

MERP & DCAP ENROLLMENT FORM

2019 Calendar Year: January 1, 2019 through December 31, 2019

Last Name: _____ **First:** _____ **Initial:** _____

Street Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Check One: **New Employee** **Rehire** **Event Date:**
 Return From Leave **Open Enrollment**

Specify the total annual amount you want to contribute by payroll deduction in 2019. (Do not submit a form if you do not want to enroll in either MERP or DCAP).

Medical Expense Reimbursement Plan (MERP)
Annual Goal Amount \$ _____
(Minimum \$240 per year; maximum \$2,650) <input type="checkbox"/> I do not wish to participate in MERP.

Dependent Care Assistance Plan (DCAP)
Annual Goal Amount \$ _____
(Maximum \$5000 per family* , per year) <input type="checkbox"/> I do not wish to participate in DCAP.

Your annual contribution amount will be **evenly** deducted from each pay check during the plan year.

- I understand changes cannot be made to the annual contribution amount unless: 1) there is a qualifying family status change as defined by the IRS, and 2) I notify the County in writing within 60 days of the qualifying event.
- I must file claims reimbursement for eligible expenses incurred during participation no later than 5:00 p.m., March 31, 2019. I understand I will forfeit all funds (above the \$500 carryover limit for MERP) that are deposited in my account which are not reimbursed to me by claim filing within the designated claim filing period.
- I understand expenses incurred by my domestic partner or their dependents are not eligible for reimbursement under the Medical Expense Reimbursement Plan (MERP.)
- I understand childcare expenses for children who do not meet the IRS definition of a qualified child or who are not physically or mentally incapable of self-care are not eligible for reimbursement under the Dependent Care Assistance Plan (DCAP.)
- I understand that if I am married, I will not have qualified DCAP expenses unless my spouse works (or is looking for work), my spouse is disabled, or my spouse is a full-time student and attends classes outside the home at least five months a year. I understand my DCAP amount cannot exceed my spouse's earned income in 2019.
- *I understand my annual **family** maximum contribution is \$5,000. It is my responsibility to ensure that my spouse and I do not elect a combination of DCAP elections that total over \$5,000 in the plan year.
- I authorize Multnomah County to withhold deductions necessary to reach my MERP and DCAP Annual Contribution Amounts from my pre-tax income each pay period—these funds will be deposited into my FSA account.
- I certify all of the above information is accurate. I have read and understand what is considered an eligible dependent, an eligible expense, and the risk of contribution forfeiture under this plan.
- I understand that unsubstantiated debt could be required to be paid back or reported on my W-2 form.

Signature: _____ **Date:** _____

Your enrollment will be effective the 1st or the 16th of the month after your form is received. You will receive confirmation of enrollment in your county email once your election is processed.

For Benefits Use

Coverage Effective: _____ Previous Participation: _____
 Input Date: _____
 First Deduction _____ Previous Goal: _____

Date Received

MERP and DCAP are types of flexible spending accounts (FSAs) that allow you to pay for certain expenses with pre-tax dollars, resulting in increased take-home pay for you.

Estimate your expenses: Estimate your unreimbursed health or day care expenses, but be conservative! The IRS has several rules that govern this plan. If you overestimate and do not have enough eligible expenses to submit for reimbursement, you risk forfeiting money left in your account at the end of the plan year.

Enroll: Return this enrollment form by the deadline stated. Your annual goal will be divided into equal payroll deductions. This money is then sent to PacificSource Administrators. You may access your total MERP election amount at any time during the plan year after the first contribution cycle. Access to DCAP funds is limited to the total amount you have paid into your account to date.

Request reimbursements: As you incur expenses, you simply submit a Request for Reimbursement form to PacificSource Administrators along with copies of receipts or supporting documentation or for certain MERP expenses you may use your Benny™ Card. You will be reimbursed for qualified expenses directly without paying tax on that money. Reimbursement is paid to you by check or via direct deposit.

<p>Typical MERP eligible expenses incurred by you or your tax dependent:</p> <ul style="list-style-type: none"> ▪ Medical, dental, or prescription deductibles and co-payments ▪ Physician charges exceeding health plan limits ▪ Eye-exams, hardware charges exceeding health plan limits ▪ Radial keratotomy ▪ Orthodontia charges not covered by the dental plan ▪ Chiropractic, acupuncture or naturopathic office visit expenses exceeding health plan limits ▪ Mental health and chemical dependency treatment ▪ Medical supplies ▪ Some weight loss programs, if prescribed by a physician ▪ Some over-the-counter medicines if prescribed by a physician <p><i>Note: some items may require documentation of medical necessity from a healthcare provider.</i></p>	<p>Dependent Care Expenses for the following individuals are eligible for DCAP reimbursement:</p> <ul style="list-style-type: none"> ▪ Your children under age 13 who are related to you by blood or marriage, adopted or foster children and reside with you for at least 6 months per year. ▪ Your legal spouse who is unable to care for him or herself and resides with you for at least six months per year. ▪ Your children age 13 or over, and other relatives (such as your parents) who are unable to care for themselves, reside with you for at least 6 months per year, get more than half of their support from you and are not a tax dependent child of another person. Other children age 13 or over and non-related individuals, who are unable to care for themselves, reside with you for the entire year, get more than have of their support from you and are not a tax dependent child of another person.
<p>Typical expenses that CANNOT BE REIMBURSED by MERP:</p> <ul style="list-style-type: none"> ▪ Food, supplements and vitamins ▪ Toiletries, such as toothpaste ▪ Insurance premiums, including COBRA and Long Term Care ▪ Most cosmetic surgery ▪ Over-the-counter oral and topical drugs and medicines that alleviate and treat illness and injury without a prescription 	<p>Examples of INELIGIBLE EXPENSES for DCAP:</p> <ul style="list-style-type: none"> ▪ Care expenses for individuals who do not meet the requirements above ▪ Care expenses for most Domestic Partners and their Dependents ▪ School fees for Kindergarten and higher grades ▪ Care given by a dependent or your child under age 19 ▪ Summer Camps <u>where the child stays at camp overnight</u> ▪ Adult/Elder Care expenses for persons who are not eligible to be claimed as a dependent on County employee's income taxes

Limit of one election per plan year. Once you've decided on your FSA allocations, your choice to participate is IRREVOCABLE. You cannot change your election amount/s or stop participation until the next plan year unless you have experienced a qualified change in status. Please see the *Guide to MERP* or *Guide to DCAP* for more information.

Use-it or roll over up to \$500. If you allocate more money than you need during the plan year, any remaining money in your account (above \$500 for MERP) is forfeited. FSA MERP balances up to \$500 can carry over from one year to the next. It's important to be conservative with your expense estimates and contribution allocations, since over estimations can cause you to forfeit funds. There is no roll over option for DCAP.

Date incurred. Expenses must be incurred during your participation within the plan year to be eligible for reimbursement. "Incurred" means the date the service was rendered, not the date you paid the bill.

No "double dipping." Expenses paid through the FSA may not also be taken as an income tax deduction or reimbursed through a VEBA account.

The deadline for filing claims is March 31, 2020 for expenses incurred while you were a participant in the 2019 Calendar year plan. Your reimbursement forms and supporting documentation must be received in PacificSource Administrator's office by 5:00pm on March 31, 2020. Failure to file claims (above the \$500 rollover limit) by the deadline will result in forfeiture of remaining contributions.

Please return this form:

Email: employee.benefits@multco.us; Fax: 503-988-6257
Questions? Please contact Employee Benefits at (503) 988-3477.