

# Flexible Spending Account



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OF NEW YORK



## All Archdiocese of New York Employees

### WHAT IS A FLEXIBLE SPENDING ACCOUNT?

A Flexible Spending Account (FSA) allows you to set aside a portion of your pay pre-tax to use for medical, dental, vision, and childcare/eldercare expenses that are not covered by insurance, or only partially covered. Because it is deducted from your pay before taxes, you can save up to 30% on your dollar (depending on your tax bracket). You need to estimate how much you usually spend for these types of expenses in a year and set aside that dollar amount into your FSA. You do not need to be enrolled in your employer's health insurance plan in order to participate in the Flexible Spending Account.

### ELIGIBILITY

You must be regularly scheduled to work 20 or more hours per week in order to participate in the FSA.

### FLEXIBLE SPENDING ACCOUNTS AVAILABLE

#### Health Care FSA

Covers the cost of medical, dental, and vision expenses incurred by you and or your eligible dependent(s). Eligible expenses include deductibles, co-pays, prescriptions, eyeglasses, and dental work.

**New for 2025:** An FSA Benefits Card will be issued to all participants to use at the point-of-service!

**Maximum Annual Election Amount: \$3,300**

#### Dependent Day Care FSA

*This account does NOT reimburse medical expenses for your dependent(s). It is for qualified day care/ elder care expenses only.*

Covers the amount you pay to daycare centers, babysitters, after school programs, day camp programs (as long as the child is under age 13) and eldercare facilities.

**Dependent Day Care FSA Annual Elections are subject to IRS regulations and mandatory nondiscrimination testing, and may be changed by the employer to ensure compliance.**

**Maximum Annual Election Amount: \$5,000**

### FSA RULES TO REMEMBER

- **Plan Year:** January 1, 2025 - December 31, 2025
- **Run Out Period:** You have until March 31, 2026, to submit claims for eligible expenses that were incurred during the plan year (January 1, 2025 - December 31, 2025)
- **Health Care FSA Rollover:** Participants who signed up for the Health Care FSA can roll over up to \$660.00 of unused funds into the next plan year! This rollover will apply to future plan years.
- **FSA Benefits Card:** Employees who enroll in an FSA for 2025 will now receive a Benefits Card that can be used at the point-of-service to pay for FSA eligible expenses. Receipts for services/eligible expenses must be retained, as employees may be required to submit to P&A for verification purposes.
- **Use-Or-Lose Rule:** Under IRS guidelines, if you contribute money to a Dependent Day Care FSA and do not use all the money you deposit, you will lose any remaining balance in the account at the end of the plan year. Remember, only contribute money you are confident you will use to pay for qualified expenses during the plan year!
- Eligible medical items must conform to church doctrine.

P&A Group Customer service hours: Monday - Friday 8:30AM - 10:00PM ET | [www.padmin.com](http://www.padmin.com) • (800) 688-2611



2025 Flexible Spending Account Enrollment & Change Form							
Employer Name:					Institution Number:		
Last Name:			First Name:			M.I.:	
Social Security Number (Must be provided):					Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female		
Street Address:			City:		State:	Zip:	
Home Phone Number:		Cell Phone Number:		Date of Birth (mm/dd/yyyy):		Date of Hire (mm/dd/yyyy):	
Email Address:				Division of Company:		Election Type: <input type="checkbox"/> Single <input type="checkbox"/> Family	
Payroll Cycle:	<input type="checkbox"/> Weekly	<input type="checkbox"/> Bi-Weekly	<input type="checkbox"/> Semi-Monthly	<input type="checkbox"/> Monthly	<input type="checkbox"/> Other:		
Date of First Payroll Withhold:		Month: _____		Day: _____		Year: <u>2025</u>	

2025 PLAN YEAR	
Account Type	Election Amount
<b>Health Care Flexible Spending Account</b> (examples expenses: deductibles, co-pays, vision expenses, eligible dental work) <b>Maximum Election: \$3,300 Annually</b>	\$ _____ Annually
<b>Dependent Day Care Flexible Spending Account</b> (example expenses: day care programs, eldercare facilities) <b>Maximum Election: \$5,000 Annually</b>	\$ _____ Annually

I decline to participate in the Health Care Flexible Spending Account & Dependent Day Care Flexible Spending Account  
**Minimum reimbursement amount for manual check is \$25**

**PLEASE NOTE:** For any enrollment/change forms effective outside of the initial plan year, the effective date will correspond with the next payroll period after the signature date. Claims reimbursement will be made only for expenses incurred on or after the signature date. P&A Group encourages all claims to be remitted for reimbursement as soon as possible to avoid possible denial and required substantiation of claims. Dependent Day Care FSA Annual Elections are subject to IRS regulations and mandatory nondiscrimination testing, and thus may be changed by the employer to ensure compliance. Plan Administrators may take action to ensure compliance with requirements and/or limitations including adjusting any Dependent Day Care annual elections with or without the consent of the Employee.

**AUTHORIZATION:** I hereby elect the benefits indicated above. I have read & understand the enrollment materials (flex brochure, enrollment form, daycare form, direct deposit form, & claim form) & I authorize my employer to adjust my pay as required by my election. I understand that this election is binding & cannot be revoked or modified until the next plan year, except under the limited circumstances that are described in detail in the SPD that I have received from my employer (i.e. marriage, divorce, birth). I further understand that any amounts remaining in my account(s) not used for eligible expenses incurred during the period of coverage will be forfeited in accordance with the current plan provisions & tax laws.

Employee Signature (Required): \_\_\_\_\_ Date: \_\_\_\_\_

Employee Print Name (Required): \_\_\_\_\_ Date: \_\_\_\_\_

**Please return all enrollment forms to your Human Resources Coordinator or Local Benefits Administrator.**

**For information on how to enroll please contact your Local Benefits Administrator or P&A Group Customer Service.**

<p><b>CUSTOMER SERVICE</b></p> <ul style="list-style-type: none"> <li>Customer service hours: Monday – Friday, 8:30AM – 10:00PM ET.</li> <li>Call toll-free (800) 688-2611</li> <li>View our website at <a href="http://www.padmin.com">www.padmin.com</a> to access live online chat</li> </ul>
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<p><b>CLAIMS SUBMISSION OPTIONS:</b></p> <ul style="list-style-type: none"> <li>Benefits Card can now be used directly at point-of-services (Highly Preferred)</li> <li>Using P&amp;A Groups's Mobile App - available on the App Store or Google Play</li> <li>Secure upload at <a href="http://www.padmin.com">www.padmin.com</a> with receipts</li> <li>Fax claim to (877) 855-7105 (claim form w/ service documentation)</li> <li>Mail claim to P&amp;A Group: 6400 Main St, Suite 210, Williamsville, NY 14221</li> </ul>
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