



National Benefit Services, Inc.

C a f e t e r i a P l a n s

www.CafeteriaPlan.com

What Are the Savings?

- Employees generally save around 35%. this means that if you have \$900 in medical/ day care expenses, you would save \$300!

What Types of Expenses Are Eligible?

- Birth control pills
- Chiropractor
- Day care
- Prescriptions
- Dental work
- Orthodontia
- Contact lenses
- Over the counter drugs
- Laser eye surgery
- There are many additional eligible expenses. View your SPD, or IRS publication 502 for additional examples.



What is NOT Covered

- Cosmetic surgery/procedures
- Vitamins (Unless prescribed by a doctor for the treatment of a specific medical condition)
- Massage therapy
- Teeth whitening

How Does It Work?

- Get a receipt from your doctor, day care provider, or service provider showing the following:
 - Date of service
 - Type of service
 - Amount of bill AFTER insurance has paid

- Fill out a claim form. The claim form may be obtained from our web site, at www.CafeteriaPlan.com
- Attach copies of your receipts to the claim form. Fax, mail, or e-mail your claim to national benefit services, inc.
- We will then review your claim, and send you a check for the eligible amount on the next scheduled pay-out date.

Obtaining Account Information

- Account information is available on our web site at www.CafeteriaPlan.com

The screenshot displays the 'Cafeteria Plans' website interface. The main content area is titled 'Self Service Module Account Balance & Claim Status'. It includes a summary table for account balances and a detailed table for claim history. Three callouts highlight specific data points:

- View up to date account balance info.** Points to a summary table showing Claims Paid, Claims Pending, Account Balance, and Projected Balance for two different plans.
- Verify that we have received your claim** Points to a row in the claim history table, showing the date, claim amount, and paid amount.
- View check number, date paid, and amount of each claim** Points to a detailed table showing check numbers, dates, and amounts for individual claims.

Plan	Claims Paid	Claims Pending	Account Balance	Projected Balance
DC	\$2,475.00	\$225.00	\$0.00	\$0.00
MR	\$392.18	\$0.00	\$113.82	\$159.82

Benefit Year	Benefit Type	Annual Election	Total Contributions	Claims Paid	Claims Pending	Account Balance	Projected Balance
Current	DC	\$2,700.00	\$2,475.00	\$2,475.00	\$225.00	\$0.00	\$0.00
Current	MR	\$500.00	\$500.00	\$392.18	\$0.00	\$113.82	\$159.82

Benefit Type	Year	Status	Begin Date	End Date	Claim Amt.	Paid Amt.	Check Ref.
DC	Current	Paid	5/6/01	5/6/01	\$2,700.00	\$225.00	55449
DC	Current	Paid	5/6/01	5/6/01	\$2,475.00	\$112.50	55450
DC	Current	Paid	5/6/01	5/6/01	\$2,362.50	\$112.50	55451
DC	Current	Paid	5/6/01	5/6/01	\$2,250.00	\$112.50	55452
DC	Current	Paid	5/6/01	5/6/01	\$2,137.50	\$112.50	55453
DC	Current	Paid	5/6/01	5/6/01	\$2,025.00	\$112.50	55454
DC	Current	Paid	5/6/01	5/6/01	\$1,912.50	\$112.50	55455
DC	Current	Paid	5/6/01	5/6/01	\$1,800.00	\$112.50	55456
DC	Current	Paid	5/6/01	5/6/01	\$1,687.50	\$112.50	55457
DC	Current	Paid	5/6/01	5/6/01	\$1,575.00	\$112.50	55458

Check No.	Date	Amount	Payee
554449	6/22/01	\$1,440.00	Anderson, J

Obtaining Account Information continued

- Account information is also available 24 hours a day by calling our toll-free automated voice response system:

1 (888)FLEX125

Is There a Maximum Amount I Can Run Through the Plan?

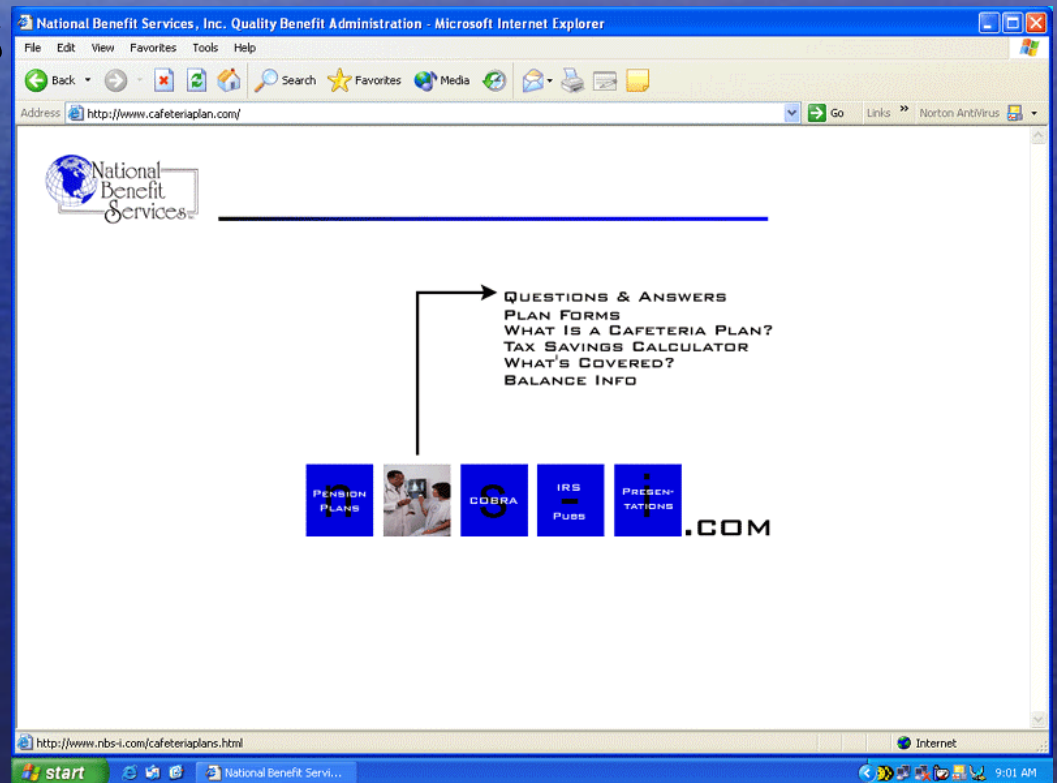
- The IRS requires companies to set a maximum annual limit for health care expenses. Please check with your HR department, or look in your SPD (summary plan description) for the amount.
- The IRS has set a maximum limit on day care expenses at \$5,000.00 per year, or \$2,500.00 if you're married and filing taxes separately.

Things You Should Know

- You cannot change your election amount up or down, unless you experience a “change of status” (marriage or divorce, death of spouse or dependent, going from part time to full time status or vice versa)
- Be conservative in the amount you elect for the year. Any money left in your account at the end of the year will be forfeited
- If you terminate employment, you will be able to request reimbursement for qualifying expenses for the remainder of the plan year, but only for expenses or benefits through your date of termination

Head To Our Web Site at www.CafeteriaPlan.Com

- Download plan forms
- Perform word searches on IRS Cafeteria Plan publications
- Research Topics
- E-mail your questions



Sign and return the enrollment form to your HR department



Cafeteria Plan Enrollment Form

Personal Information	Company Name	
	Employee Name	Social Security Number
	Home Address	<input type="checkbox"/> Initial Request <input type="checkbox"/> New Year Request <input type="checkbox"/> Waive Participation

Benefit Election	<input checked="" type="checkbox"/> Group Insurance: <small>Group insurance premiums shall be paid pre-tax by payroll deduction</small> <input type="checkbox"/> Health Care Expenses: \$ _____ PER YEAR <small>Please refer to the SPD for the Maximum Annual Allowable Election</small> <input type="checkbox"/> Day Care Expenses: \$ _____ PER YEAR <small>Maximum Annual Allowable Election is \$5,000 OR \$2,500 if Married and Filing Taxes Separately</small>
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Family Information	List all Dependents (including Spouse):		
	Full Name	Date of Birth	Relationship to Employee

Employee Signature	I hereby authorize the appropriate payroll reductions of my contribution(s) to the Cafeteria Plan. I recognize that such payroll reductions shall be adjusted automatically in the event of a change in the insurance premium.	
	Employee Signature X	Date

Direct Deposit Request	Your Financial Institution	<input type="checkbox"/> Checking Account <input type="checkbox"/> Savings Account
	Address	Account Number
		Routing Number

IMPORTANT! Please attach a voided check with this form (not a deposit slip). Only for a savings account is a deposit slip acceptable.

I (We) authorize National Benefit Services, Inc. to initiate credit entries to initiate, if necessary, debit entries and adjustments for any credit entries in error to my (our) account indicated below and the financial institution named below to credit and/or