN)

To access the IVR system, all you need is your Social Security number (SSN). The last four digits of your SSN will be your first PIN. After your initial login, you will be asked to register and select your own confidential PIN to access this system in the future. Your new PIN cannot be the last four digits of your SSN, cannot be longer than eight digits and must be greater than zero.

### Record PIN here.

Remember, this will be your PIN for IVR access.

If you forget your PIN, call Customer Care at **1-800-342-8017**.

**Note:** Please be sure to keep this Reference Guide in a safe, convenient place, and refer to it for benefit information.

# 2012 City of Miami Beach

## Important Dates to Remember

Your Period of Coverage dates are: **January 1, 2012, through December 31, 2012.**

## What's New

**Small Changes, Same Superior Service** – Your Flexible Spending Account administrator is part of a larger family now, with a new name: **Fringe Benefits Management Company, a Division of WageWorks**. We continue to provide you with the same tax-favored accounts (Medical Expense and Dependent Care FSAs), the same great service and the same commitment to quality. Our standard of excellence remains, with the same great people you knew and the same exceptional service you demand.

## Important Enrollment Information

- Remember to bring all necessary dependent and beneficiary information to your enrollment session.
- If you already have the card, you must re-enroll in a Medical FSA to continue using it.
- For more information, visit our website at [www.myFBMC.com](http://www.myFBMC.com), or contact Customer Care at 1-800-342-8017, Monday - Friday, 7 a.m. - 10 p.m. ET.

## FSA Grace Period Information for Current Participants\*

A recent IRS Revenue Notice permits a "grace period" of two months and 15 days following the end of your 2011 Plan Year (December 31, 2011) for a Medical Expense FSA. This grace period ends on March 15, 2012. During the grace period, you may incur expenses and submit claims for these expenses. Funds will be automatically deducted from any remaining dollars in your 2010 Medical Expense FSA.

You should not confuse the grace period with the plan's "run-out period". The run-out period extends until April 15, 2012. This is a period for filing claims incurred anytime during the 2010 Plan Year, as well as claims incurred during the grace period mentioned above.

Your Dependent Care FSA also has a "run-out period" that extends until April 15, 2012. However, the "grace period" mentioned above does not apply to this account. You may not submit reimbursement requests for expenses that occur after December 31, 2011, against the 2011 Plan Year.

Claims will be processed in the order in which they are received, and your accounts will be debited accordingly. If you have funds remaining in an account for the prior plan year, these funds will be used first until exhausted. Then, subsequent claims will be debited from your new plan year account balance.

\*This grace period will also apply to new enrollees.

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## Contact Us

**Fringe Benefits Management Company,  
a Division of WageWorks**  
*Customer Care Center*  
Mon - Fri, 7 a.m. - 10 p.m. ET  
1-800-342-8017

**Flexible Spending Accounts**  
*Automated Services*  
24 hours a day  
1-800-865-3262  
[www.myFBMC.com](http://www.myFBMC.com)

**myFBMC Card® Visa® Card**  
*Lost or Stolen Card*  
24 hours a day  
1-888-462-1909

**Dispute Line**  
Customer Care Center  
Mon - Fri, 7 a.m. - 10 p.m. ET  
1-800-342-8017

**Activation**  
24 hours a day  
[www.myFBMC.com](http://www.myFBMC.com)

# Eligibility Requirements

Your Medical Expense Flexible Spending Account may be used to reimburse eligible expenses incurred by yourself, your spouse, your qualifying child or your qualifying relative. You may use your Dependent Care Flexible Spending Account to receive reimbursement for eligible dependent care expenses for qualifying individuals. **Please see the Flexible Spending Account FAQs at [www.myFBMC.com](http://www.myFBMC.com).**

**Note:** There is no age requirement for a qualifying child if they are physically and/or mentally incapable of self-care. An eligible child of divorced parents is treated as a dependent of both, so either or both parents can establish a Medical Expense FSA. Only the custodial parent of divorced or legally-separated parents can be reimbursed using the Dependent Care FSA.

## Who is eligible to participate?

### Eligible for coverage on the first day of employment

Employees must be classified as Full Time and must belong to the Group Unclassified or other named group determined by the City of Miami Beach.

### Eligible for coverage on the 91st day of employment

Employees must be classified as Full-time and belong to the groups known as "Others", A.F.S.C.M.E. (American Federation of State, County and Municipal Employees), C.W.A. (Communication Workers of America), F.O.P (Fraternal Order of Police), G.S.A. (Government Supervisors Association) and I.A.F.F. (International Association of Fire Fighters).

## How does termination or leave affect my FSA?

If you terminate employment or go on unpaid leave, your eligibility for either or both FSAs may change. While your Dependent Care FSA cannot be continued following termination or the start of unpaid leave, you may be able to change or continue your Medical Expense FSA election upon completion of the appropriate forms and requirements. To make this change or to continue coverage, contact Customer Care within 30 days of the event by calling 1-800-342-8017.

Specific guidelines about your employer's termination and leave policies can be obtained from your employer. In addition, the Family and Medical Leave Act (FMLA) may affect your rights to continue coverage while on leave. Please contact your employer for further information.

## Appeal Process

If your request for a mid-plan year election change, FSA reimbursement claim or other similar request denied, in full or in part, you have the right to appeal the decision by sending a written request within 30 days of the denial for review to Fringe Benefits Management Company, a Division of WageWorks (Attn: Appeals Process, P. O. Box 1878, Tallahassee, FL, 32302-1878).

Your appeal must include:

- the date of the services for which your request was denied
- a copy of the denied request
- the denial letter you received
- why you think your request should not have been denied and
- any additional documents, information or comments you think may have a bearing on your appeal.

Your appeal, and supporting documentation, will be reviewed upon receipt. You will be notified of the review results within 30 business days from receipt of your appeal. In unusual cases (e.g. when appeals require additional documentation) the review may take longer than 30 business days. If your appeal is approved, additional processing time may be required to modify your benefit elections.

**Note:** Appeals are approved only if the extenuating circumstances and supporting documentation are within your employer's, insurance provider's and the IRS's regulations governing the plan.

# Flexible Spending Accounts

A Flexible Spending Account (FSA) is an account you set up to pre-fund your anticipated, eligible medical services, medical supplies and dependent care expenses that are normally not covered by your insurance. You can choose either, or both, a Medical Expense FSA and a Dependent Care FSA.

Your Medical Expense FSA funds are available to you in one lump sum at the beginning of your plan year, AND your FSA funds are deducted before federal and state taxes are calculated on your paycheck!

With either FSA, you benefit from having less **taxable** income in each of your paychecks, which means more **spendable** income to use toward your eligible medical and dependent care expenses.

Once you decide how much to contribute to your Medical Expense and/or Dependent Care FSA, the funds are deducted in small, equal amounts from your paychecks during the plan year.

## Examples of how to use your FSA:

### Example 1: Paying a co-payment and doctor/dental fees

After paying your co-payment and doctor/dental fees at a service provider's office, obtain an Explanation of Benefits (EOB) or detailed receipt of the completed services. Submit these documents, along with a claim form. Within five business days, we will process your request and mail your reimbursement check to you or direct deposit your funds into the account of your choice.

### Example 2: Paying for day care services

Once you have paid for your child's day care service, send a completed claim form, along with documentation showing the following:

- Name, age and grade of the dependent receiving the service
- Cost of the service
- Name and address of the service provider
- Beginning and ending dates of the service.

Your request will be processed within five business days and either mailed to you or deposited into the account you have chosen.

## FSA Fund Availability

### For Medical Expense FSA:

Once you sign up for a Medical Expense FSA and decide how much to contribute, the maximum annual amount of reimbursement for eligible health care expenses will be available throughout your period of coverage.

Since you don't have to wait for the cash to accumulate in your account, you can use it to pay for your eligible health care expenses at the start of your deductions.

### For Dependent Care FSA:

Once you sign up for a Dependent Care FSA and decide how much to contribute, the funds available to you depend on the actual funds in your account. Unlike a Medical Expense FSA, the entire maximum annual amount is not available during the plan year, but rather after your payroll deductions are received.

## Annual Contribution Limits

### For Medical Expense FSA:

Minimum Annual Deposit: \$130  
Maximum Annual Deposit: \$5,000

### For Dependent Care FSA:

Minimum Annual Deposit: \$130  
The maximum contribution depends on your tax filing status.

- If you are married and filing separately, your maximum annual deposit is \$2,500.
- If you are single and head of household, your maximum annual deposit is \$5,000.
- If you are married and filing jointly, your maximum annual deposit is \$5,000.
- If either you or your spouse earn less than \$5,000 a year, your maximum annual deposit is equal to the lower of the two incomes.
- If your spouse is a full-time student or incapable of self-care, your maximum annual deposit is \$3,000 a year for one dependent and \$5,000 a year for two or more dependents.

# Flexible Spending Accounts

## Medical Expense FSA

A Medical Expense FSA is used to pay for eligible medical expenses which aren't covered by your insurance or other plan. These expenses can be incurred by yourself, your spouse, a qualifying child or relative. Your full annual contribution amount is available at the beginning of the plan year, so you don't have to wait for the money to accumulate.

### Partial List of Medically Necessary Eligible Expenses\*

Acupuncture  
Ambulance service  
Birth control pills and devices  
Breast pumps  
Chiropractic care  
Contact lenses (corrective)  
Dental fees  
Diagnostic tests/health screening  
Doctor fees  
Drug addiction/alcoholism treatment  
Drugs  
Experimental medical treatment  
Eyeglasses  
Guide dogs  
Hearing aids and exams  
In vitro fertilization  
Injections and vaccinations  
Nursing services  
Optometrist fees  
Orthodontic treatment  
Over-the-counter items (some require prescription†)  
Prescription drugs to alleviate nicotine withdrawal symptoms  
Smoking cessation programs/treatments  
Surgery  
Transportation for medical care  
Weight-loss programs/meetings  
Wheelchairs  
X-rays

**Note:** Budget conservatively. No reimbursement or refund of Medical Expense FSA funds is available for services that do not occur within your plan year and grace period.

\* IRS-qualified expenses are subject to federal regulatory change at any time during a tax year. Certain other substantiation requirements and restrictions may apply, and will be supplied to you following enrollment.

† Over-the-counter (OTC) drugs and medicines, except diabetic supplies, require a prescription to qualify for reimbursement.

## Dependent Care FSA

The Dependent Care FSA is a great way to pay for eligible dependent care expenses such as after school care, baby-sitting fees, day care services, nursery and preschool. Eligible dependents include your qualifying child, spouse and/or relative.

### Partial List of Eligible Dependent Care Expenses\*

After school care  
Baby-sitting fees  
Day care services  
In-home care/au pair services  
Nursery and preschool  
Summer day camps

**Note:** Budget conservatively. No reimbursement or refund of Dependent Care FSA funds is available for services that do not occur within your plan year.

\* IRS-qualified expenses are subject to federal regulatory change at any time during a tax year. Certain other substantiation requirements and restrictions may apply, and will be supplied to you following enrollment.

## Ineligible Expenses

### For Medical Expense FSA:

- insurance premiums
- vision warranties and service contracts and
- cosmetic surgery not deemed medically necessary to alleviate, mitigate or prevent a medical condition.

### For Dependent Care FSA:

- books and supplies
- child support payments or child care if you are a non-custodial parent
- health care or educational tuition costs and
- services provided by your dependent, your spouse's dependent or your child who is under age 19.

## FSA Savings Example\*

<i>(With FSA)</i>		<i>(Without FSA)</i>
\$31,000.00	Annual Gross Income	\$31,000.00
<u>- 5,000.00</u>	FSA Deposit for Eligible Expenses	<u>- 0.00</u>
\$26,000.00	Taxable Gross Income	\$31,000.00
<u>- 5,369.00</u>	Federal, Social Security Taxes	<u>- 6,401.50</u>
\$20,631.00	Annual Net Income	\$24,598.50
<u>- 0.00</u>	Cost of Eligible Expenses	<u>- 5,000.00</u>
\$20,631.00	Spendable Income	\$19,598.50

**By using an FSA to pay for anticipated recurring expenses, you convert the money you save in taxes to additional spendable income. That's a potential annual savings of**

**\$1,032.50!**

\* Based upon a 20.65% tax rate (15% federal and 5.65% Social Security) calculated on a calendar year.

Visit [www.myFBMC.com](http://www.myFBMC.com) for a list of frequently asked questions.

You must keep your documentation for a minimum of one year to submit upon request.

# Flexible Spending Accounts

## Requesting Reimbursement

### For a Medical Expense FSA:

Your Medical Expense FSA may reimburse eligible expenses after you have sought (and exhausted) all means of reimbursement provided by your employer and any other appropriate resource. Remember, some eligible expenses are reimbursable on the date available, not the date ordered.

To request reimbursement, simply fax or mail a correctly completed FSA claim form along with the following:

- an invoice or bill from your health care provider listing the date you received the service, the cost of the service, the specific type of service and the person for whom the service was provided or
- an Explanation of Benefits (EOB)\* from your health insurance provider that shows the specific type of service you received, the date and cost of the service and any uninsured portion of the cost and
- a written statement from your health care provider indicating the service was medically necessary if those services could be deemed cosmetic in nature, accompanied by the invoice or bill for the service.

\* EOBs are not required if your coverage is through a HMO.

### For a Dependent Care FSA:

You can request reimbursement from your Dependent Care FSA as often as you like. However, your approved expense will not be reimbursed until the last date of service for which you are requesting reimbursement has passed. Remember that for timely processing, your payroll contributions must be current.

Requesting reimbursement is easy. Simply fax or mail a correctly completed FSA claim form along with documentation showing the following:

- the name, age and grade of the dependent receiving the service
- the cost of the service
- the name and address of the provider and
- the beginning and ending dates of the service.

This information is required with each request for reimbursement.

**Note:** Cancelled checks or credit card receipts (or copies) listing the cost of eligible expenses are **not** valid documentation for either Medical Expense or Dependent Care FSA reimbursement.

**A properly completed request will help speed along the process of your reimbursement, allowing you to receive your check or Direct Deposit promptly.**

Be certain you obtain and submit all required information with each FSA reimbursement request.

## Send all FSA reimbursement claims to:

### Fax Toll-Free:

1-866-440-7145

### Mail to:

Fringe Benefits Management Company,  
a Division of WageWorks  
PO Box 1800  
Tallahassee, FL 32302-1800

**Note:** If you elect to participate in the Dependent Care FSA, or if you file for the Dependent Care Tax Credit, you must attach IRS Form 2441, reflecting the information above, to your 1040 income tax return. Failure to do this may result in the IRS denying your pre-tax exclusion.

## Important FSA Notes:

- You have a **run-out period** (ending April 15, 2013) after your plan year ends to submit reimbursement requests for all eligible FSA expenses incurred **DURING** your plan year.
- You may, however, continue using only your Medical Expense FSA during the **grace period**, which is two months and 15 days after the end of your plan year. Be sure to submit your grace period claims before the end of your run-out period.

# myFBMC Card® Visa® Card



The myFBMC Card® is a convenient reimbursement option that allows quick electronic reimbursement of eligible expenses under your employer's plan and IRS guidelines. Because it is a payment card, when you use the myFBMC Card® to pay for eligible expenses, funds are electronically deducted from your account.

## myFBMC Card® advantages

You can use the myFBMC Card® for your eligible Over-the-Counter (OTC) expenses at drugstores. Other advantages include:

- **instant reimbursements** for health care expenses
- **instant approval** of all OTC and prescription expenses, as well as some medical, vision and dental (others require documentation)
- **no out-of-pocket expense** and
- **easy access** to your account funds.

**Note:** You **cannot** use the myFBMC Card® for cosmetic dental expenses, eye glass warranties or OTC drugs and medicines (without a prescription).

## Using the myFBMC Card®

For eligible expenses, simply swipe the myFBMC Card® like you would with any other credit card. Whether at your health care provider or at your drugstore, the amount of your eligible expenses will be automatically deducted from your Medical Expense FSA. Over-the-Counter and prescription purchases with the card are only accepted at IAS certified merchants. For all other qualified expenses, such as medical and dental co-payments, the myFBMC Card® may be used normally. To find out if a pharmacy or drugstore near you accepts the card, please refer to the **IAS Store List** at [www.myFBMC.com](http://www.myFBMC.com).

Two cards will be sent to you in the mail; one for you and one for your spouse or eligible dependent. You should keep your cards to use each plan year until their expiration date.

Remember, visit [www.myFBMC.com](http://www.myFBMC.com) to activate your card, see your account information and check for any outstanding Card transactions.

**Over-the-counter (OTC) drugs and medicines, except diabetic supplies, require a prescription to qualify for reimbursement and myFBMC Card® use.**

## When do I send in documentation for a myFBMC Card® expense?

You must send in documentation for certain myFBMC Card® transactions, such as those that are **not** a known office visit or prescription co-payment (as outlined in your health plan's Schedule of Benefits). When requested, you must send in documentation for these transactions. Documentation for a card expense is a statement or bill showing:

- name of the patient
- name of the service provider
- date of service
- type of service (including prescription name) and
- total amount of service.

**Note:** This documentation must be sent with a **Claim Form** and cannot be processed without it. Like all other FSA documentation, you must keep your myFBMC Card® expense documentation for a minimum of one year, and submit it when requested.

## If you fail to send in the requested documentation for an myFBMC Card® expense, you will be subject to:

- withholding of payment for an eligible paper claim to offset any outstanding myFBMC Card® transaction
- suspension of myFBMC Card® privileges
- payback through payroll
- the reporting of any outstanding myFBMC Card® transaction amounts as income on your W-2 at the end of the tax year.

**Note:** Card transaction disputes must be filed within 60 days of the transaction date.

## What happens if I have money left in my account at the end of the plan year?

These funds will be used first until exhausted — through the grace period allowed by the IRS. Then, subsequent claims will be debited from your new plan year account balance. Remember, if you do not re-enroll in an FSA for the next plan year, the myFBMC Card® will not function after the end of the current plan year. For more information on the grace period, see Page 7.

## What agreement am I making when I use the myFBMC Card®?

For more information about the myFBMC Card®, see the Cardholder Agreement that accompanies it.

# FSA Worksheets

Use the worksheets below to determine how much to deposit in your FSA. Calculate the amount you expect to pay during the plan year for eligible, uninsured out-of-pocket medical and/or dependent care expenses. This calculated amount cannot exceed established IRS and plan limits. (Refer to the individual FSA descriptions in this Reference Guide for limits.)

**Be conservative in your estimates, since any money remaining in your accounts cannot be returned to you or carried forward to the next plan year.**

## MEDICAL EXPENSE FSA WORKSHEET

Estimate your eligible, uninsured out-of-pocket medical expenses for the plan year.

### UNINSURED MEDICAL EXPENSES

Health insurance deductibles \$ \_\_\_\_\_

Coinsurance or co-payments \$ \_\_\_\_\_

Vision care \$ \_\_\_\_\_

Dental care \$ \_\_\_\_\_

Prescription drugs \$ \_\_\_\_\_

Travel costs for medical care \$ \_\_\_\_\_

Other eligible expenses \$ \_\_\_\_\_

**TOTAL** \$ \_\_\_\_\_

**DIVIDE** by the number of paychecks you will receive during the plan year (26).\* ÷ \_\_\_\_\_

**This is your pay period contribution.** \$ \_\_\_\_\_

\* If you are a new employee enrolling after the plan year begins, divide by the number of pay periods remaining in the plan year.

## DEPENDENT CARE FSA WORKSHEET

Estimate your eligible dependent care expenses for the plan year. Remember that your calculated amount cannot exceed the calendar year limits established by the IRS.

### CHILD CARE EXPENSES

Day care services \$ \_\_\_\_\_

In-home care/au pair services \$ \_\_\_\_\_

Nursery and preschool \$ \_\_\_\_\_

After school care \$ \_\_\_\_\_

Summer day camps \$ \_\_\_\_\_

### ELDER CARE SERVICES

Day care center \$ \_\_\_\_\_

In-home care \$ \_\_\_\_\_

**TOTAL** Remember, your total contribution cannot exceed IRS limits for the plan year and calendar year. \$ \_\_\_\_\_

**DIVIDE** by the number of paychecks you will receive during the plan year (26).\* ÷ \_\_\_\_\_

**This is your pay period contribution.** \$ \_\_\_\_\_

\* If you are a new employee enrolling after the plan year begins, divide by the number of pay periods remaining in the plan year.

DIRECT DEPOSIT - No one likes waiting for their money, why are you?  
With Direct Deposit there are no fees for the service and your FSA reimbursement checks are deposited into the checking or savings account of your choice within 48 hours of claim approval.

# COBRA

## What is continuation coverage?

Federal law requires that most group health plans, including Medical Flexible Spending Accounts (Medical Expense FSAs), give employees and their families the opportunity to continue their health care coverage when there is a "qualifying event" that would result in a loss of coverage under an employer's plan.

## How long will continuation coverage last?

### For Medical Expense FSAs:

If you fund your Medical Expense FSA entirely, you may continue your Medical Expense FSA (on a post-tax basis) only for the remainder of the plan year in which your qualifying event occurs, **if** you have not already received, as reimbursement, the maximum benefit available under the Medical Expense FSA for the year. For example, if you elected a Medical Expense FSA benefit of \$1,000 for the plan year and have received only \$200 in reimbursement, you may continue your Medical Expense FSA for the remainder of the plan year or until such time that you receive the maximum Medical Expense FSA benefit of \$1,000.

If your employer funds all or any portion of your Medical Expense FSA, you may be eligible to continue your Medical Expense FSA beyond the plan year in which your qualifying event occurs and you may have open enrollment rights at the next open enrollment period. There are special continuation rules for employer-funded Medical Expense FSAs. If you have questions about your employer-funded Medical Expense FSA, you should call Customer Care at 1-800-342-8017.

## Keep Your Address Updated

In order to protect your family's rights, you should inform your employer and us of any changes in the addresses of family members. You should also keep a copy, for your records, of any notices you send to your employer and us.

## For More Information

This COBRA section does not fully describe continuation coverage or other rights under the Plan. More information about continuation coverage and your rights under the Plan is available from your employer. You can get a copy of your summary plan description from **City of Miami Beach**.

For more information about your COBRA rights, the Health Insurance Portability and Accountability Act (HIPAA) and other laws affecting group health plans, contact the U.S. Department of Labor's Employee Benefits Security Administration (EBSA) in your area or visit the EBSA website at [www.dol.gov/ebsa](http://www.dol.gov/ebsa).

# Beyond Your Benefits

## Notice of Administrator's Capacity

This notice advises Flexible Spending Account participants of the identity and relationship between your employer and Fringe Benefits Management Company, a Division of WageWorks. We are not an insurance company. We have been authorized by your employer to provide administrative services for the Flexible Spending Account plans offered herein. We will process claims for reimbursement promptly. In the event there are delays in claims processing, you will have no greater rights in interest or other remedies against us than would otherwise be afforded to you by law.

Sponsored by your employer and brought to you by

# Fringe Benefits Management Company

A Division of WageWorks

P.O. Box 1878 • Tallahassee, Florida 32302-1878  
Customer Care 1-800-342-8017 • 1-800-955-8771 (TDD)  
[www.myFBMC.com](http://www.myFBMC.com)

Information contained herein does not constitute an insurance certificate or policy. Certificates will be provided to participants following the start of the plan year, if applicable.



*Printed on Domtar Husky® Offset Opaque paper.  
The paper used to create this book is made  
from renewable forests using a sustainable  
management process and technologies.*