

DIOCESE OF WINONA-ROCHESTER

FLEXIBLE BENEFITS

Participation and Form Directions

Eligible employees are those who work at least 20 hours a week or at least one-half academic load during the plan year. Employees must be 21 years of age or older to participate. Temporary employees are not eligible. Employees may enroll in the plan at the beginning of each plan year.

New employees have 30 days from their initial date of employment to enroll. After that time, they can only enroll when the new plan year starts. There are certain qualifying events such as death, birth, adoption, change in job status, etc. that may allow an employee to join during the plan year or change their allocation. Contact the Employee Benefits Coordinator if you feel you have an employee with a qualifying event.

FORMS REQUIRED TO ENROLL OR WAIVE PARTICIPATION:

1. Flexible Benefits Information

All employees have online access to the Diocese of Winona-Rochester flexible benefits information at <https://www.dowr.org/offices/human-resources/index.html>. This information should be reviewed with the employee, so they are familiar with it.

2. Enrollment Form - Form D-2 (Required completion for new employees only – whether enrolling or waiving)

PURPOSE: To authorize the employer to withhold from wages, the amount designated by the employee, to be allocated to the flexible benefit plan.

- a) New Employees - This form is to be completed within the first 30 days of employment with the effective date as the first of the month following the date of hire.
 1. The employee shall make an annual election to either participate in each of the two individual flex plan accounts or waive (decline) participation in each flex plan account.
 - Medical Flexible Spending Account / Limited FSA
 - Dependent Care Flexible Spending Account
 2. The signature of the employee is required at the bottom of the form, along with the date signed.
- b) Current Employees
 1. Open enrollment – This form only needs to be completed if the employee participates in flexible spending. This form is an online form only.
 2. Qualifying event – See below

All application forms are to be returned to the Diocese of Winona-Rochester; online forms are automatically submitted securely to the DOW-R employee benefits coordinator. A copy will be returned to the location showing flexible spending costs by participating employee with the monthly amount DOW-R will be charging the location for the employee.

CLAIM FORM/Request for Reimbursement – Medical Expense and Daycare Expense

PURPOSE: Employee can use the Claim Form to request reimbursement from their medical care and dependent care spending accounts.

This form is used for medical, dental, over-the-counter, and dependent care expenses.

- You may submit a claim through your online account, through the WEX benefits mobile app, or manually (fax, mail, email).

WEX DEBIT CARD

The WEX debit card can be used to pay for eligible out-of-pocket expenses.

A debit card is automatically issued to all new employees who elect a medical flexible spending account. If the employee enrolled in 2023 and is enrolling in 2024 during open enrollment, they will not receive a new debit card. Only transactions at medical, dental, and vision providers or merchants are approved for plans that reimburse medical, dental, and vision expenses. The employee may have to provide substantiation for a purchase, which requires online completion on their WEX account.

Notes: Dental expenses typically require substantiation because most claims are covered by dental insurance, while other dental expenses such as teeth whitening, are not a covered expense. Vision claims may also require substantiation because of possible insurance and/or uncovered expenses.

FORMS REQUIRED FOR QUALIFYING EVENT OR STATUS CHANGE

Qualifying Event

PURPOSE: To notify the plan administrator of changes, which affect the employee's rights and obligations under the flexible benefits plan.

The employee may elect to change their Medical/Limited Flexible Benefits election ONLY in the event of change in job status of employee or their spouse, birth or adoption, death, marriage, or divorce. The election change must be directly related to the event, which causes the status change.

Upon termination of employment, the employee may elect to revoke their election or continue participating in the flexible benefits plan for the health care spending account only. COBRA flex information will be sent to the terminating employee through our third party vendor, Alerus. If the employee chooses to continue to participate, their contributions are made on an after tax basis to Alerus. The employee can then seek reimbursement for

eligible medical expenses for the rest of that plan year. If the employee chooses not to continue participation, they may seek reimbursement for eligible medical expenses incurred only through the date of termination.

An employee may change their dependent care FSA election if they experience a qualifying life event. These events include: Change in marital status; change in the number of dependents; increase due to birth, adoption or marriage; decrease due to death, divorce or loss of eligibility; gain or loss of eligibility due to a change in participant, spouse or dependent employment status; change in daycare providers; child turning age 13; increase or decrease in the cost of qualifying daycare expenses; judgement, decree or order requiring a change in coverage.