

# Introduction

## TO YOUR FLEX ACCOUNTS

### ***INTRODUCTION***

A Flex Plan is an employee benefit that allows you to be reimbursed for certain expenses tax-free. You save federal, state, social security and Medicare taxes on those dollar amounts, thus increasing your take-home pay. Flex Plans are part of the U.S. Internal Revenue Code, and are designed to give employees the opportunity to pay for certain eligible living expenses with tax-free dollars.

### ***WHAT BENEFITS DOES THE PLAN OFFER ME?***

**Premium Only Plan (POP).** Payroll-Deducted Health Insurance, this includes any employer-sponsored medical, HMO, dental, vision, and other health coverage premiums paid by you through payroll deductions. Any health or dental insurance premium that is deducted from your paycheck will automatically be paid pre-tax after the Plan Year begins. In the unlikely event you don't want this part of the benefit, you must submit the Election to Waive Receipt of Fixed Expenses Form to your Plan Administrator.

**Flexible Spending Arrangements (FSAs).** There are six categories. A more comprehensive explanation of each category is included on the tabbed sheets provided in this packet.

1. **Dependent Care FSA:** Daycare for children under age 13, care for adult dependents, preschool, and other related expenses for care of dependents. The maximum allowed is \$5,000 (\$2,500 if married filing separately).
2. **Full-Use Health FSA:** Out-of-pocket costs for deductibles, co-payments, prescriptions, dental, optical, transportation, medical capital expenditures, etc., not reimbursed by your insurance.
3. **Limited-Use Health FSA:** Out-of-pocket costs for dental, optical and preventative care.
4. **Outside Health Insurance:** Premiums for personally-owned health insurance (other than those purchased through a spouse or dependent's employer or a public "Exchange").
5. **Group Term Life Insurance:** Employer-provided term life insurance for the employee tax-free up to \$50,000 of coverage.
6. **Health Savings Account:** Tax free savings account to be used in conjunction with a High Deductible Health Plan.

### ***HOW DO I PARTICIPATE?***

To participate in the FSAs, you must complete and submit a Benefit Election Form or elect on-line before the beginning of the Plan Year. New employees have 30 days to submit an election form. If submitted within 30 days, expenses from first date of employment are eligible. To do this you should make a conservative estimate of the expenses you will have in each category during the Plan Year. It is important to predict your expenses as accurately as possible because the tax regulations that govern Flex Plans require you

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What Benefits  
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to use the money or you lose it at the end of the Plan Year. This is referred to as the “use it or lose it” rule. Guessing is not recommended, nor is trying to increase your tax savings by electing more than you are fairly certain you will spend. Changes to your elections during the Plan Year may be allowed under very specific circumstances, please refer to the “Change Event” tab for more information

### ***EXAMPLE OF HOW A FLEX PLAN WORKS***

	Sally Flexes	Tom Doesn't
<b>Annual Compensation</b>	<b>\$30,000</b>	<b>\$30,000</b>
Daycare	\$2,500	
Medical/Dental out-of-pocket	\$1,300	
Health Insurance Premium	\$1,200	
<b>TAXABLE INCOME</b>	<b>\$25,000</b>	<b>\$30,000</b>
FICA (7.65%)	\$1,913	\$2,295
Federal Tax (15%)	\$3,750	\$4,500
State Tax (6%)	\$1,500	\$1,800
Daycare		\$2,500
Medical/Dental out-of-pocket		\$1,300
Health Insurance Premium		\$1,200
<b>SPENDABLE INCOME</b>	<b>\$17,837</b>	<b>\$16,405</b>
<b>Tax Savings</b>	<b>\$1,432</b>	

### ***COBRA CONTINUATION RIGHTS UNDER YOUR FLEX PLAN***

The Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA) gives you the right to continue to participate in the 125 Flexible Benefits Plan (the Plan) under certain circumstances. Those rights may be extended to your dependents covered by the Plan as well, if their expenses are reimbursable under the Plan.

Some “life events” may cause you to lose your coverage. If you experience one of these life events, COBRA allows you to elect whether you want to remain in the Plan until the end of the Plan Year, or revoke participation in the Plan effective the date of the event. If you elect to continue in the Plan you must pay for that coverage. You will receive a “COBRA Qualifying Event Separation Form” from your employer upon notification of the life event. Your plan administration will counsel you on your options and disclose the cost associated with continuing in the Plan.

It is the employee's responsibility to notify the Plan administration of a life event. Keep your Plan administrator apprised of your status and contact information. You have up to 30 days of the qualifying life event, or the date of loss of coverage to notify the Plan administrator. Don't wait that long to contact us. The sooner we know of your status change the better options you have to pay for your coverage. The notice must include name and address of the individuals that want continuation coverage, a description of the event and the date the event occurred. Please send the written notice to: Educators Benefit Consultants, 3125 Airport Parkway, N.E., Cambridge, MN 55008. Questions regarding COBRA should be directed to an EBC representative at 1-888-507-6053.

### ***FILING YOUR TAX RETURNS***

There is nothing extra to do at tax time unless you've elected dependent care expenses, which you must report on IRS Form 2441. You do not have to pay extra taxes because of tax savings you experienced during the Plan Year, since your W-2 will show a taxable wage reduced by the benefits elected. Thus you don't have to "pay back" tax savings you enjoyed during the Plan Year.

## What Benefits Does the Plan Offer Me?

### ***DEPENDENT/DAYCARE FSA***

The maximum amount you may elect in the Dependent /Daycare FSA is \$5,000 per year (\$2,500 if you are married and filing separately). Expenses must be incurred during the plan year, and you must be working or looking for work in order for the expense to be eligible. So, if you are a teacher and decide to take the summer months off, you may not flex for expenses incurred during the summer months. However, if you are taking classes during the summer to get your masters, doctorate, or teaching certifications your expenses are eligible.

An eligible dependent is defined by the IRS as follows:

- A child who is under age 13 for whom you claim as an exemption on tax forms
- A dependent who is physically or mentally not able to care for himself/herself and who relies on you for more than half of his/her total support in a year
- A spouse who is physically or mentally not able to care for himself/herself

### ***CAN I BE REIMBURSED FOR PAYMENT TO A RELATIVE FOR DEPENDENT CARE?***

You cannot be reimbursed for dependent care payments to (1) your child who is under age 19 at the end of the taxable year in which the payments are incurred or paid, or (2) anyone who could be claimed as a dependent on your federal income tax return for the taxable year in which the payments are incurred or paid.

You can be reimbursed for dependent care payment to other relatives. However, you can't modify your dependent care election based on a cost increase if the provider is a relative.

### ***DEPENDENT CARE ELIGIBLE EXPENSES***

- Adult daycare centers
- Summer day camp (overnight camp is not eligible)
- Child daycare
- Extended day/latch key
- Nursery school
- Preschool
- Kindergarten is not an eligible expense

Monies set aside for dependent or daycare may not be used for other purposes such as medical reimbursement or outside health insurance.

Monies that you flex for dependent care expenses may not be used for the dependent care tax credit on your federal income tax.

### ***WHAT IS THE DEPENDENT CARE TAX CREDIT?***

This is a credit against your taxes based on the amount of your dependent care expenses and your taxable income. The amount of the credit can vary from individual to individual.

### ***IS IT BETTER TO FLEX FOR DEPENDENT CARE OR TAKE THE TAX CREDIT?***

The answer to this question will depend on your tax bracket (for federal, state, FICA and Medicare taxes), on how much you pay for dependent care and on the amount of federal, state and local tax benefit you would receive for the dependent care expenses you expect to incur. You should project your taxes both ways, with the credit and without the credit, before you make your decision. This is because the credit may be more or less than the value of the exclusion under this Plan. If you have only one qualifying child or dependent, your ceiling for the credit is \$3,000, compared to \$5,000 (\$2,500 if you are married filing separately) under the Plan. The maximum amount upon which you may have a tax credit on your tax return (\$3,000 for one and \$6,000 for two or more "qualifying individuals") is reduced by the amount you get tax-free under the Dependent Care Reimbursement Plan.

### ***WHEN MAY I CHANGE MY ELECTION DURING THE PLAN YEAR?***

You can change your election only if you have a "change event". A change event is an event that, under the law and the terms of the Plan, permits election changes. You can change your election by filing the "Change in Status Form" with the Plan Administrator. You may change your election, but only in a way that is consistent with the change event.

For a more detailed listing and explanation of the change events allowed under this plan please refer to the "Change Events Tab" in this packet.

### ***TERMINATION OF EMPLOYMENT***

EBC's Flexible Benefits Plan provides that employees may continue to submit for eligible daycare expenses after termination of employment until deductions taken to date for daycare/dependent care are exhausted. The participant does not have to elect for COBRA continuation coverage for this benefit.

# Plan GUIDELINES

## ***FULL-USE MEDICAL FSA***

You may flex for most health care expenses not covered by your insurance, incurred by you, your spouse and dependents. These expenses are referred to as your out-of-pocket medical expenses. These expenses must be incurred as a result of an illness, treatment, diagnosis or injury. The treatment may also be as a result of preventing or treating a physical or mental defect or illness. Expenses incurred solely for cosmetic purposes are not eligible. Some cosmetic surgeries may be eligible provided they are the result of a disfiguring disease, accident, trauma or birth defect: in these circumstances a letter of medical necessity is required. Co-pays and deductibles under any medical, dental, or vision plan are also eligible. Some over-the-counter items may also be eligible. Items purchased for your general well-being or for purposes of personal hygiene (e.g., toothbrushes, toothpaste, etc.) are not eligible.

Orthodontic services are an eligible expense under your Medical FSA. Your Plan Document allows for reimbursement of orthodontia expenses over the course of the plan year as the patient is being actively treated. If you make a reasonable down payment at the onset of treatment you may be reimbursed up to \$2,000.00 immediately. Other than the initial down payment, you will be reimbursed as treatment is received or in installments. Please refer to the "Orthodontia Worksheet" for assistance in calculating your election for the plan year.

## ***LIMITED-USE MEDICAL FSA***

Only to be used in conjunction with a Health Savings Account (HSA) for vision and dental out-of-pocket expenses.

## ***OVER-THE-COUNTER ITEMS (OTC)***

There will be NO reimbursement of over-the-counter (OTC) medicines or drugs (except insulin) by a Medical FSA without a prescription. Other OTC items, such as: gauze pads, thermometers, bandages, blood-pressure monitors, contact lenses, contact lens solution and first aid kits are still eligible expenses.

The *dual purpose* items (e.g., nasal strips, herbal supplements, massage, gym memberships, exercise equipment and vitamins) will continue to require a Letter of Medical Necessity which must be updated annually.

## ***ELIGIBLE EXPENSES***

For more information on eligible expenses please refer to the EBC website and view the Eligible Expenses Table at [www.ebcsolutions.com](http://www.ebcsolutions.com). This table will reflect whether the medical expense you are inquiring about is "eligible", "not eligible" or "potentially eligible".

What Benefits  
Does the Plan  
Offer Me?

# Plan GUIDELINES

## ***PREPAID BENNY CARD***

Not all employers will offer this prepaid benefits card. If your employer is offering the Benny Card, you will find a “Benny Card Enrollment Form” in your packet. You must re-enroll in Benny every year if you want to use the Benny Card. The card cost is deducted from your account on a pre-tax basis.

Benny Cards can be used to pay for eligible Medical FSA items at qualified merchants. There are two types of qualified merchants:

- 1) Merchants that use the Inventory Information Approval System (IIAS).

**Transactions at these merchants are fully substantiated and no paper follow-up is needed.** A list of IIAS Merchants is available on our website at [www.ebc-solutions.com](http://www.ebc-solutions.com). Click on the picture of the Benny Card and then click on the List of Participating Merchants link.

- 2) 90% Merchants.

This means 90% of the merchants’ sales are for eligible medical expenses. These merchants use other methods to auto substantiate claims. See below:

- Co-pay matching** – Entered in our system from information given to us from the school
- Recurring expense logic** – Pattern is noticed by the system for same payment amounts, ie, monthly orthodontia payments
- After-the-fact substantiation** – Letters are sent out to participant requesting receipts to verify the expense

***The IRS requires that 100% of card transactions be substantiated, so in some cases, further substantiation is required by the participant.***

### ***IMPORTANT – ALWAYS SAVE ITEMIZED RECEIPTS!***

If you receive a letter/email from EBC requesting receipts or more information on your purchase with the card, please comply with the letter by the date specified. If transaction is not eligible or documentation is not sent in, EBC shall suspend the card and request refund from the card holder. You will receive two receipt requests before the card is suspended. Cards will be reinstated when receipts are received or overpayment is returned to the account.

Prepaid  
Benny  
Card

# Flexing INSURANCE

## ***OUTSIDE HEALTH INSURANCE***

Employees may flex for the cost of a personally owned health or dental insurance policy. The policy must belong to you, your spouse or dependent(s), and the premium must be paid with after-tax dollars. This would include the cost of a Medicare Supplemental Policy, Medicare Part B and Medicare Part D. You may not flex for the cost of a health insurance policy if the cost is currently being paid on a pre-tax basis through a payroll deduction. If you flex premium cost in the Outside Health Insurance category with the Flex Plan you may not use the cost for a deduction on your income tax. The Affordable Care Act (ACA) precludes the use of 125 Plan pre-tax dollars to be used to purchase or reimburse the cost of an individual to purchase an individual insurance policy through a Public Health Insurance Marketplace commonly referred to as the "Exchange". This includes state and federally run Exchanges.

## ***OTHER OUTSIDE HEALTH INSURANCE ELIGIBLE EXPENSES***

Accident Insurance	Cancer Insurance	Vision Insurance
Dental Insurance	Disability Insurance	Hospitalization

*Long Term Care Insurance is NOT an eligible expense.*

## ***DISABILITY BENEFITS***

If you have the disability insurance premiums reimbursed through your Flex Plan, and you become disabled, you must report the proceeds of the policy as taxable income. However, if you have never had the premiums reimbursed, the proceeds of the policy will be tax-free.

## ***GROUP TERM LIFE INSURANCE***

The premium for the first \$50,000 of an employer-sponsored group term life policy may be paid for on a pre-tax basis through the Flex Plan. Any death benefits from the insurance are also income tax-free. Insurance coverage above \$50,000 is taxed based on IRS tables. Even then, the amount taxed may be less than the actual premium cost. Again, any death benefits your family receives under the insurance are income tax-free.

## ***WHAT OTHER EFFECTS MAY THERE BE IF MY TAXABLE INCOME IS REDUCED?***

With reduced taxable pay, you may have a lower base for unemployment compensation and workers' compensation benefits.

Flexing  
Individually  
Owned Policies  
and Other  
Insurance

### ***HEALTH SAVINGS ACCOUNT (HSA)***

If your employer has implemented a High Deductible Health Plan (HDHP) with a Health Savings Account (HSA) option you may be able to contribute to your HSA on a pre-tax basis through your 125 Flexible Benefits Plan. If your employer has opted for this benefit you will see the HSA election category on the "Benefits Election Form" provided to you in this enrollment kit. When you make an election to contribute to your HSA through the Flex Plan, your election amount will be pro-rated based on the number of pay periods you have in the Flex Plan Year. It is your responsibility to stay within the tax year HSA contribution limits. All contributions into your HSA count toward the limit (e.g., employee and employer).

When you contribute to your HSA through your employer's 125 Flexible Benefits Plan your contribution amount will be disclosed every year on your W-2. HSA contribution limits are set by the IRS and may change from year-to-year. If you exceed your contribution limit for the tax year the overage is included in your gross income and an excise tax of 6% is charged on the overage.

### ***CHANGING YOUR ELECTION***

You may change your election amount to your HSA, at least once a month. The IRS does not require you to experience a "change event" in order to make a change to your HSA election amount.

### ***DISTRIBUTIONS***

Distributions from your HSA are tax-free when used for eligible medical expenses. You are responsible for determining whether expenses are eligible or not. Up until December 31, 2010, distributions from your HSA for non-medical expenses are included in gross income and an additional 10% tax penalty is imposed. Effective January 1, 2011, the penalty will increase from 10% to 20%. However, if you are age 65 or older, disabled, or die, no penalty is assessed. Individuals are responsible for maintaining receipts of purchase in case they are personally audited by the IRS.

### ***ELIGIBLE EXPENSES***

Same expenses as the Medical FSA category. (please refer to Tab 3). Unlike the Medical FSA, HSA funds can be used to pay for COBRA premiums, and long term care premiums (subject to the age based cap). If age 65 and older, you may also use HSA funds to pay for the employee share of the premium cost of employer-sponsored health insurance and Medicare Part B and D. Otherwise, health insurance premiums are not an eligible expense.

# Summary

## O F C H A N G E E V E N T S

### **CHANGE EVENTS**

#### **WHEN MAY I CHANGE MY ELECTION DURING A PLAN YEAR?**

You can change your election only if you have a “Change Event.” A Change Event is an event that, under the law and the terms of the Plan, permits election changes.

Upon the happening of a Change Event, you can change your election, *but only in a way that is consistent with the Change Event*. This is sometimes referred to as the “Consistency Rule.” Some examples follow:

- 1) A dependent dies or loses or gains eligibility for coverage under your spouse’s health insurance. While you may change your election to adjust for that dependent’s situation, you may not modify your election to add or remove coverage under the Plan for another dependent.
- 2) You marry during the Plan Year. You may change your election to: (a) add coverage for your spouse; (b) elect Health FSA coverage for your spouse; or (c) drop coverage for yourself under the Plan in order to be covered under your spouse’s insurance.
- 3) Your child reaches age 26 and loses eligibility for your health insurance under your Insurance Plan. You may change your Plan election to switch from family to individual health coverage or drop health insurance coverage for your child.

#### **WHAT ARE “CHANGE EVENTS”?**

The first two change events (the cost and coverage changes) do not apply to the Medical FSA category. They only apply to the Premium Only Plan, Outside Health Insurance, Dependent/Daycare FSA, and Group Term Life categories.

**Cost Change.** A significant cost increase or decrease in a premium for health coverage provided by an independent third-party provider, or a significant increase or decrease in cost imposed by a dependent care provider if the dependent care provider is not your relative, or

**Coverage Change.** A significant curtailment or cessation of coverage under a health plan provided by an independent, third-party provider during a period of coverage, or a significant change in health coverage of you or your spouse attributable to your spouse’s employment, or a change in a provider of dependent care assistance or the dependent being enrolled in school during the Plan Year, or

#### **Change in Status:**

**Change in marital status,** including marriage, death of spouse, divorce, legal separation or annulment.

**Change in number of tax dependents,** including birth, adoption, placement for adoption, or death.

(continued on back)

When  
May I Change  
My Election?  
Mid-year?

## Change Events

(continued from front)

Change of employment status, including termination or commencement of employment by you, your spouse or dependent.

Change of work schedule, including any of the following that affect the employment status of you, your spouse or dependent: a reduction or increase in hours of employment, a switch between part-time and full-time, a strike or lockout, commencement or return from an unpaid leave of absence, or a change in worksite.

Change in dependency, dependent satisfies or ceases to satisfy health plan requirements, including attainment of age, student status or any similar circumstance as provided in your health plan.

Change in residence, including a change in the residence of you, your spouse or dependent, or Judgment, Decree or Order. A Judgment, Decree or Order resulting from a divorce, legal separation, annulment, or change in legal custody that requires accident or health coverage for your dependent child or foster child, or

Medicare/Medicaid. A gain or loss of Medicare or Medicaid eligibility.

Special Enrollment Right. A special enrollment right under HIPAA arising when health coverage is terminated, described below, or

When am I entitled to special enrollment rights? You may be entitled to special enrollment rights if:

- (i) you decide before the beginning of the Plan Year not to elect a particular benefit because you or your dependents are covered under another plan (such as your spouse's health insurance policy), and
- (ii) coverage under that other plan is later terminated because either:
  - (a) The coverage was continuing coverage under COBRA (the law which lets employee continue benefits after employment is terminated) and the COBRA coverage is exhausted, or
  - (b) The coverage was not under COBRA and was terminated because of (1) loss of eligibility for coverage, or (2) the cessation of employer contributions for the coverage.

How do I exercise special enrollment rights? Within 30 days after coverage under the other plan ends, you submit a "Change in Status Form" electing coverage under the Plan to replace the coverage you lost under the plan. As usual, the changed election must be consistent with the loss of coverage under the other plan, thus meeting the Consistency Rule.

### ***ARE RETROACTIVE CHANGES PERMITTED?***

Retroactive changes are not permitted except for a 30-day grace period allowing an increase in health insurance and Health FSA after the birth of a child, adoption, or placement for adoption. For new employees, if election form is submitted within 30 days, expenses from first date of employment are eligible.

### ***HOW DO I CHANGE MY ELECTIONS?***

You can change your election by filing the "Change in Status Form" with the Plan Administrator. If you are separating from service you may change your elections by completing the "COBRA Qualifying Event–Separation Form" with the Plan Administrator.

# Administrative

## PROCESS

### ***DEDUCTION AND REIMBURSEMENT PROCESS***

Over the Course of the Plan Year, there will be pre-tax salary reductions equal to your total election. Tax-free reimbursements will be made for any expenses you submit. The schedule for pre-tax salary reductions and tax-free reimbursements depends on what Service Option your school district is utilizing.

### ***SERVICE OPTIONS***

- 1) **Self-Administered/Payroll Administered Option.** Deductions, reimbursement and adjudication of claims are handled by the district's designated Flex Plan Administrator. Submit your "Benefit Election Form" and "Reimbursement Claim Form" with receipts to that designee and your reimbursement will show up on your paycheck.

*Medical FSA:* There will be a pre-tax salary reduction equal to your total election divided by the number of salary reduction periods in your Plan Year. Unlike the other categories, expenses claimed in the Medical FSA category will be reimbursed up to the total election amount regardless of the year-to-date salary reductions made.

*Other Categories:* For Outside Health Insurance, Dependent Care FSA, and the Group Term Life categories, your pre-tax salary reduction generally occurs in the same amount, and at the same time, as you receive reimbursement of the expenses you submitted for. However, pre-tax salary reductions for the entire amount of your election must occur by the end of the Plan Year. If you are not submitting for your expenses on a regular basis your payroll administrator will make a deduction without a simultaneous reimbursement. In this circumstance you would be entitled to reimbursement upon proper submission of your claim.

- 2) **Shared-Administration Option.** The deduction, reimbursement and claim adjudication processes are a coordinated effort between the district's Flex Plan Administrator and EBC. EBC will adjudicate claims for your district's Flex Plan Administrator; however, your reimbursements will still run through the district's payroll process.

*Medical FSA:* There will be a pre-tax salary reduction equal to your total election divided by the number of salary reduction periods in your Plan Year. Unlike the other categories, expenses claimed in the Medical FSA category will be reimbursed up to the total election amount regardless of the year-to-date salary reductions made.

*Other Categories:* For Outside Health Insurance, Dependent Care FSA, and the Group Term Life, your pre-tax salary reduction generally occurs in the same amount, and at the same time, as you receive reimbursement of the expenses you submitted for. However, pre-tax salary reductions for the entire amount of your election must occur by the end of the Plan Year. If you are not submitting for your expenses on a regular basis your payroll administrator will make a deduction without a simultaneous reimbursement. In this circumstance you would be entitled to reimbursement upon proper submission of your claim.

Payroll  
Deduction and  
Reimbursement  
Options

- 3) **Full Service Option.** EBC administers the Flex Plan process for the school district. EBC will receive salary deductions, adjudicate claims and reimburse participants. Upon receipt of claim please allow up to 3 business days for payment of the claim.

Once the Plan Year begins, deductions equal to your total election divided by the number of pay periods you have in the Plan Year will be taken from your salary. Each pay period your payroll administrator will forward your deductions to EBC for recordkeeping purposes. These scheduled deductions will occur throughout the plan year for each of the FSA categories you elect to participate in. EBC will keep track of how much you have on account for each of the categories you elected to Flex in.

### ***REIMBURSEMENT PROCESS:***

You may submit for reimbursement anytime after the service has been provided. Complete the enclosed “Reimbursement Claim Form” and submit it along with your receipts to:

Educators Benefit Consultants  
3125 Airport Parkway NE  
Cambridge, MN 55008

- or -

fax the form and receipts to EBC at 763-552-6055.

- or -

Submit a claim and receipts on-line using the EBC web portal. Instructions enclosed if you are eligible to take advantage of this option.

*Dependent/Daycare FSA:* Claims submitted will be reimbursed based on the salary reductions made to date.

*Outside Health Insurance:* Claims submitted will be reimbursed based on the salary reductions made to date.

*Full-Use and Limited-Use FSA:* Unlike the Dependent Care FSA and the Outside Health Insurance FSA, claims submitted to EBC for any health care out-of-pocket expense will be reimbursed up to the total election amount regardless of the year-to-date salary reduction.

Once the claim has been adjudicated you will receive an ACH to your account of choice. Please complete the “Direct Deposit Form” provided to you in this packet.

**INVOICES ACCOMPANYING CLAIM FORMS MUST HAVE THE DATE OF SERVICE, TYPE OF SERVICE,  
AND COST OF SERVICE TO BE ELIGIBLE FOR REIMBURSEMENT.**



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