



Employee Benefit Corporation's Most Frequently Asked Questions Regarding Flex Plans

Disclaimer

The information that you are about to read is intended to answer general questions about Section 125 Flex Plans. The information is presented in a general format and may not provide exact or detailed information for specific situations. When dealing with specific situations or questions, please contact EBC to ensure proper answers or results.

Who is EBC?

Employee Benefits Corporation (EBC) is a third party administrator that your employer has chosen to administer your BEST FlexSM Plan.

How do I contact EBC?

Mail:
EBC
PO Box 44347
Madison, WI 53744-4347

In Person:
EBC
8309 Greenway Blvd
Middleton, WI 53562-3536

Telephone:
608-831-8445 Local
800-346-2126 Toll Free

Fax:
608-831-1159

E-mail:
Customer Service
ebconline@ebcflex.com

EBC's Home Page:
www.ebcflex.com

GENERAL FLEX PLAN QUESTIONS

Question 1:

What is the "Org ID" (Organization ID) # for Marquette University?

Answer 1:

Your Org ID # is M266

Question 2:

What is a Flexible Spending Account (FSA)?

Answer 2:

An FSA is an account that is designated to set aside money from your payroll on a pretax basis for qualified medical and dependent daycare expenses.

Question 3:

Can I participate in my employer's BEST FlexSM plan even if I don't participate in the insurance plan?

Answer 3:

Yes. Your eligibility to participate is not dependent on your participation in your employer's health plan.

Question 4:

Do I have to renew my Flexible Spending Account each year?

Answer 4:

YES. The FSA does not have an "Evergreen" clause, so you do have to fill out an enrollment form each year. Your HR department will get information to you each year prior to renewal time.

Question 5:

Can I get out of the BEST FlexSM Plan after I sign up?

Answer 5:

Unless you experience a Qualifying Event (change in number of dependents, marriage, divorce, etc) that changes your eligibility for the plan, the IRS does not allow you to make a change to your election once the plan year has begun.

Question 6:

What happens if I have a Qualifying Event during the plan year?

Answer 6:

Having a Qualifying Event allows you to make a corresponding change to your Health Care FSA and/or Dependent Care FSA. See your Human Resources department for forms.

Question 7:

If I have a Qualifying Event, how long do I have to make changes?



Answer 7:

Your plan allows 30 days from the date of the qualifying event to make changes. Consider filling out the Change in Status form as soon as possible because the changes are only allowable from the date the form is signed forward (you cannot make a retrospective election back to the date of the Qualifying Event).

Question 8:

Where does my money go if I don't spend it all?

Answer 8:

Per IRS guidelines, the money is forfeited back to your employer after the claims grace period ends. The grace period is 90 days after the end of the Plan Year (Plan Year is 1/1-12/31).

HEALTH CARE FSA

Question 1:

What is the Health Care FSA?

Answer 1:

The Health Care FSA is used to pay qualified out-of-pocket medical expenses for you and your eligible dependents (for a definition of eligible dependents, see question 2).

Question 2:

Whose medical expenses can I run through my Health Care FSA?

Answer 2:

The money in the Health Care FSA can be used for eligible medical expenses yourself, your spouse, and dependents (anyone for whom you provide more than 50% of their expenses, is a relative or lives with you for the entire year, and is a US citizen).

Question 3:

Is there a maximum amount that I can set aside for the Health Care FSA? A minimum?

Answer 3:

Yes. The maximum that you may set aside for qualified medical expenses is \$5000.00 per Plan Year. The minimum is \$20 per month.



Question 4:

What happens to my Health Care FSA if I terminate my employment or if I am terminated?

Answer 4:

The plan year ends as of the date of your termination (except when COBRA is elected). You have 90 days from the date of termination to submit claims that were incurred prior to your termination date.

DEPENDENT CARE FSA

Question 1:

What is the Dependent Care FSA?

Answer 1:

The Dependent Care FSA is an account designated to set aside money from your payroll on a pretax basis for qualified daycare expenses.

Question 2:

What is the Dependent Care FSA for?

Answer 2:

The Dependent Care FSA is to pay qualified individuals to watch your child(ren) under the age of 13 so that you and your spouse are able to work or/and go to school full time. If you have other dependents that require "daycare," please contact EBC to discuss your situation.

Question 3:

How much money can I elect to set aside pretax for the Dependent Care FSA?

Answer 3:

The IRS limits the amount you can run through your Plan to \$5,000.00 per calendar year per family. If you or your spouse is a full-time student, the limit is \$250 per month for one child and \$500 per month for two or more children up to \$5,000.00.

Question 4:

What happens to my Dependent Care FSA if I terminate my employment or if I am terminated?

Answer 4:

Payroll contributions to the Dependent Care FSA will stop after your termination. You can continue to submit claims on the money that you put into the Plan prior to your termination through 12/31 (plus your 90 day



claims grace period). Please note, unlike the Medical FSA, services don't have to have been incurred prior to your termination to be eligible.

GENERAL CLAIMS QUESTIONS

Question 1:

Can I fax my claims to EBC?

Question 1:

Yes. You can fax your Request for Reimbursement form and back-up documentation to 608-831-1159.

Question 2:

Do I have to pay for the expense before I request reimbursement?

Answer 2:

No. We only need to see that the expense was incurred, not that it has been paid.

Question 3:

Can I pay for any type of insurance premiums through my FSA accounts?

Answer 3:

No. IRS regulations do not recognize insurance premiums as qualified expenses for the FSA accounts.

Question 4:

How long is the average turnaround time for claims payment?

Answer 4:

Most employees receive reimbursement within one week of sending in their claim.

Question 5:

Why was my claim denied?

Answer 5:

We are required to verify that the expense that you are submitting is eligible. For example, we need documentation from the service provider reflecting the date(s) of service, the type of service provided, the provider's name, and the charges.



Question 6:

I don't have a claim form. Where can I get one?

Answer 6:

You can download one from our website, www.ebcflex.com. Or call our Customer Service department at 1-800-346-2126 to have one faxed, mailed, or e-mailed to you. You can then complete the form, attach your receipts, and mail or fax the information to us.

Please contact EBC or your Human Resources Department with any other questions.