2024 OPEN ENROLLMENT

Sentinel Flexible Spending Accounts (FSAs)

April 1, 2024 through March 31, 2025**

**Participants have until June 15th 2025 to incur and until June 29th 2025 to submit eligible expenses for reimbursement.

ONLINE Enrollment: 2/26/24 – 3/25/24

Paper forms (not preferred) accepted thru NOON, 3/21/24

Flexible Spending Account Questions & Answers

How to Enroll → Online Instructions

Flexible Spending Account Questions and Answers

Participating in an FSA can reduce your federal, Medicare, and state income tax. Through this plan, qualified medical and dependent care expenses[1] can be paid with *pre-tax* income. At the beginning of the plan year, you designate how much you want to contribute, and amounts are deducted by pay period in accordance with your annual election.

How much may I contribute?
Contribute up to $3,200 in a Medical FSA
Contribute up to $5,000/household in a Dependent Care FSA ($2500 if married filing separately)

How much money will I save by participating?
Tax savings are generally greater with an FSA then filing for a tax credit (dependent care) or itemized tax deduction (medical). Use Sentinel's calculator to enter your projected expenses and tax bracket:

How much does it cost to participate?
Annual administrative fees are $6.00/month per participant INCLUDING A FREE DEBIT CARD.

What is the plan year?
The plan year runs from April 1, 2024 through March 31, 2025. The Town has opted to have a 2 ½ month grace period, so expenses can be incurred through June 15, 2025 and submitted to Sentinel through June 29, 2025.

What's the enrollment deadline?
Monday, March 25, 2024 is the final day to **enroll ONLINE** for plan year **April 1, 2024 - March 31, 2025**.

How do I enroll (or re-enroll, or change existing contribution limits)?
Enroll online following the attached instructions. If you have difficulty with the online enrollment program, please contact Sentinel at 1-888-762-6088.

What expenses are eligible?
A complete listing is attached to this document.

General Questions?
Contact Marie Sobalvarro (978-456-4100 x330 or msobalvarro@harvard-ma.gov) regarding enrollment. For answers to specific questions, email Sentinel at flexhelp@sentinelgroup.com.

[1] See attached subset of qualified expenses for Health and Dependent FSAs. A more comprehensive list is available at

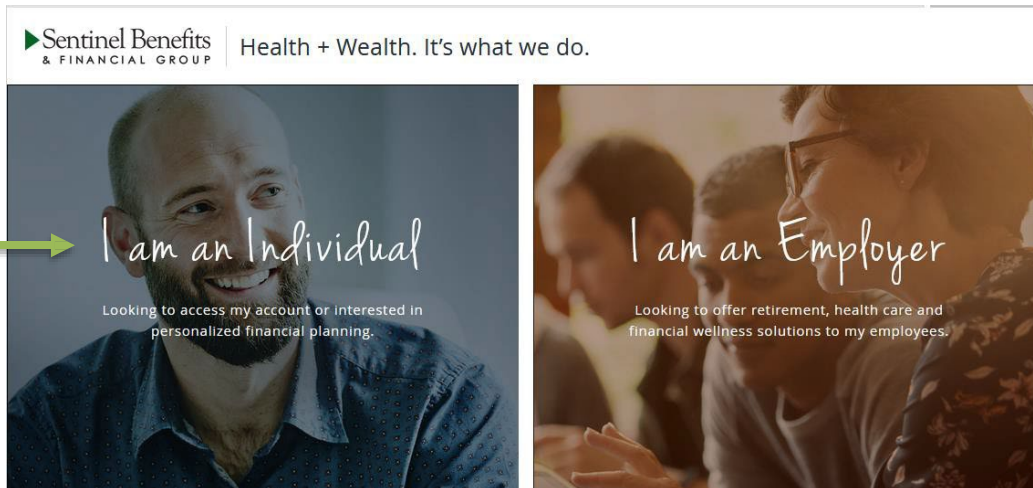https://www.sentinelgroup.com/home

Enrolling Online is Easy!

Open enrollment season is here!
Please complete your FSA enrollment
by following these instructions.

Flexible Spending Account (FSA) open enrollment will be available during these dates: 03/06/2023 - 03/30/2023
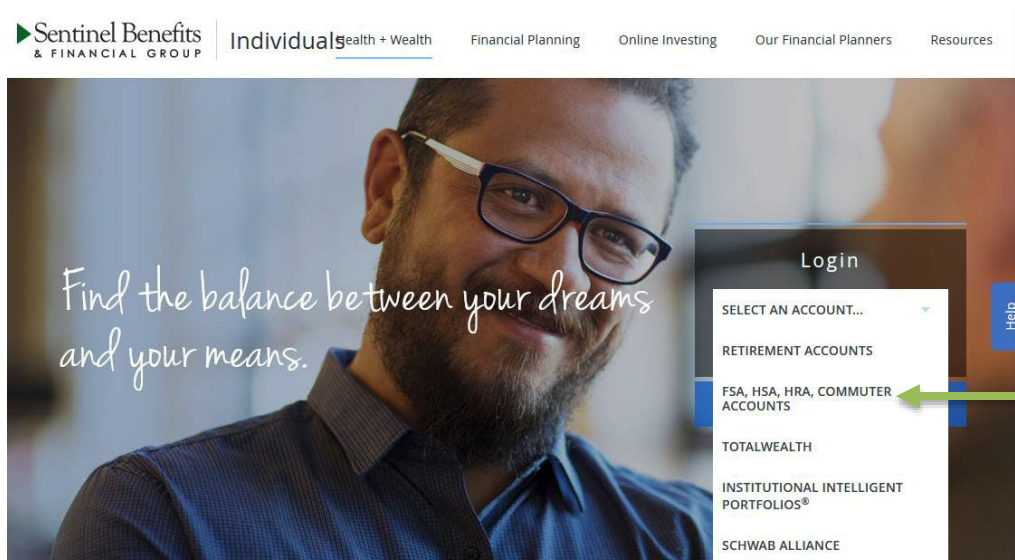
1 Go to sentinelgroup.com and select "I am an Individual."

2 Select "FSA, HSA, HRA, COMMUTER ACCOUNTS" from the Login dropdown menu.

3 On the login page, enter your Username and Password. If you have never logged in before, click on "Create your new username and password" under "New User?"

4 Once you have logged in, click "**Enroll Now**" in the middle of the Home page.

5 Click on **"Begin Your Enrollment Now"** at the top right-hand portion of the page and walk through the enrollment steps:

- Step 1: Confirm your personal information and provide any fields that are missing
- Step 2: Choose the benefits in which you will be enrolling for the upcoming plan year
- Step 3: Select your debit card preferences (if applicable)
- Step 4: Enter your election amount(s)
- Step 5: Select your preferred reimbursement method
- Step 6: Confirm all information and hit "Submit" at the bottom of the page
- Step 7: Print your enrollment confirmation

You will have the entire open enrollment window to revise your election.   You can do so by logging into your account during this period of time and clicking on **"Update Enrollment"** in the middle of the home page.

6 Access your online account using the credentials you set up previously. In your online account you will have access to:

- View your available balance(s)
- Submit claims
- Manage your debit card
- Update your reimbursement method
- Link claims from your healthcare account
- And more!

Visit us online at sentinelgroup.com

Sentinel Benefits
& FINANCIAL GROUP

Enrollment/Change Form

General Information

Employer Name
Town of Harvard

Employee ID

Participant Name (Last Name, First Name, Middle Initial)

Date of Birth

Social Security Number

Street Address

City

State

Zip Code

Phone

Email Address

Health Care Spending Account

☐ I choose to participate in the FlexChoice Health Care Spending Account. I authorize my employer to make the following payroll deductions:

Date Entered: Pay Frequency: ☐ Weekly

$_____ per pay period for _____ pay

periods for an annual amount of $_____.

Dependent Care Spending Account

☐ I choose to participate in the FlexChoice Dependent Care Spending Account. I authorize my employer to make the following payroll deductions:

Date Entered: Pay Frequency: ☐ Monthly

$_____ per pay period for _____ pay

periods for an annual amount of $_____.

If enrolling during the plan year, be sure to calculate your annual election based on the remaining pay periods in the plan year.

Debit Card

Debit cards come in sets of two (2). Debit cards are valid for three years and should be retained for use through their expiration date. Select "Yes" to add your election to your existing valid cards or to request new cards if you do not currently have a valid set.

	Elect Cards?	Number of Sets	Annual Fee
Employee Debit Cards	☐ Yes ☐ No	1	$18.00
Dependent Debit Cards	☐ Yes ☐ No	_____	$5.00 per set

Authorization to Participate

I understand that I may not increase or decrease the amount of my income reduction until the next plan Year, except to reflect a change in my family status (e.g. marriage, birth of a child, divorce or death). In making contributions to the spending accounts, I understand that I may forfeit any amounts in my account if I do not incur eligible expenses by the end of the plan Year. In addition, I understand that my Social Security benefits may be slightly reduced because I will pay less Social Security taxes. This election replaces any previous elections and will terminate on the earlier of (1) the end of the plan Year; (2) when I am no longer being compensated in an amount at least equal to my total salary reduction; (3) termination of the plan. My employer may reduce or cancel this election if necessary to comply with provisions of the Internal Revenue Code.

I certify that: (i) I understand that pre-tax funds deposited into my FlexChoice account via payroll deductions as authorized by me upon enrollment in the FlexChoice program, (ii) I will only use the debit card to pay for any and all qualified expenses as defined under Sections 105, 125, 129, 132, and 213 of the Internal Revenue Code and as permitted by my Employer's plan, (iii) I understand that qualified expenses will be deducted directly from my FlexChoice account and that any non-qualified expenses or qualified purchases that exceed the available funds in my FlexChoice account may be declined by the merchant, (iv) I will only use the debit card for qualified expenses which have not been and will not be reimbursed under any other plan (v) I understand that if my Employer later identifies a reimbursed claim as a non-qualified expense, I will be responsible to repay the amount. my Employer may withhold the amount from my wages, my Employer may offset amounts reimbursed for non-qualified expenses against future claims for reimbursement, or my Employer may deny access to the debit card until the amount is repaid, (vi) I will retain receipts and other documentation for the expenses paid with the debit card. If the debit card fee is paid for by the employee, Sentinel will automatically deduct the annual fee from your FlexChoice Account when your enrollment form is processed.

Signature _____ Date _____

Employer Verification (to be completed by HR)

Qualifying Event Date: _____

Benefit Effective Date: _____

Qualifying Event: _____ Date: _____

Verified by: _____

This form must have an employer verification signature in order to be processed. _____

Participant: Complete and give to your HR Department for signature   HR: Update in payroll, add the enrollment on Sentinel's employer portal, and retain a copy for your records.