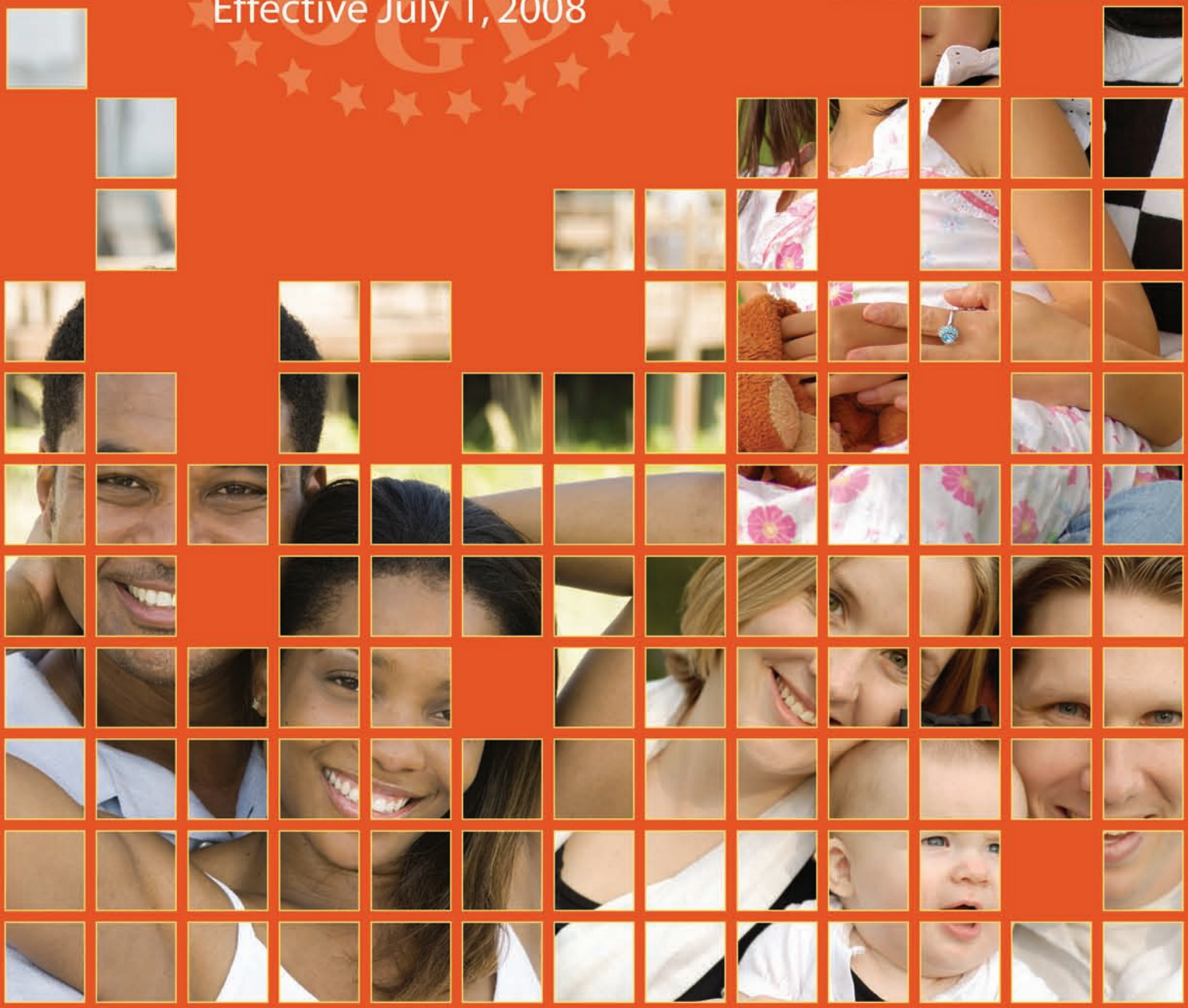
TODAY'S **SMART CHOICES...**
TOMORROW'S **HEALTHY SAVINGS**
Annual Enrollment 2008

Flexible Benefits Plan Summary 2008-2009

Effective July 1, 2008



State of Louisiana

Flexible Benefits Plan Summary

For Active, Full-time Employees (as Defined by Employer) in the Following Payroll Systems (as of January 1, 2008)

Administration

ISIS/HR System

Boards and Commissions

Louisiana State Board of Social Work Examiners
Florida Parishes Juvenile Justice Commission
Louisiana Motor Vehicle Commission
Louisiana State Board of Certified Public Accountants
Louisiana State Board of Wholesale Drug Distributors
Louisiana Cemetery Board

Charter Schools

Glencoe Charter School
Maxine Gardina Charter School

Colleges and Universities

Baton Rouge Community College
Bossier Parish Community College
Delgado Community College
Louisiana Community & Technical College System
McNeese State University
Nicholls State University
University of Louisiana at Monroe

Housing Authorities

East Baton Rouge Parish Housing Authority
Louisiana Housing Finance Agency

Judicial Branch

Supreme Court of Louisiana
Second Circuit Court of Appeal
Fourth Circuit Court of Appeal
Judicial Administrator
Fourth Judicial District Court
Eighteenth Judicial District Court
Jefferson Parish Judges

Legislative Branch

Legislative Budgetary Control Council
Legislative Fiscal Office
Office of the Legislative Auditor

Retirement Systems

Louisiana State Employees' Retirement System
Louisiana State Police Retirement System
Teachers' Retirement System of Louisiana

Annual Enrollment

April 1, 2008 to May 16, 2008

This Flexible Benefits Summary Guide is not a contract setting forth all terms and conditions for the determination of eligibility and the payment of benefits by the Flexible Benefits Administrator. Such provisions are contained within the Plan Documents of The Flexible Benefits Plan for the State of Louisiana. Oversight responsibility is assigned to the Office of Group Benefits, Division of Administration. The Office of Group Benefits retains the right to amend any aspect of any plan, to discontinue contributions, and to terminate any plan at its discretion.

Introduction

The State of Louisiana brings you the Flexible Benefits Plan (Flex Plan) with Premium Conversion and Flexible Spending Accounts. It gives you a way to take home more money in every paycheck! Your eligible insurance premiums, dependent care expenses, and medical care expenses are deducted from your gross salary – before taxes. Therefore, you pay less in tax and your spendable income increases.

Benefits Options under the Flex Plan

- **Premium Conversion** allows you to pay your portion of your eligible insurance premiums before taxes are calculated.
- **Dependent Care Flexible Spending Account** allows you to pay eligible dependent care expenses for your child, disabled spouse, elderly parent or other dependent incapable of self-care.
- **Health Care (Medical) Flexible Spending Account** allows you to pay for eligible out-of-pocket medical, dental, and vision care expenses not covered by your health benefits plan.

Note:

Payroll Deductions for eligible benefits are "locked in" and cannot be increased during the Flex Plan Year - July 1, 2008 through June 30, 2009.

Who is Eligible?

- **Active, full-time employees** as defined by employers.
- **Rehired Retirees who are employed as active, full-time employees** are eligible for all three options. However, Rehired Retirees **can not** have their Office of Group Benefits' health and life premiums under the Premium Conversion Option.
- **New hires from private industry** are eligible to enroll within thirty (30) days of their hire date in the Premium Conversion Option and the Dependent Care Flexible Spending Account Option.
- **Enrollment in the Dependent Care Flexible Spending Account Option** and/or in the Health Care Flexible Spending Account Option requires the eligible employee to agree to pay the Administrative Fee. The annual Administrative Fee to participate in the Flexible Spending Account is $42.00 per account. Failure to pay the Administrative Fee will result in the denial of the privilege to participate in one or both of the Flexible Spending Account Options.
- **Enrollment in the Health Care Flexible Spending Account Option** is limited to active, full-time employees with a minimum of 12 consecutive months of continuous employment from July 1, 2007, through June 30, 2008, and who enroll during the 2008 Annual Enrollment Period. **New hires from a public agency** who were participating in a Health Care Flexible Spending Account with their prior public employer are eligible to enroll in the Health Care Flexible Spending Account within thirty (30) days of their hire date for the remainder of the Flex Plan Year. **Employees who are retiring or terminating between July 1, 2008 and June 30, 2009, cannot enroll in the Health Care Flexible Spending Account.** The annual Administrative Fee to participate in the Flexible Spending Account is $42.00 per account. Failure to pay the Administrative Fee will result in the denial of the privilege to participate in one or both of the Flexible Spending Account Options.

Enrollment Forms

- **Premium Conversion:** Currently participating employees do not have to re-enroll each year. Non-participating employees who wish to participate in the Flex Plan for tax-free eligible insurance premiums must complete a *State of Louisiana Flexible Benefits Premium Conversion Enrollment/Stop Form Plan Year 2008/2009* during Annual Enrollment. Currently participating employees who want to stop their participation in the Flex Plan must complete a *State of Louisiana Flexible Benefits Premium Conversion Enrollment/Stop Form Plan Year 2008/2009* during Annual Enrollment.

- **Flexible Spending Accounts:** Currently participating employees must re-enroll each year to continue participation. Employees who want to open a Dependent Care Flexible Spending Account and/or a Health Care Flexible Spending Account must complete a *State of Louisiana Flexible Spending Account Enrollment Form Plan Year 2008/2009* during Annual Enrollment.
- You can get a Flexible Benefits Premium Conversion Enrollment Form and/or Flexible Spending Account Enrollment Form from your Employee Administration Unit or payroll/personnel office.

Participation in any of the Benefit Options of the Flex Plan requires all enrollment forms to be processed by the Employee Administration Unit or payroll/personnel office.

Current participants who want to continue:

Premium Conversion – no action necessary

Flexible Spending Accounts – must re-enroll

Employees are to complete all forms and submit them to their Employee Administration Unit or payroll/personnel office. Employees who want to participate in both the Premium Conversion Option and one of the Flexible Spending Account Options for the first time must complete both enrollment forms.

The Employee Administration Unit or payroll/personnel office is to complete all required payroll fields on the enrollment forms and then send the Yellow Copy of the forms to the appropriate address below:

Mailing Address for Premium Conversion Enrollment Forms

- State of Louisiana Premium Conversion Enrollment/Stop Form – Plan Year 2008/2009

  Office of Group Benefits
  ATTN: Flex Plan Administration
  P.O. Box 44036
  Baton Rouge LA 70804

(Note: These forms are to be sent in separately from the OGB Health Enrollment Documents.)

Flexible Spending Account Enrollment Forms

- Annual Enrollment forms **do not** have to be faxed to DataPath Administrative Services.

- Both ISIS/HR and Non-ISIS Agencies are to **fax** Mid-Year Flexible Spending Account Enrollment Forms to DataPath Administrative Services' toll-free fax number 888-472-6777.

You must enroll by May 16, 2008!

Less Taxes = More Take-Home Income

Participation in the State of Louisiana Flexible Benefits Plan helps you reduce your taxes and increase your take-home pay. The examples below show how you can save tax dollars.

Example 1: Premium Conversion

An eligible employee earns $2,000 per month, and is in a 20% tax bracket.

	With Flexible Benefits	Without Flexible Benefits
Monthly Taxable Salary	$2,000.00	$2,000.00
Pre-tax Premium	-400.00	-0.00
Taxable Income	1,600.00	2,000.00
Taxes (20%)	**-320.00**	**-400.00**
After-tax Premium	-0.00	-400.00
Spendable Income	**1,280.00**	**1,200.00**

Example 2: Premium Conversion (PC) and Dependent Care FSA (DCFSA)

An eligible employee earns $ 3,000 per month, and is in a 25% tax bracket.

	With Flexible Benefits	Without Flexible Benefits
Monthly Taxable Salary	$3,000.00	$3,000.00
Pre-tax Premium	-400.00	0.00
Dependent Care FSA	-400.00	-0.00
Administrative Fee DCFSA (per month)	3.50	-0.00
Taxable Income	2,196.50	3,000.00
Taxes (25%)	**549.13**	**750.00**
After-tax Premium	-0.00	-400.00
After-tax dependent care cost	-0.00	-400.00
Spendable Income	**1,647.37**	**1,450.00**

Annual Enrollment **April 1, 2008 to May 16, 2008**

Premium Conversion

This benefit option of the Flexible Benefits Plan allows you to pay your insurance premiums before taxes are taken out of your salary. Your net income is increased and you pay fewer taxes. **Note:** There is no administrative fee for participating in the Premium Conversion Option. Once you enroll in this option, you will automatically continue in it from one year to the next year.

Who is eligible to participate?

Active, full-time Employees as defined by their employers participating in one of the payroll systems listed on page 1.

Premium Conversion Eligible Insurance Products for 2008-2009

The following is a list of insurance companies and products they offer that are eligible for premium conversion through the **ISIS/HR payroll system**. Other payroll systems may offer some of these products. Please check with your Human Resources/ Payroll Department to see which products are offered through your payroll system.

Office of Group Benefits (OGB)
- OGB PPO Health Plan
- HMO Health Plan (Humana)
- EPO Health Plan (United)
- Basic and Basic Plus Supplemental Term Life (Prudential – employee only)

American Family Life Assurance (AFLAC)
- Cancer
- Hospital Indemnity
- Intensive Care

American Heritage Life Insurance Co.
- Cancer

American Public Life Insurance Co.
- Dental

Colonial Life & Accident Insurance Co.
- Cancer
- Hospital Indemnity
- Intensive Care

Guaranty Assurance Co.
- Dental (DINA)

Guaranty Income Life
- Dental (Q-Dent)

Life Investors Insurance of America
- Cancer
- Heart

MS of A Dent-All Plan, Inc.
- Dental/Eye/Rx/Chiro/Vitamin/Hearing Aid/ 24 hr Nurse hotline/Dr. online/Alternative Med/Family Consult

National Teachers Associates Life
- Cancer
- Heart

Starmount Life Insurance Co.
- Dental
- Vision (OGB Sponsored)

Below are additional insurance products eligible for premium conversion that are not offered through the ISIS/HR payroll system but are offered through some other payroll systems.

Allstate Corporation
- Cancer

American Family Life Assurance (AFLAC)
- Dental
- Vision

American Public Life Insurance Co.
- Cancer

Davis
- Vision

Delta
- Dental

Meritain Health (Companion Life) (Crescent)
- Dental

MetLife
- Dental

Spectera
- Vision

VSP (Vision Service Plan Insurance Co.)
- Vision

The Internal Revenue Service does not allow insurance products with cash value or a return of premium riders to be included in the Premium Conversion Option.

Dependent Care Flexible Spending Account (DCFSA)

Working parents with young children may benefit from a Dependent Care Flexible Spending Account (FSA). Many people are also caring for elderly or disabled dependents who are unable to care for themselves. Child and elder care can be very expensive. With a Dependent Care FSA, you can redirect a part of your pay into a tax-free account and then reimburse yourself for eligible expenses. You save money because taxes never have to be paid on the money that is set aside in the account. Dependent Care expenses must meet IRS requirements. The expenses must be necessary for you to continue working. If married, you and your spouse must both be working, or your spouse must be a full-time student or disabled. You cannot claim reimbursed expenses for income tax purposes.

Who is eligible to participate?

- Active, full-time Employees as defined by their employers participating in one of the payroll systems listed on page 1.
- Rehired Retirees who are employed as active, full time employees are eligible.
- Enrollment in the Dependent Care Flexible Spending Account Option requires the eligible employee to agree to pay the Administrative Fee. The annual Administrative Fee to participate in the Flexible Spending Account is $42.00 per account. Failure to pay th e Administrative Fee will result in the denial of the privilege to participate in the Dependent Care Flexible Spending Account Option.

Eligible Dependents:

- children under age 13 residing in your household
- adults or children who are physically or mentally incapable of self-care, and who spend at least 8 hours a day in your household.

Eligible Expenses:

The following expenses can be reimbursed:

- child (day) care services inside the employee's home or someone else's home
- charges by a licensed day care facility
- adult day care in the employee's home or someone else's home
- expenses for summer day camp

IRS Form 2441

Participants in the Dependent Care FSA must file IRS Form 2441 each year!

Ineligible Expenses:

The following expenses are not eligible. However, if an expense is incident to, and cannot be separated from, the cost of caring for the qualified person, you may claim it.

- Deposits, Registration Fees, Activity Fees, Books, T-shirts, or Supplies
- Tuition, Meals, or Diapers
- Transportation Fees
- Learning Disability Schools
- Kindergarten Tuition and fees

How does the Dependent Care Flexible Spending Account (FSA) work?

- You estimate expenses. You carefully estimate your dependent or elderly care expenses for the Flex Plan Year (July 1 – June 30).
- You have money withheld. Complete a Flexible Spending Account Enrollment form so that deductions from your paycheck can be deposited into your DCFSA.
- You submit a claim to be reimbursed for your expenses. As soon as you receive the necessary proof of your expenses, you can submit a claim to be reimbursed for what you spent. You will be reimbursed for each claim up to the amount that is in your account. **Expenses must be incurred before they can be reimbursed.**

Please note that if you wish to continue participation, you must re-enroll every year in the Dependent Care FSA during the Annual Enrollment. Your participation will not automatically be continued from year to year.

How much can I deposit into a Dependent Care FSA?

This amount cannot exceed the established annual limits as listed below:

- Married and filing jointly, or Single and Head of Household, your maximum contribution is $5,000.

- Married and filing separately, or single, the maximum contribution is $2,500.
- If your spouse is a full-time student or incapable of self-care, the maximum contribution is $3,000/year.

The maximum contribution per family is $5,000 for the taxable year as well as for the Flex Plan Year. If an employee and spouse are enrolled in separate Dependent Care Flexible Spending Accounts, they may both make contributions and submit claims, but the total for both may not exceed $5,000. The minimum contribution per family is $250 per Flex Plan Year.

DEPENDENT CARE FSA – vs. – CHILD CARE TAX CREDIT

Generally, employees having an adjusted gross income of $25,000 or greater benefit more from the Dependent Care FSA than from the Child Care Tax Credit because it provides a greater tax savings. Of course, individual circumstances, such as income, dependent care expenses, and the number of dependents will affect the choice of one tax savings method over the other. Please consult your tax advisor to determine which method is best for you.

Tax-Free Dependent Care FSA Worksheet

1. **Number of weeks:** _____
   Include dependent care expenses from July 1 through June 30. Subtract holidays, vacations and other times that you may not be paying for eligible child or elder care. Remember to plan for only as much as you know you'll use during the Flex Plan Year. You must use this money for eligible dependent care expenses that are actually incurred during the Flex Plan Year **or you lose it.**
2. **Multiply by:** _____
   Multiply by the amount of money you expect to spend each week.
3. **Subtotal:** _____
   Cannot exceed IRS limits.
4. **Divide:** _____
   Divide by the number of pay periods (12, 18, or 24).
5. **This is your per pay period contribution:** _____

Remember to calculate carefully! It is better to underestimate than overestimate. You don't want to have money in your FSA that cannot be claimed.

Dependent Care FSA Reimbursement Claim Process

When you enroll in a Dependent Care FSA, Reimbursement Request Forms and guidelines for filing a claim and receiving reimbursement will be mailed to you.

Once your payroll department enters your Dependent Care FSA information into their system, then they are to fax a copy of your enrollment form to DataPath at their toll-free fax number 1-888-472-6777.

To make this option as convenient as possible, OGB's flexible spending accounts manager offers a Recurring Expense Service. This service certifies your regularly recurring dependent care expense so that you never have to keep a receipt, complete a claim form or swipe your flexible spending card.

When you need information on your account, you can call DataPath at 1-877-685-0655 or access your account online at www.myrsc.com.

Reminder:

You must use this money for eligible dependent care expenses that are actually incurred during the Flex Plan Year or you lose it.

Health Care (Medical) Flexible Spending Account (HCFSA)

Who is eligible to participate?

Enrollment in the Health Care Flexible Spending Account Option is limited to active, full-time employees with a minimum of 12 consecutive months of continuous employment from July 1, 2007 through June 30, 2008 and who enroll during the 2008 Annual Enrollment Period. **New hires from a public agency** who were participating in a Health Care Flexible Spending Account with their prior public employer are eligible to enroll in the Health Care Flexible Spending Account within thirty (30) days of their hire date for the remainder of the Flex Plan Year.

The annual Administrative Fee to participate in one Flexible Spending Account Options is $42.00. Failure to pay the Administrative Fee will result in the denial of the privilege to participate in one or both of the Flexible Spending Account Options.

If an employee is retiring or terminating any time between July 1, 2008 and June 30, 2009, he or she cannot enroll in the Health Care Flexible Spending Account.

Annual Minimum Deposit: $600

Annual Maximum Deposit: $5,000

Eligible Expenses

Acupuncture
Ambulance Service
Birth control pills
Chiropractic care
Contact lenses (corrective)*
Dental Fees
Diagnostic tests
Doctor's fees
Drug addiction/alcoholism treatment
Drugs (prescription and over the counter**)
Experimental medical treatment
Eyeglasses***
Guide dogs
Hearing aids & exams
Injections and Vaccinations
In vitro fertilization
Nursing services*
Optometrist fees
Orthodontic treatment*
Prescription drugs to alleviate nicotine withdrawal symptoms
Reconstructive surgery after mastectomy****
Smoking cessation programs
Surgery****
Transportation for local medical care
Wheelchairs

Administrative Fee: Payment of the Administrative Fee is required for participation in the Health Care Flexible Spending Account. Failure to pay the Administrative Fee will result in the denial of the privilege to participate in the Health Care Flexible Spending Account

* To be eligible for reimbursement, some treatments, prescription drugs, or services deemed cosmetic in nature require written proof of medical necessity from your health care provider.

** Not all drugs requiring a prescription are approved by the IRS as eligible for reimbursement.

*** The effective date for glasses and prosthetic devices is the day the item is available to be picked up, not the date ordered.

**** Please verify with your health care provider (prior to the commencement of the upcoming plan year) that you are a suitable candidate for any surgical procedure before committing the money to your HCFSA.

Ineligible Expenses

- Insurance premiums
- Health or fitness club membership fees, unless medically necessary.
- Cosmetic surgery not deemed medically necessary to alleviate, mitigate, or prevent a medical condition

Health Care FSA Reimbursement Claim Process

Health Care FSA Reimbursement Request Forms and guidelines for filing a claim and receiving reimbursement are available online at www.myrsc.com.

You can have immediate access to your flexible spending account dollars with the mySource card. Present the card anywhere MasterCard is accepted as payment for any of your eligible out-of-pocket medical expenses and the amount is automatically deducted from your account.

Participants who re-enroll in one of the Flexible Spending Accounts will use the same card from the prior year.

When using the mySource card, participants are to get the receipt and fax a copy of the receipt to DataPath within two weeks. Receipt copies can be faxed by using the toll-free fax number 1-888-472-6777.

A **Grace Period** has been added. (This modifies the IRS "Use it or Lose it" rule.) Participants have until September 15, 2009, to incur eligible expenses to be reimbursed from unused amounts remaining at the end of the immediately preceding plan year, which ends June 30, 2009.

The **Run-Off Period** is the 45-day time period after the end of the Grace Period, during which participants can submit eligible expenses incurred during the preceding plan year for reimbursement. Eligible expenses must be received by October 30, 2009, to be paid from funds remaining at the end of the immediately preceding plan year.

‘ **When you need information on your account, you can call the Administrative Vendor or access your account online at www.myrsc.com.**

What You Should Know About IRS Rules & Regulations

☑ **Elections are irrevocable.** Simply put, this means you cannot change the amount of your elections (sheltered premiums) or your participation in Flexible Benefits during the Flex Plan Year unless you experience a valid Qualifying Event and have an approved "Change in Status".

☑ **Qualifying Events.** Examples of Qualifying Events are marriage, divorce, birth of a child, etc. (See the complete list later in this booklet). If you experience a Qualifying Event and wish to change your elections, you must submit a Request for Change to Flex Plan Elections Form, along with proof of the Qualifying Event, to your payroll office.

It is to your advantage to submit your request as soon as possible after the Qualifying Event occurs. Approved changes are on a prospective basis only. Retroactive changes/refunds are not allowed. Requests for a Change in Status cannot be processed until you provide proof of a Qualifying Event. For example, if you get divorced in January, but you do not apply for a Change in Status until April, you will not be able to be refunded for the difference in sheltered premiums for the months from January to May, even if you did not have coverage for your ex-spouse during those months.

☑ **Financial hardship.** According to the IRS, financial hardship is not a Qualifying Event for a Change in Status and may not be used to change your elections or drop out of the Flex Plan. Once you enroll in the Flex Plan, you are bound by Flex Plan rules and regulations.

☑ **Change in Status must be consistent with the Qualifying Event.** For example, if a dependent becomes ineligible due to age, you may drop the sheltered premium portion only for that dependent, and may not make other changes.

☑ **Money left in your FSA Account. IMPORTANT: Use It or Lose It Rule.** Any money that is in your Dependent Care Flexible Spending Account or Health Care Flexible Spending Account at the end of the Plan Year that was not "used" to reimburse eligible expenses incurred during the Plan Year, is forfeited and will not be returned to you or carried over to the next Flex Plan Year. Calculate your FSA contribution amount carefully.

☑ **IRS Form 2441.** IRS Form 2441 must be attached to the tax return of any participant who receives dependent care benefits or who files for the child-care tax credit.

It is to your advantage to submit your request as soon as possible after the Qualifying Event occurs.

Change in Status - Mid-Year Changes

Please refer to the chart below for examples of events that allow you to make a mid-year change in the Flexible Benefits plan, and the type of documentation that must be submitted.

Qualifying Event	Required Documentation
Marriage, legal separation,* divorce, annulment	**Marriage:** Copy of marriage certificate **Divorce:** Copy of the final divorce decree **Annulment:** Copy of Annulment papers ***Legal Separation:** Not recognized in Louisiana; recognized in some states
Death of spouse or dependent	Copy of newspaper obituary until death certificate is issued
Birth, adoption, or placement for adoption of dependent	**Birth:** Copy of the birth certificate or copy of the hospital birth letter or letter from obstetrician stating name of mother and child and date of birth **Adoption:** Copy of final adoption papers **Legal Custody of a Child:** Papers from the court stating that the child is now a legal dependent or Provisional Custody by Mandate
Beginning or end of employment of spouse or dependent (including strike or lockout)	Letter from the employer stating the date of hire, date of eligibility for insurance, and which family members are covered, or letter from the employer stating date of termination
Change in eligibility or ineligibility of dependent (such as ineligible because of age, marriage, enlisting in the military etc.)	**Over age:** Copy of birth certificate or driver's license showing the age of the dependent **Marriage:** Copy of marriage certificate **Employment:** Letter from the dependent's employer if he has a new job and his own insurance coverage **Student:** Letter from the registrar if dependent returns to school as a full-time student Note: You ***cannot*** drop the sheltered premium for a dependent during the Plan Year unless the child is *ineligible for coverage as defined by Group Benefits* (or for a miscellaneous policy, as defined by the miscellaneous insurance carrier) **Military Enlistment:** Copy of Military Order
Full-time to part-time employment or vice-versa	Letter from the employer stating exactly what the change was and the effective date
Unpaid leave of absence or FMLA or military leave	Letter from the Human Resources/Payroll officer stating the date the employee began continuous unpaid leave or FMLA and the anticipated date of return to work Copy of military orders
Acknowledgement, judgement, decree, or order to cease or to provide coverage for a child	Copy of a court order, acknowledgement, judgment, or decree which requires the participating employee to obtain accident and health coverage for a child or that allows cancellation of coverage because the other parent is required to provide it

Medicare or Medicaid (gain or loss of eligibility)	Copy of the Medicare card showing the effective date or proof that the employee is no longer eligible for Medicare coverage For Medicaid, Certified employee statement of Medicaid application
Spouse's annual enrollment	Letter from the spouse's employer stating the time period of the Annual Enrollment, which family members are covered, and the effective date of the coverage or change in coverage **NOTE:** Copies of insurance cards or confirmation statements are ***not*** acceptable forms of proof. (You may request election changes to correspond with changes made by your spouse during his/her annual enrollment. You must provide proof that the changes were made; you can make changes ***only*** to those elections affected by your spouse's changes; and your election changes cannot be effective prior to the effective date of the changes made by your spouse).
Change in place of residence or work	**Residence:** Letter or memo from agency stating old residence address and new residence address with the effective date of change **Place of employment:** Letter or memo from agency stating old workplace and new workplace with the effective date of change **(The change must affect your eligibility for coverage** – for example, you cannot drop health coverage merely because you moved, unless as a result of the move, you are no longer eligible for a particular health benefit.)

HIPAA Special Enrollment: When you acquire a dependent through marriage, birth of a child, or adoption of a child and apply for a valid Change in Status **within 30 days** of that Qualifying Event, you may be able to add any and all eligible dependents to your coverage. **This is the only qualified event that allows non-participating employees to join the Flex Plan during mid year.** See chart above for documentation required for each qualifying event.

THE FOLLOWING EVENTS REQUIRE OGB FLEX PLAN ADMINISTRATION APPROVAL!

Change in Dependent Care cost or provider	Letter or memo sent to Flex Plan Administration with information on change with the effective date of change
Significant increase in cost	Copy of announcement from Insurance vendor about increase in cost with the effective date sent to Flex Plan Administration
Significant curtailment of coverage	Copy of announcement from insurance vendor about curtailment of coverage with the effective date sent to the Flex Plan Administration

Submission of Change Forms and Documentation

Request for changes to Flex Plan Elections are to be submitted on the **Request for Change to Flex Plan Elections – Plan Year 2008/2009** form with the appropriate documentation of the qualified event to your Employee Administration Unit or Personnel/Payroll section. Changes **cannot be made** until the form and documentation have been received by your Employee Administration Unit or personnel/payroll office. It is very important that the form and documentation be submitted in a timely manner for all qualified events during the Flex Plan Year (July 1, 2008 through June 30, 2009).

Mailing Address For Change Form and Documentation

Office of Group Benefits
ATTN: Flex Plan Administration
P.O. Box 44036
Baton Rouge LA 70804

HIPAA Special Enrollment: Qualifying events require that the form and documentation be submitted within 30 days of the event.

Frequently Asked Questions

Q: How long do I have to submit my "Request for Change to Flex Plan Elections" Form?

You may make a request and submit your form and documentation of a Qualifying Event to your Employee Administration Unit or payroll/personnel office at any time after you experience a Qualifying Event. However, retroactive adjustments are not allowed. So, for example, if you get divorced in January, but you do not apply for a Change in Status until April, you will not be able to be refunded for the difference in sheltered premiums for the months from January to May, even if you did not have coverage for your ex-spouse for those months. It is to your advantage to submit your request for a Change in Status as soon after a Qualifying Event as possible.

Q: If my employer knows I'm pregnant, won't my baby be added to my coverage and my Flex Plan elections changed automatically?

No. You must complete insurance documents and notify your Personnel/Payroll office in writing within 30 days of the date of the birth. In addition, if you want to shelter the additional premium amount through the Flex Plan, you must submit a Request for Change to Flex Plan Elections form with proof of the event. If approved, your election change will be made prospectively. Retroactive adjustments are not allowed, except for HIPAA Special Enrollment.

Q: If I'm dissatisfied with the service that I have received from an insurance company, can I drop my policy and my Flex Plan sheltered premium for that policy?

Yes and No. You can drop your coverage at any time; however, your sheltered premium is governed by the rules and regulations of the Flex Plan. Dissatisfaction with service is not a Qualifying Event for a Change in Status and may not be used to drop your sheltered premium, even if you drop the policy.

Q: I did not enroll in Flexible Benefits during the Annual Enrollment for this Flex Plan Year. However, my spouse recently lost his job and I will now be paying the insurance premiums for my family. Can I join the Flex Plan and shelter my premiums?

No. You must be a current, active Participant in the Flex Plan to experience a Qualifying Event for Change in Status. Since you did not enroll in Flexible Benefits during Annual Enrollment for this Flex Plan Year, you must wait until the next Annual Enrollment to join the Flex Plan and shelter eligible premiums.

Q: I am having financial difficulty and would like to change my elections in the Flex Plan. Can I do that?

No. Financial difficulty is not a Qualifying Event for a Change in Status.

Q: Why does the Flex Plan require a "Qualifying Event" to allow changes to my coverage? It's my money, isn't it?

Yes, it's your money. However, you paid your premiums on a pre-tax dollar basis. Because it is a tremendous endeavor for the IRS to monitor pre-taxation laws, there are rules to prohibit people from changing their deductions at any time. Please refer to "Qualifying Events"in this booklet for more information about the events which would allow you to make election changes at times other than Annual Enrollment.

Q: I am divorced and have custody of my children, although my former spouse claims them as dependents on his tax return. Can I still open a Dependent Care FSA?

Yes. You don't have to declare your children as dependents on your tax return to qualify for a Dependent Care FSA. However, you must be the custodial parent. (The child must reside with you for more than half the year).

Q: One of my relatives takes care of our children while we work. Is this an eligible expense for Dependent Care?

Yes, as long as you or your spouse cannot claim this relative as a dependent and the relative is not under age 19. For instance, if you pay your daughter for dependent care and you want to be reimbursed through your Dependent Care FSA, your daughter cannot be your dependent and she must be at least age 19 by the end of the Flex Plan Year. Also, you must provide your daughter's Social Security number.

Q: If I join the Flexible Benefits plan, will I ever have to pay taxes on the money that I put into the plan?

Never. As a Section 125 benefit, it's tax-free. Your W-2 shows your gross income less any Flexible Benefits contributions. The Flexible Benefits contributions are reported as nontaxable wages and income on your W-2. If the IRS audits you, you will need to show total expenses and receipts from your service provider(s). Keep a copy of your reimbursement request forms and receipts for your records.

Notice of Administrator's Capacity

1. The OGB has been authorized by the state to provide administrative services for the insurance plans offered. In some instances, the OGB may also be authorized by one or more of the insurance companies underwriting the benefits to provide certain services, including (but not limited to) marketing, billing and collection of premiums, processing claims payments, and other services. The OGB is not the insurance company or the policyholder.

2. The policyholder is the entity to which the insurance policy has been issued. The policyholder is identified on either the face page or schedule page of the policy or certificate.

3. The insurance companies noted in this booklet have been approved by the state and are liable for the funds to pay your insurance claims.

4. The Administrator may rely upon the direction, information, or election of a Participant as being proper under the appropriate plan document and shall not be responsible for any act or failure to act because of a direction or lack of direction by a Participant.

5. To the extent permitted by law, the Administrator shall not incur any liability for any acts or for failure to act except for his own willful misconduct or willful breach of the provisions of the Flex Plan Documents.

6. If the Administrator is unable to make payment to any Participant or other person to whom a payment is due under the appropriate plan document because it cannot ascertain the identity or whereabouts of such Participant or other Person, subsequent payments otherwise due to such Participant or other person shall be forfeited 90 days after the end of the Flex Plan Year.

7. In the event of a mistake as to the eligibility or participation of an employee, or the allocations made to the Account of any Participant, or the reimbursements paid or to be paid to a Participant or other person, the Administrator shall, to the extent it deems possible, and otherwise permissible under Code Section 125 or the regulations issued hereunder, cause to be allocated or cause to be withheld or accelerated, or otherwise make adjustment of, such amounts as it will in its judgement accord to such Participant or other person the credits to the Account or distributions to which he is properly entitled under this Flex Plan. Such action by the Administrator may include *withholding of any amounts due this Flex Plan or the Employer from Salary paid by the Employer.*

This notice advises insured persons of the identity and relationship among the administrator, the policyholder, and the insurer.

For More Information

Flexible Benefits Administration:

Office of Group Benefits
ATTN: Flex Plan Administration
P.O. Box 44036
Baton Rouge LA 70804
Telephone: 225.925.3739
Fax Number: 225.925.4860

Web Site: www.groupbenefits.org
Select Benefits and then Flexible Benefits Plan.

Flexible Spending Accounts:

DataPath Administrative Services, Inc.
1601 Westpark Drive, Suite 9
Little Rock, AR 72204
Toll-Free - 1-877-685-0655
Fax Toll-Free - 1-888-472-6777
Website: www.myrsc.com

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NOTICE

This Benefits Guide is a summary description of your benefits. The guide and the Flex Plan do not constitute a contract of employment. Your employer retains the right to terminate your employment and otherwise deal with your employment as if this Benefits Guide and the Flex Plan had never existed. The OGB retains the right to amend any aspect of any plan, to discontinue contributions, and to terminate any plan at its discretion.

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