Employee Plan Summary

Hennepin County Flexible Spending Account Plan

TABLE OF CONTENTS

SECTION PAGE

This booklet is a "Flexible Spending Accounts Summary" (Employee Benefits Summary). Please read this booklet carefully so you will understand the benefits of your Flexible Spending Accounts.

It describes the benefits of the Hennepin County

- Health Care Flexible Spending Account Plan,
- Dependent Care Flexible Spending Account Plan,
- Parking Flexible Spending Account Plan,
- Adoption Assistance Flexible Spending Account Plan.

Moving forward, these plans will be referred to as the Flexible Spending Account (FSA) or the Plan. The Plan is only available to covered employees and their dependents. The Plan allows covered employees to set money aside to pay for eligible medical expenses, dependent care expenses, parking expenses and adoption expenses on a pre-tax basis. Each covered person's rights under the Plan are legally enforceable. You may not assign, or in any way transfer your rights, under the Plan.

The following documents represent the entire agreement between 121 Benefits and the Plan Sponsor in regard to the FSA Plan:

- Flexible Spending Accounts Summary (Employee Benefits Summary);
- Administrative Services Agreement (ASA) between the Plan Sponsor and 121 Benefits; and
- Any amendments and any other documents referenced in the ASA.

The ASA is available for inspection at your Employer's office or:

121 Benefits
730 2nd Ave. South, Ste. 400, 730 Building
Minneapolis MN 55402-2446

Your Employer has official documents for the Plan. In case of a conflict between those documents and this Summary, the official documents will govern. You may view or request copies of the official plan documents by contacting your Employer.

If laws change regarding any provision in this Summary, that provision will be changed to meet the minimum requirements of the law.

This booklet is for covered participants entering the Plans on or after January 1, 2019.

SPECIFIC INFORMATION ABOUT THE PLAN

Employer:	Hennepin County
Name of the Plan:	Hennepin County Automatic Pre-Tax Premium Program, Health Care Expense Account, Dependent Care Assistance Program and Adoption Flexible Spending Account and Hennepin County Transportation Plan; however, 121 Benefits only administers the Health Care Expense Account, Dependent Care Assistance Program, Adoption Flexible Spending Account and Transportation Plan
Type of Plan:	Health Care Flexible Spending Account Dependent Care Flexible Spending Account Parking and/or Transit Flexible Spending Account Adoption Assistance Flexible Spending Account
Address of the Plan:	300 South 6th Street Hennepin County Government Center A400 Minneapolis, MN 55487-0040 612-348-7855
Plan Year:	The period beginning on each January 1 in which the provisions of the Plan are in effect.
Plan Fiscal Year Ends:	December 31
Plan Sponsor:	Hennepin County (Is ultimately responsible for the management of the Plan; may employ or contract with persons or firms to perform day-to-day functions such as processing claims and performing other Plan-connected services.)
Agent for Service of Legal Process:	Hennepin County Attorney
Fiduciary:	Hennepin County (Has the authority to control and manage the operation and administration of the Plan; has discretionary authority to determine eligibility for benefits or to construe the terms of the Plan.)
Benefit Payments:	Claims under the Plan are paid from salary reduction taken on a pre-tax basis. Amounts withheld are held with the general assets of the Employer.
Plan Manager:	121 Benefits 730 2nd Ave. S., Ste. 400 730 Building Minneapolis MN 55402-2446 (Provides administrative services to the Plan Sponsor in connection with the operation of the Plan, including processing of claims and other such functions as may be delegated to it.)
Contributions:	You make pre-tax contributions to your FSA. Any money you contribute to your Flexible Spending Account(s) will be withheld in equal amounts from your paychecks.

ABOUT 121 Benefits and YOUR EMPLOYER

121 Benefits. ("Plan Manager") is a third party administrator (TPA).

Employer ("Plan Sponsor"). Your Employer has established the Plan to provide FSAs for eligible employees and their eligible dependents. The FSA is described in the Summary. The Plan Sponsor has contracted with the Plan Manager to provide administrative services for the FSA Plan. However, this Plan is funded through your payroll deductions and reimbursed from your Employer's general assets. The Plan Manager does not bear any responsibility for payments.

Powers of the Plan Sponsor. The Plan Sponsor shall have all powers and discretion necessary to administer the Plan, including without limitation, powers to: (1) establish and revise the method of accounting for the Plan; (2) establish rules and prescribe any forms required for administration of the Plan; (3) change the Plan; and (4) terminate the Plan.

The Plan Sponsor, by action of an authorized officer or committee, reserves the right to change, end or amend the Plan. The Plan Sponsor's decision to change the Plan may be due to changes in applicable law or for any other reason. The Plan may be changed to transfer the Plan's liabilities to another Plan or split the Plan into two or more parts.

The Plan Sponsor shall have the power to delegate specific duties and responsibilities. Any delegation by the Plan Sponsor may allow further delegations by such individuals or entities to whom the delegation has been made. Any delegation may be rescinded by the Plan Sponsor at any time. Each person or entity to whom a duty or responsibility has been delegated shall be responsible for only those duties or responsibilities, and shall not be responsible for any act or failure to act of any other individual or entity.

No Guarantee of Employment. The adoption and maintenance of the Plan shall not be deemed to be a contract of employment between the Plan Sponsor and any covered employee. Nothing contained herein shall give any covered employee the right to be retained in the employ of the Plan Sponsor or to interfere with the right of the Plan Sponsor to discharge any covered employee, any time, nor shall it give the Plan Sponsor the right to require any covered employee to remain in its employ or to interfere with the covered employee's right to terminate his or her employment at any time.

121 Benefits Trademarks. 121 Benefits names and logos and all related products and service names, design marks and slogans are the trademarks of 121 Benefits or its related companies.

RIGHTS UPON TERMINATION OR AMENDMENT OF THE PLAN

For Plan provisions governing benefits, rights and obligations of participants and beneficiaries under the Plan on termination of the Plan or amendment or elimination of benefit under the Plan, please consult your Employer.

YOUR FLEXIBLE SPENDING ACCOUNTS

The Health Care Flexible Spending Account Plan allows you to set aside part of your salary on a pre-tax basis to help pay for eligible health care expenses each year. Examples of eligible expenses include medical and dental care, as well as vision expenses for you, your spouse and your dependents. As you pay for these expenses, your FSA will pay you back.

Each year during open enrollment, you can elect to set aside pre-tax dollars between $0 to $2,650. This money will be deposited into your health care spending account for the year. The total amount you decide to set aside is taken out of your paycheck in equal amounts throughout the year.

The Dependent Care Flexible Spending Account Plan allows you to set aside part of your salary on a pre-tax basis to help pay for eligible dependent care services each year. It covers eligible day care expenses for your dependent children under age 13. It may also be used for the care of other dependents, if they are considered your dependent for income tax purposes, if such individual is mentally or physically handicapped and incapable of self-care.

Each year during open enrollment, you choose to set aside pre-tax dollars between $0 to $5,000 (or less, if subject to additional limitations). This money will be deposited into your dependent care spending account. If your spouse also participates in a dependent care spending account, the tax-free benefit is limited to $5,000 for both of you combined. If you are married but filing taxes separately, the tax-free benefit is limited to $2,500. The total amount you decide to set aside is taken out of your paycheck in equal amounts throughout the year.

The Parking Flexible Spending Accounts are governed by Internal Revenue Code Section 132. The Parking FSA offers tax-savings opportunities to individuals who park and/or carpool to and from work. Please Note: bicycle parking is not an eligible expense under this plan. Due to IRS requirements, the Parking FSAs are not part of the above Plans. They are described in this Summary because they operate under similar rules.

Each year, you can deposit up to $260* *per month* into your Parking FSA and up to $130* *per month* into your Van Pool FSA.

*These limits are set forth in the Internal Revenue Code 132(f) and are adjusted annually.

The Adoption Assistance Flexible Spending Account Plan allows you to set aside part of your salary on a pre-tax basis to help pay for eligible adoption assistance expenses. Examples of eligible expenses may be found on the Hennepin County website at http://tinyurl.com/fsaaccounts.

During open enrollment, you can elect to set aside pre-tax dollars between $0 to $12,000. This money will be deposited into your adoption spending account for the year. The total amount you decide to set aside is taken out of your paycheck in equal amounts throughout the year.

ELIGIBILITY, PARTICIPATION AND ENROLLMENT

You do not have to participate in the FSA, it is completely voluntary. You can choose to participate by setting aside part of your salary on a pre-tax basis into these accounts. Each account is managed separately, so you can enroll in none, one, or all of the accounts.

Eligibility. The Plan Sponsor determines employee's participation eligibility in accordance with the official plan documents. For more information regarding eligibility, please contact your Employer.

When Your Participation Begins (Newly Eligible Employees). In order to qualify for FSA benefits, you must enroll and agree to make the required pre-tax payroll deduction deposits to your account(s).

If you want to participate in one or more of the Flexible Spending Accounts, you must enroll within the first 30 days you are eligible**. Your participation will begin the first day administratively feasible and is determined by** your Plan Sponsor.

If you do not enroll within the first 30 days of eligibility, you will have to wait until the next Annual Open Enrollment Period to enroll. The only exception is if you have a Change in Status which is described below.

Annual Open Enrollment Period. Once a year, your Employer sponsors an Annual Open Enrollment Period. During this time, you can choose to enroll or re-enroll for FSA participation for the following year. This election will go into effect on the first January 1 following the Annual Open Enrollment Period.

You must re-enroll for the Flexible Spending Accounts each year. You can do so during the Annual Open Enrollment Period.

Changing or Canceling Your Participation. FSA elections are for the entire Plan Year. You can change or cancel your participation only during the Annual Open Enrollment Period, unless you have a Change in Status. This applies to:

- The account(s) you've elected to participate in; and
- The amount of your pre-tax payroll-deduction deposits to your account(s).

Example: If you enroll in a Health Care FSA and choose to have $50 taken out of your paycheck each week, you can't make any changes until the next Annual Open Enrollment Period, unless you have a Change in Status.

Change in Status. If you have a qualified Change in Status, you can make these changes to your FSA:

- Increase or decrease the amount of your pre-tax contribution (but not below the amount already reimbursed);
- Cancel your participation; or
- Choose to participate in one or more of the accounts.

The Change in Status must be applicable to the plan for which you are requesting the change and the requested change must be on account of and consistent with the Change in Status.

These are examples of a qualified Change in Status:

- Gaining or losing a spouse (through marriage, divorce, or death);
- Gaining or losing a dependent (through birth, adoption, placement for adoption, death, or loss of eligibility as a dependent);
- Commencement or termination of an adoption proceeding;
- Change in the employment status of you, your spouse, or your dependent that causes a change in eligibility (examples: changing from part-time to full time, or changing from hourly to salaried); and
- Change in cost or coverage of dependent care (e.g. change from one-child care center to another and the new child-care center charges a different rate).

Example: Assume you elect to participate in the Health Care FSA during a given Annual Open Enrollment Period. If you and your spouse adopt a child during the following year, you can elect to increase your contributions to your Health Care FSA and enroll in a Dependent Care FSA. You cannot change this election again until the next Annual Open Enrollment Period, unless you have another Change in Status.

Effective Date. If you have a Change in Status, the change to your FSA election(s) will be effective as of the date you request the change. Remember, you must apply for the change within 30 days of the birth, adoption or the loss of a dependent's eligibility, etc. If you don't enroll within 30 days of the Change in Status event, you will have to wait until the next Annual Open Enrollment Period. If you have any questions about making a mid-year plan change due to a Change in Status, please contact your Employer.

Leave of Absence. Special rules apply to FSA participation when you are on a leave of absence. Please contact your Employer for details about your rights and responsibilities during your leave and your return to work. If your unpaid leave is covered under the Family and Medical Leave Act, you can continue your Health Care FSA participation during your period of leave. All you have to do is make after-tax contributions equal to the amount you were contributing on a pre-tax basis.

The Plan provides for reinstatement of coverage to persons returning to employment after military service, to the extent required by federal law. If you are re-hired after a period of uniformed service that entitles you to rights under the Uniformed Services Employment and Re-employment Rights Act (USERRA), you will be eligible for reinstatement under the Plans. Contact your Employer for further information.

HOW YOUR FLEXIBLE SPENDING ACCOUNTS (FSAs) WORK

Special rules apply to Flexible Spending Accounts, including specific definitions of eligible expenses. So please read this section carefully.

As a participant in the FSAs, you are choosing to deposit part of your salary on a pre-tax basis in one or more of the following accounts:

- Health Care Flexible Spending Account,
- Dependent Care Flexible Spending Account,
- Parking and/or Transit Flexible Spending Account,
- Adoption Assistance Flexible Spending Account.

During the year, your FSA can pay you back for Eligible Expenses. The term ***"eligible expenses"*** is important because your expenses must meet specific requirements to qualify for reimbursement under the Plan.

Claim Payments. Claims are processed and reimbursed twice a week, on Mondays and Thursdays. After your claim is approved, a check will be sent to you or money will be directly deposited into your account if you signed up for direct deposit. Direct Deposit forms and instructions are online at **www.121benefits.com/hennepin.** You can also call 121 Benefits at 612-877-4321 or 800-600-1672 (toll-free).

Each time you submit a claim for payment from your FSA, you will receive an Explanation of Benefits. The Explanation of Benefits will tell you how much was reimbursed to you from your FSA and how much you have left in your account.

You can check your FSA balance online via your individual account by logging in at www.121benefits.com/hennepin. You will need to register to view your account. Follow the instructions in your Welcome Letter, using your first initial, full last name (in lower case letters) and the last four digits of your social security number as both your user name and password. You will then be prompted to change your password to something else you can remember. You can choose to change your user name too. You can also view your payment history and available balances online. Once you are logged on you can view your account balances right on the left hand side of the home page. To view your payment history, click on Accounts, then Payment History.

Your Contributions. The amount(s) you choose to contribute to your account(s) are made through convenient pre-tax payroll deductions. During the Annual Open Enrollment Period, you can choose the amount of your deposits for the next Plan Year.

The following chart shows your minimum and maximum allowable FSA enrollment contributions.

Account	Minimum Enrollment Amount	Maximum Enrollment Amount
Health Care FSA	$0 per year	$2,650 per year
Dependent Care FSA	$0 per year	$5,000 per calendar year ($2,500 per calendar year if you are married and you and your spouse file separate tax returns)
Parking Spending Account	No minimum	$260 per month
Van Pool Account	No minimum	$130 per month
Adoption Assistance Spending Account	No Minimum	$12,000 per year

HEALTH CARE FLEXIBLE SPENDING ACCOUNT REIMBURSEMENT

In general, the expenses that qualify for Health Care FSA reimbursement are those permitted by Section 213 of the Internal Revenue Code. They include expenses for medical, dental and vision.

For information about eligible expenses you may view eligible expense worksheets at www.121benefits.com/hennepin. You may also contact 121 Benefits at 612-877-4321 or 800-600-1672 (toll-free).

You can use your Health Care FSA to pay for a wide range of health care expenses if:

- The claim is for an eligible health care expense that is not reimbursable by any other source;
- You have the documents you need to support your claim; and
- The claim takes place while you are participating in the FSA (unless you elect Continuation of Coverage as described below).

Your FSA can also reimburse you for over-the-counter (OTC) medicines if they are prescribed by your doctor. Under IRS guidance, you must submit the following documents if you want to be reimbursed for (OTC) from your FSA:

- A customer receipt from the pharmacy that shows the date of sale, the amount you paid and a copy of the prescription; or
- A customer receipt that shows the name of the purchaser (or the name of the person the prescription is for). It must also include the date, amount paid and a prescription number.

You may also be reimbursed from your FSA for over-the-counter items like band aids, contact lens solution, first aid supplies and reading glasses.

NOTE: Your orthodontic care will be reimbursed as paid up to your election amount in your FSA. You will need to send in a contract from the orthodontist or payment plan with the completed claim form. The payment must be made during the Plan Year.

You may be able to use your FSA to pay for eligible health care costs for your spouse and dependents. Certain Internal Revenue Service (IRS) rules apply.

Amount of Reimbursement. If you choose to have money from your paycheck deposited into a Health Care FSA, you can file claims up to that amount at any time during the year regardless of the amount in your account at the time of request.

Tax Deductions. If you use your Health Care FSA to pay for a specific health care expense, you cannot claim the same expense as a deduction on your income tax return. In addition, you may have to pay income taxes on any amount paid back to you for an ineligible expense.

CLAIMS REIMBURSEMENT INSTRUCTIONS

Health Care Debit Card. The health care debit card may be used to pay for some eligible health care expenses that will not be paid under your medical benefit plan or dental benefit plan. This would include things like your deductible, copayment and coinsurance. Eligible expenses will automatically be deducted from your FSA balance when you swipe the card or submit the card number with your payment. If you do not use your health care debit card, you must submit a manual claim for your eligible expenses in order to receive reimbursement from your FSA. In some instances you may be required to provide additional information regarding your debit card purchase. If you do not provide enough information to allow 121 Benefits to substantiate a health care debit card claim, 121 Benefits will suspend the Health Care FSA account and debit card until you provide the documentation required by 121 Benefits or repay the amount in question. If documentation is not provided, the amount in question may become taxable income at the end of the year.

All new participants in the Health Care Account will automatically receive a set of two debit cards at no charge. There will be a fee of $10 per two cards if you want extra debit cards or to replace your card if it is lost or stolen.

Manual Claims Submission for Eligible Health Care Expenses. To get reimbursed, you must send in a claim to your FSA. All claims must be sent in with a completed Reimbursement Request Form, as well as any required certifications and signatures. You can get Reimbursement Request Forms at **www.121benefits.com/hennepin** or by calling 121 Benefits. Claims are paid based on the amount originally submitted.

FILING YOUR CLAIM

Claims for health care expense reimbursement may be submitted in one of the following ways:

- **Mail** a Reimbursement Request Form and supporting documents to 121 Benefits at:

  121 Benefits
  730 2nd Ave. S., Ste. 400
  730 Building
  Minneapolis MN 55402-2446

- **Online –** Log on to **your individual account at www.121benefits.com/hennepin**
  - Click on the File a Claim button under the I Want To section on the top left or
  - Click on the Account tab on the top, then the File Claims option
  - Enter your information for the applicable claim(s) online and upload your receipt(s).

- **Mobile App** –Download the mobile app from the home page in your individual account and file claims with the app. You can then take a picture of your receipt and upload the documentation into the app as well.

Supporting documents include at least one of these items:

- Explanation of Benefits (EOB) – the statement you receive each time a claim is submitted to your health, dental or vision plan; or
- Documents that list the type of service or product you bought, the date of the purchase and the name of employee or dependent the purchase was for. You must also include the name of the person or organization providing the service or product and the cost of the expense. For orthodontic expenses like braces, include a copy of the treatment plan. You may include cash register receipts for standard medical copays or over-the-counter items as long as the receipt shows the name of the provider, date dollar amount and description of item purchased (if applicable).

Health Care Spending Account Unused Funds. Expenses sent in more than three months after the end of the Plan Year are not eligible for reimbursement from your FSA. **The deadline for sending in claims that took place in the Plan Year is March 31 of the following Plan Year.** If more information is needed for a claim that was sent in on a timely basis, the deadline for sending in the information needed is either March 31 or 45 days after the date the claim was submitted if the claim is submitted on March 31.

Carryover for Health Care Spending Account. The carryover applies to the Health Care Spending Account only. Participants will be able to carry over up to $500 in unused funds to the 2020 Plan Year. The carry over funds will be used to access any 2019 expenses during the three month run-out period and any 2020 expenses from January 1 – December 31. Carry over funds will not affect the 2020 election you can make. For example, you can elect the maximum allowable election of $2,650 for 2020 and carry over $500 from 2019 for a total of $3,150. Carryover funds are set to roll forward via our system on the first day of the new Plan Year and may be available on January 1 or shortly thereafter due to system volume.

The following chart shows how you will be reimbursed from your FSA based on the amount you put into your account(s):

Account	Type of Election	Basis Upon Which Reimbursement Will Be Made
Health Care Flexible Spending Account	Reimbursement is based on how much you put into your account each year	Any claims up to the total amount you put in your FSA can be sent in at any time during the Plan Year. Learn more by watching the video on Flexible Spending Accounts at www.121benefits.com/hennepin Example: If you put $2,000 in your FSA, you can submit a request for payment for up to $2,000 of eligible expenses at any time during the Plan Year.

If you are overpaid, the Plan can ask you to refund the amount of the overpayment or the Plan can offset future reimbursements until the overpayment is recovered.

TERMINATION OF COVERAGE

Health Care Flexible Spending Account. If you terminate employment and have funds left in your health care spending account, you can submit claims for any eligible expenses you had before your employment ended. You will lose any remaining funds. You can elect to keep using your FSA until all of your money is spent for the rest of the Plan Year by choosing COBRA continuation coverage. The terms of COBRA continuation coverage will apply (see the "**CONTINUATION OF COVERAGE**" section for more details). If you do not elect COBRA continuation, you may send in spending account claims under the following rules:

- You can only send in claims for expenses that happened during your participation in the Plan Year; and
- All claims must be sent in before March 31 of the following Plan Year.

DEPENDENT CARE FLEXIBLE SPENDING ACCOUNT REIMBURSEMENT

You can only use your Dependent Care FSA to pay for eligible dependent care expenses. Eligible dependent care expenses are those that are necessary for you (or you and your spouse) to work outside the home, look for work or go to school.

Your dependent care claims must meet four requirements before they can be approved:

- Your claim must be for the care of an "Eligible Dependent" ;
- The care provided must be for an Eligible Dependent care expense ;
- You cannot be reimbursed for more than the amount in your Dependent Care FSA at any given time; and
- Your claim must be supported by appropriate documentation. This includes the name, address, and Social Security number or (Taxpayer Identification Number) of the dependent care provider.

If you are married and your spouse does not earn any income, you are not eligible for dependent care benefits unless your spouse is a full-time student, is actively looking for a job, or is disabled and unable to provide for his or her own care. Your spouse is considered to be a full-time student if he or she goes to school for at least five months a year.

Amount of Reimbursement. You may be reimbursed from your Dependent Care FSA for eligible dependent care expenses for any dependent that meets the requirements below. To be eligible, the dependent care expenses must allow you and, if you are married, (your spouse) to work or look for work. The only exception to this rule is if your spouse is a full-time student or is physically or mentally unable of self-care at the time of the expenses.

Who is an Eligible Dependent? Each dependent that you claim dependent care expenses for must be:

- A person under age 13 that you claim as a dependent on your federal tax return; or
- A spouse or a person (other than a child under 13) who is your dependent under federal tax law, but only if he or she is physically or mentally incapable of self-care.

Who may Provide Eligible Dependent Care Services? If you want to be reimbursed from your Dependent Care FSA, services must be provided by:

- A dependent care center (that is, a facility that provides care for more than six individuals that do not live at the facility.) The care center must comply with all state and local laws and regulations. In most cases, this means the facility is licensed; or
- A person who is not your spouse or a dependent under IRC section 105(b). If your child provided the care, he or she must be age 19 or older at the end of the year in which the expenses take place.

The care may be provided in your home or at an outside care center. You can choose care outside your home for a dependent other than your children only if the dependent usually spends at least eight hours each day in your home.

What Types of Dependent Care Services May be Reimbursed? Generally, eligible dependent care services are services that provide for the dependent's well-being and protection. In most cases, it does not include food, clothing or education. It does not include expenses for education of a dependent in kindergarten or any higher grade. It does not include expenses for overnight camp.

The following are examples of Dependent Care Services that may be reimbursed:

- The reimbursement is for an eligible dependent, that dependent is under age 13, or meets the "Qualifying Person Test" as described in IRS Publication 503 (go to irs.gov to view IRS Publication 503).
- If the reimbursement is for care for your spouse, your spouse is physically or mentally incapable of self-care, and has the same primary home as you for more than half the year.
- Reimbursement can only be made for services that have already been provided whether or not they are billed or paid.
- Dependent care expenses must be provided to allow you and your spouse (if married) to work or actively look for work. Your spouse is considered working if he or she is a full-time student at an educational organization, or physically or mentally incapable of self-care.

If you have questions about eligible expenses, please contact 121 Benefits at 612-877-4321 or 800-600-1672 (toll-free).

Dependent Care Tax Credit. Under current law, you can take a federal dependent care tax credit for part of your dependent–care expenses if dependent care is needed so that you and your spouse can work outside the home. If you use your Dependent Care FSA to pay for a dependent care expense, you cannot claim the federal dependent care tax credit for the same expense. Remember that the maximum amount of the federal dependent care-tax credit available to you each year will be reduced by the amount you chose to deposit in your Dependent Care FSA for that year.

Which Tax Break Is Better? The answer to this question depends on your personal situation, including your taxable income, number of dependents and the amount you pay for dependent care. Keep in mind that your taxable income (W-2 pay) will be reduced by your Dependent Care FSA deposits during a given calendar year.

You can estimate the amount of your federal dependent care tax credit by referring to the worksheet and instructions on IRS Form 2441. This information also appears on IRS Form 1040A (Schedule 1) and instructions. You can get either of these forms by contacting your local IRS office. You may also wish to talk with a tax advisor.

Tax Filing: If you use your Dependent Care FSA during a given calendar year, you must file IRS Form 2441 along with your other tax returns for that year.

CLAIMS REIMBURSEMENT INSTRUCTIONS

Claims Submission for eligible Dependent Care Expenses. To get reimbursed, you must submit a claim to your FSA. All manual claims must include a completed Reimbursement Request Form and any required certifications and signatures. You can get Dependent Care Claim Forms from your Employer, at www.121benefits.com/hennepin or by calling 121 Benefits.

FILING YOUR CLAIM

Claims for dependent care expense reimbursement may be submitted in one of the following ways:

- **Mail** a Reimbursement Request Form and supporting documents to 121 Benefits at:

  121 Benefits
730 2nd Ave. S., Ste. 400
730 Building
Minneapolis MN 55402-2446

- **Online –** Log on to **your individual account at www.121benefits.com/hennepin**
  - Click on the File a Claim button under the I Want To section on the top left or
  - Click on the Account tab on the top, then the File Claims option
  - Enter your information for the applicable claim(s) online and upload your receipt(s).

- **Mobile App** – Download the mobile app from the home page in your individual account and file claims with the app. You can then take a picture of your receipt and upload the documentation into the app as well.

Supporting documents must include the provider Tax ID number and one of the following:

- A copy of the bill or signed receipt; or
- Have the provider complete the Unreimbursed Dependent Care section of the Reimbursement Request form.

Dependent Care Spending Account Grace Period for Unused Contributions. Your plan has a grace period from January 1 to March 15 following the end of the Plan Year. You may submit expenses incurred during the grace period for reimbursement from your previous year FSA balance, if any.

The following is an example of how the grace period works:

2019 Annual Election for Dependent Care Flexible Spending Account (FSA)	$2,000
Claims made for services January 1 - December 31, 2019	$1,700
Unclaimed dollars from 2019 Dependent Care FSA Annual election	$300
Services paid for during grace period January 1- March 15, 2020	$800
Claims paid out of 2019 Annual Election	$300
Claims paid out of 2020 Annual Election	$500

In this case, no 2019 dollars are lost because the grace period lets you use FSA dollars from last year to pay you back for expenses during the grace period. If you have a claim during the grace period, you will be paid out of last year's FSA money until it is gone. Then you will be paid out of your current FSA. This may create a timing issue if you have a late claim in 2019 and your 2019 FSA dollars have already been used by grace period claims. Claims from the previous year cannot be reimbursed by your current FSA. For example, 2019 claims cannot be reimbursed by 2020 FSA dollars.

Dependent Care Spending Account Unused Contributions. Expenses sent in more than three months after the end of the Plan Year are not eligible for reimbursement from your FSA. **The deadline for sending in claims that took place in the Plan Year or the grace period is March 31 of the following Plan Year.** If more information is needed for a claim that was sent in on a timely basis, the deadline for sending in the information needed is either March 31 or 45 days after the date the claim was submitted if the claim is submitted on March 31.

The following chart shows how you will be reimbursed from your FSA based on the amount you put into your account(s):

Account	**Type of Election**	**Basis Upon Which Reimbursement Will Be Made**
Dependent Care Flexible Spending Account	Reimbursement is based on how much you put into your account each year	Reimbursement is only available up to the dollar amount in your account. Learn more by watching the video on Flexible Spending Accounts at www.121benefits.com/hennepin Example: If you have had $500 withheld from your pay and submit a claim for $800, you can only be reimbursed for the $500 that is in your account. The remaining $300 will be reimbursed as funds become available in your account.

Any claims paid using FSA funds will be paid directly to you. You pay your provider.

If you are overpaid, the Plan can ask you to refund the amount of the overpayment or the Plan can offset future reimbursements until the overpayment is recovered.

TERMINATION OF COVERAGE

Dependent Care Flexible Spending Account. If you terminate employment and have funds left in your Dependent Care Account, you can elect to keep using your FSA until the end of the Plan year to reimburse claims that were incurred prior to termination of employment. Claims must be for child care expenses for an eligible dependent that allow you to work or look for work. The charges must occur during your participation during the Plan Year and must be sent in before March 31 of the next Plan Year.

PARKING AND/OR VAN POOL FLEXIBLE SPENDING ACCOUNT REIMBURSEMENT

Eligible Expenses. To be eligible for reimbursement, parking and transit expenses are only for commuting costs to and from work. Eligible expenses must meet the following definitions:

Qualified parking expenses include the following parking expenses, unless such expenses are incurred for any parking on or near property used by the employee for residential purposes:

- Expenses you pay to park your car for your commute to work:

  (a) by mass-transit facilities, whether it is publicly owned or not;
  (b) by an individual driver or transportation company you hire, if such transportation is provided in a "commuter highway vehicle", as defined below in this Summary; or
  (c) by "commuter highway vehicle", as defined below in this Summary.

- **Commuter Highway Vehicle (Van Pool) expenses** include the cost for transportation in a commuter highway vehicle. To be eligible, the vehicle must take you from your home, to your workplace and back.

Commuter Highway Vehicles include any highway vehicle which seats at least six adults (not including the driver). Also, at least 80 percent of the vehicle's mileage is expected to be for transporting employees between their home and workplace where on average, with at least half the vehicle seats being occupied (not including the driver).

Eligible Transportation Expenses include those qualified expenses paid for by the employee to purchase or pay for Commuter Vehicle Expenses or Qualified Parking Expenses. To be eligible, the costs must be related to transportation from your home, to your workplace and back.

Examples of *eligible* expenses include:

- Commuter van fares
- Parking at work address
- Parking at commuter bus, railroad or carpool stations/stops

Examples of expenses that are *not eligible* include:

- Parking at or near your home address
- Highway tolls
- Taxicab fares
- Bridge tolls
- Bicycle parking, lockers
- MN Pass
- Go To/Metropass cards

CLAIMS REIMBURSEMENT INSTRUCTIONS

You have 180 days from the date of purchase to send in expenses for reimbursement from your Parking and/or Van Pool Accounts.

The Parking and Van Pool Accounts calculate expenses based on the month in which they occur. The following chart shows how reimbursements will be processed based upon the contributions you make to your accounts:

Account	Type of Election	Basis Upon Which Reimbursement Will Be Made
Parking and/or Van Pool Flexible Spending Account	Reimbursement is based on how much you put into your account each month	Reimbursements are based upon the month when the cost occurred. Example: You choose to have $200 taken out of your pay check each month. If you have $210 of parking expenses, you will only be eligible to get reimbursed $200 for that month.

To get reimbursed from your Parking and/or Van Pool Account, you must send in a claim within 180 days of the date of the expense. All claims must include a completed Parking/Van Pool Reimbursement Request Form, a receipt and a brief description of the nature of the expense. You can get claim forms online at **www.121benefits.com/hennepin,** or by calling 121 Benefits.

If you cannot get a receipt for Parking and/or Van Pool expenses (like parking meters), you can get reimbursed by writing ‘cash lot; no receipt’ on your claim form.

FILING YOUR CLAIM

Claims for Parking and/or Van Pool reimbursement can be sent in one of the following ways:

- **Mail** a Parking/Van Pool Reimbursement Request Form and supporting documents to 121 Benefits

  at: 121 Benefits
  730 2nd Ave. S., Ste. 400
  730 Building
  Minneapolis MN 55402-2446

- **Online –** Log on to **your individual account at www.121benefits.com/hennepin**
  - Click on the File a Claim button under the I Want To section on the top left or
  - Click on the Account tab on the top, then the File Claims option
  - Enter your information for the applicable claim(s) online and upload your receipt(s).

- **Mobile App –** Download the mobile app from the home page in your individual account and file claims with the app. You can then take a picture of your receipt and upload the documentation into the app as well

Unused Parking and Van Pool Account Deposits. Any unused money left in your Parking and/or Van Pool Accounts will automatically roll forward as follows:

- Any amount left in either account at the end of a given calendar year month will roll forward to the next calendar year month; and
- Any amount remaining in either account at the end of a given calendar year will roll forward to the next calendar year.

This roll-forward feature will continue from month-to-month and year-to-year until one of the following happens:

- You have used all of the money in your account(s) for qualified expenses and there is a zero ($0) balance; or
- Your employment ends, which means you will lose any money left in your account, provided you do not submit expenses incurred while you were employed, within 180 days of the date they were paid or incurred.

It is very important you think about this roll-forward feature when you decide how much you want to put into your Parking and/or Van Pool Accounts for the next calendar year.

TERMINATION OF COVERAGE

Parking and/or Van Pool Spending Accounts. If you end your employment while you are participating in the Parking and/or Van Pool Accounts, you must send in all reimbursement requests within 180 days of the date of the expense. You cannot send in a request for payment for expenses incurred after you end your employment. You will lose any unused dollars left in your account.

ADOPTION ASSISTANCE SPENDING ACCOUNT REIMBURSEMENT

You can only use your Adoption Assistance FSA to pay for eligible Adoption Assistance expenses. Eligible Adoption Assistance expenses are those described on the Hennepin County website at http://www.hennepin.us/employees/flexible-spending-accounts.

For treatment of domestic adoptions vs. foreign adoptions, see the Hennepin County website at http://www.hennepin.us/employees/flexible-spending-accounts.

CLAIMS REIMBURSEMENT INSTRUCTIONS

Claims Submission for eligible Adoption Assistance Expenses. To get reimbursed, you must submit a completed Reimbursement Request Form and attach itemized bills or receipts substantiating the amount and nature of the expenses—and you must submit a copy of the final decree of adoption. You can get Spending Account Forms at www.121benefits.com/Hennepin or by calling 121 Benefits.

FILING YOUR CLAIM

Claims for adoption assistance expense reimbursement may be submitted in one of the following ways:

- **Mail** a Reimbursement Request Form and supporting documents to 121 Benefits at:

  121 Benefits
730 2nd Ave. S., Ste. 400
730 Building
Minneapolis MN 55402-2446

- **Online –** Log on to **your individual account at www.121benefits.com/hennepin**
  - Click on the File a Claim button under the I Want To section on the top left or
  - Click on the Account tab on the top, then the File Claims option
  - Enter your information for the applicable claim(s) online and upload your receipt(s).

- **Mobile App** – Download the mobile app from the home page in your individual account and file claims with the app. You can then take a picture of your receipt and upload the documentation into the app as well

CLAIM DENIALS

The Plan Manager will deny a claim for a benefit when the claim is judged not to be in accordance with the provisions of the Plan. If your claim is denied, the Plan Manager will provide you with a written notice of the denial within 30 days (or 45 days in special circumstances with notice to you) after they receive your claim. The notice will explain the specific reason for the denial, reference the Plan provision on which the denial is based, and provide additional information regarding the appeal process.

CLAIM APPEALS PROCESS

If your claim for benefits under the Plan is wholly or partially denied, you are entitled to appeal that decision. Your Plan provides for two levels of appeal to the Fiduciary of your Plan or its delegate. You must exhaust both levels of appeal prior to bringing a civil action. The steps in this appeal process are outlined below.

- **First Level of Appeal to the Plan Manager.** You or your authorized representative must file your appeal within 180 days of the adverse decision. Send your written request for review, including comments, documents, records and other information relating to the claim, the reasons you believe you are entitled to benefits, and any supporting documents to:

  121 Benefits
  730 2nd Ave. S., Ste. 400
  730 Building
  Minneapolis, MN 55402-2446

  Upon request and at no charge to you, you will be given reasonable access to and copies of all documents, records and other information relevant to your claim for benefits.

  The Plan Manager will review your appeal and will notify you of its decision within 30 days.

  The time period may be extended if you agree.

  All notifications described above will comply with applicable law.

- **Final Level of Appeal to the Plan Sponsor.** If after the first level of appeal, your request was denied, you or your authorized representative may, within 180 days of the denial, submit a written appeal for review, including any relevant documents, to the Plan Sponsor and submit issues, comments and additional information as appropriate to:

  Hennepin County
  300 South 6th Street
  Hennepin County Government Center
  A400
  Minneapolis, MN 55487-0040

  The Plan Sponsor will review your appeal and will notify you of its decision within 30 days.

  The time periods may be extended if you agree.

  All notifications described above will comply with applicable law.

Access to Records and Confidentiality (This Section Applies to the Health Care FSA Plan). The Plan Sponsor complies with applicable state and federal laws governing the confidentiality and use of protected health information and medical records. The Plan Sponsor is also allowed to use your protected health information when necessary, for proper administration of the Plan.

In the event that protected health information is disclosed to the Plan Sponsor, the Plan Sponsor may only use or disclose such information as permitted by the Health Insurance Portability and Accountability Act of 1996 ("HIPAA") and regulations promulgated there under and as amended including, certain Plan administrative functions such as: claims review, subrogation, quality assurance, auditing, monitoring and management of carve out plans. Information may only be disclosed to the Plan Sponsor upon receipt, by the Plan, of a certification from the Plan Sponsor to the amendment of the Plan documents and that your Plan Sponsor agrees to:

- Not use or further disclose information except as listed above or as required or permitted by law;
- Ensure that any agents or subcontractors agree to the same restrictions and conditions that apply to your Employer or Plan Sponsor and that such agents and subcontractors agree to implement reasonable and appropriate security measures to protect electronic protected health information;
- Not use or disclose any information for employment – related actions or decisions;
- Not use or disclose any information in connection with any other employee benefit plan of your Employer or Plan Sponsor;
- Report to the Plan any security incident it becomes aware of and any use or disclosure of the information that is inconsistent with the uses or disclosures described above;
- Make information available to fulfill your right to access your protected health information;
- Make the information available for amendment or to incorporate applicable amendments;
- Make the information available in order to provide an accounting of disclosures;
- Make its internal practices, books and records relating to the use and disclosure of information received from the Plan available to the Department of Human Services to determine compliance with HIPAA;
- Return or destroy all protected health information received from the Plan, if feasible, when use or disclosure is no longer required. If return or destruction is not possible, limit further uses and disclosures to those purposes that make the return or destruction of the information infeasible;
- Ensure only certain classes of employees designated by your Employer are permitted access to your protected health information for Plan administration functions;
- Implement an effective mechanism for handling noncompliance by the employees designated access to your protected health information;
- Implement administrative, physical and technical safeguards that reasonably and appropriately protect the confidentiality, integrity and availability of electronic protected health information that is created, received, maintained or transmitted on behalf of the group health Plan;
- Ensure adequate separation between the Plan and your Plan Sponsor is supported by reasonable and appropriate security measures.

CONTINUATION OF COVERAGE

"Continuation of Coverage" means your right under COBRA (the Consolidated Omnibus Budget Reconciliation Act of 1985) to continue your health care spending account coverage that was in place the day before a Qualifying Event if participation by you (including your spouse and dependents) otherwise would end due to the occurrence of the Qualifying Event.

A Qualifying Event is:

- Termination of your employment (other than by reason of gross misconduct);
- Your death;
- Divorce or separation from your spouse;
- Your becoming entitled to receive Medicare benefit; or
- Your dependent ceasing to be a dependent.

For a qualifying event other than a change in your employment status or death, it will be your obligation to inform the Plan Sponsor within 60 days of its occurrence. The Plan Sponsor, in turn, will furnish you (and your spouse, as the case may be) with a separate, written option to continue the coverage provided at stated contribution costs. The notification you will receive will explain all the rest of the terms and conditions of the continued coverage.

Only participants that have positive balances in their health care spending account at the time of a Qualifying Event (taking into account all claims submitted before the date of the Qualifying Event) will be eligible for COBRA coverage. You will be notified if you are eligible for COBRA coverage. COBRA coverage for your health care spending account will cease at the end of the 18 month timeframe. You may pay contributions for COBRA coverage on an after tax basis.

Procedures for Providing Notices Required Under This Continuation of Group Coverage Section

- You must comply with the time limits for providing notices required in paragraph above.
- Your notice must be in writing and contain at least the following information:
  - The names of the eligible employee and eligible dependents;
  - The qualifying event; and
  - The date on which the qualifying event (if any) occurred.

- Your notice must be sent to the county's designated COBRA administrator:

  121 Benefits
  730 2nd Ave. S., Ste. 400
  730 Building
  Minneapolis, MN 55402-2446

The Plan will comply with applicable federal law for a covered employee that is called to active military duty in the uniformed services.