Don’t Think A
Flexible Spending Account
Is Right For You?

Think Again

Save time, money and paperwork!

With the Benny™ Prepaid Benefits Card, your FSA is:

Cash-flow friendly – No cash to pay at the time of purchase

Easy – Simply a swipe of the Card

Convenient – No forms to fill out

Fast – Funds automatically deducted from your FSA

Simple to track – Your current balance available online 24/7

What are YOU waiting for?

Sign up now and let your savings begin!

Yes, it’s that time of year again, and a Health Care Flexible Spending Account (FSA) is being offered as part of your benefits program. Access to your FSA will be as easy as a swipe of a Card, and the more you put into it, the more you save. So, if you haven’t considered an FSA in the past, it pays to take another look.

An FSA adds spendable income.

Let’s face it, you work hard for your money and you want to keep as much of it as you can. A Health Care FSA helps you do just that!

You elect to have your annual health care contribution deducted from your paycheck each pay period in equal installments throughout the year – before federal income, state income (in most cases) and Social Security taxes are taken out. So every dollar you put in your FSA is tax-free, spendable income.

An FSA covers many expenses!

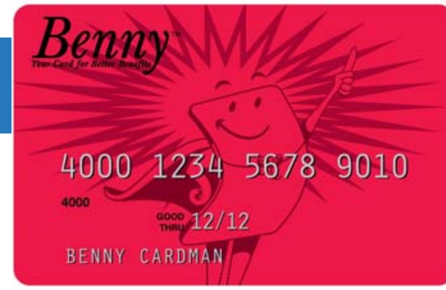
Your tax-free FSA dollars are ready to pay for health-related, out-of-pocket costs not covered by your insurance for you, and for your spouse and dependents covered under your plan – things like copayments, deductibles, prescriptions, dental bills and vision expenses. And don’t forget eligible over-the-counter (OTC) items*. Even if your annual health care expenses are just a few hundred dollars, an FSA can keep more money in your wallet.

Did you know?

The average family of four in the U. S. can expect to pay over $3,000 each year on out-of-pocket expenses like doctor visits, prescription copays, dental work and new glasses – or an unexpected hospital stay.

If that $3,005 goes into a Health Care FSA, a family can save over $811 in taxes.

(Continued on page 2.)



(Continued from page 1)

Your FSA includes Benny™, the fast and easy way to access your account.

An FSA is a good idea, and here's a feature that makes it even better – the Benny™ Prepaid Benefits Card. The Card contains the value of your annual Health Care FSA election amount, so you can use Benny to pay for eligible out-of-pocket medical expenses such as:

- Prescription and health plan copayments, deductibles and coinsurance
- "Amount Due" on medical and dental statements
- Orthodontics
- Mail-order or online prescription invoices
- Vision services and eyeglasses
- LASIK surgery
- Eligible over-the-counter (OTC) items*

Say hello to Benny and good-bye to "paying twice."

Using the Card helps you keep cash in your wallet. You'll never "pay twice" with the Card – first from your paycheck into your FSA and then again at the time of purchase. You'll have no claim forms to complete and you won't have to wait to get a check in the mail. You can check balances or account details online anytime, or with a quick phone call.

Simply swipe your Card and the amount of your eligible expense will be automatically deducted from your account. And, there are now tens of thousands of merchant locations where you can use the Card for eligible out-of-pocket prescription and OTC expenses, and you will NOT have to provide a receipt to verify the purchase!

Already have an FSA? Perhaps now is the time to increase your contributions. Already have a Card? Hang on to it and your new election amount will be added.

An FSA is a valuable benefit – and the Card can make it even better. If you're not currently participating in a Health Care FSA, now's the time to enroll!

* *Effective 1/1/11, the list of eligible OTC items is changing per the Patient Protection and Affordable Care Act of 2010. Contact your Plan Administrator for more information.*

And how do you get your Benny?

Look for details during open enrollment, or ask your Human Resources representative for more information.

SECTION 125 FLEXIBLE BENEFIT PLAN
EMPLOYEE INFORMATION

1. How does this Plan work?

When you elect to participate in this plan, you authorize your employer to defer a portion of your income to the Section 125 Flexible Benefits plan to pay eligible expenses. The deferred income is on a pre-tax basis and is not subject to any payroll tax, thereby resulting in significant tax savings to you. The money is held in the plan until you submit a Request for Reimbursement or your employer pays Insurance Premiums.

2. What Benefits does the Plan provide?

Most plans allow for pre tax deferrals from the following separate categories:

-Insurance Premiums

-Unreimbursed medical/dental/vision expenses (not covered by insurance).

-Dependent Day Care expenses which are necessary to allow both you and your spouse to be employed. Please consult with your employer as to which categories are available in your plan.

3. Does the Plan cover my family also?

Yes, you can include expenses for your spouse if you are legally married and file a joint income tax return. You may cover your children's expenses if you claim them as dependents on your tax return.

4. Once the money goes into the plan, how do I get reimbursed?

You may use your Benny prepaid benefit card to pay for your medical or day care expenses wherever Visa/MC is accepted. Keep all transaction receipts. All Valley Administrators may request receipts from you.

For expenses not paid with the Benny prepaid benefits card, complete a Reimbursement Request Form and send it to All Valley Administrators with a copy of the receipt from the service provider showing the following information:

-Name of Service Provider (& Tax ID # or SSN of Day Care Provider.)

-Date of services provided (must be within the current plan year and participation in the plan)

-Name of person to whom service was provided (you or your dependents)

-Description of services provided and

-Amount of expense incurred.

Reimbursements are processed every Wednesday or Thursday depending on your company's schedule. All claims must be in our office by 4pm the day before, in order to be included in the scheduled reimbursement day.

Remember that any amounts deferred for unreimbursed medical/dental cannot be used for daycare or vice versa.

5. How long do I have to submit a claim for reimbursement?

You may turn in your request form any time after the service has been provided, or use your Benny card at the point of service, however no later than 90 days after the end of your plan year, or date of termination as applicable.

If you do not use all of your elected amounts by the end of the plan year, the unused money will be forfeited. Companies with the extended Grace period will systematically apply any expenses submitted during the first 2 & ½ months of the next year, toward last years remaining balance. After that time, any unused balance will be forfeited**.**

It is very important to carefully estimate your expenses when completing the Enrollment Authorization Form.

6. How do I enroll in the Plan?

You complete the Enrollment Authorization Form when you meet the eligibility requirements or at the beginning of the new plan year. **Please carefully estimate your expenses in each category.**

7. Can I change my deferrals during the year?

Not usually. The regulations require that your election be binding for the entire plan year unless you have a qualifying "change of status".

8. What is a qualifying Change of Status?

The regulations authorize specific situations as qualifying Change of Status. Only these situations allow you to make changes in your annual elections. These are birth, adoption, death, marriage, divorce, change in employment status of you or your spouse, change of spouses' cafeteria plan, or your dependent is no longer claimed on your income tax.

9. Where can I get more information about the plan?

Your employer has a Summary Plan Description that includes a full description of the plan.

All necessary Forms are available from your employer, or from your third party administrator on line at www.allvalleyadmin.com Or you may contact All Valley Administrators directly with any questions.

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Important Information About

Prepaid Benefits Cards

FREQUENTLY ASKED QUESTIONS

General Questions on the Evolution Benefits® Prepaid Benefits Card

1. **What is EB's Prepaid Benefits Card?**

   EB's Prepaid Benefits Card is a special-purpose MasterCard® Card or Visa® Card that gives participants an easy, automatic way to pay for eligible health care/benefit expenses. The Card lets participants electronically access the pre-tax amounts set aside in their respective employee benefits accounts such as Flexible Spending Accounts (FSAs), Health Reimbursement Accounts (HRAs), and Health Savings Accounts (HSAs).

2. **How does the Prepaid Benefits Card work?**

   It works like a MasterCard® Card or Visa® Card, with the value of the participant's account(s) contribution stored on it. When participants have eligible expenses at a business that accepts MasterCard debit cards or Visa debit cards, they simply use their Card. The amount of the eligible purchases will be deducted – automatically – from their account and the pre-tax dollars will be electronically transferred to the provider/merchant for immediate payment.

3. **How does the Prepaid Benefits Card change how the participant is reimbursed for expenses?**

   Before the Prepaid Benefits Card became available, participants had to pay for their eligible expenses at the time of purchase, submit claim forms along with all receipts, and then wait for the reimbursement to be processed. Checks were issued and mailed to the participants, who then cashed the checks. In essence, participants "paid twice" – through payroll deduction and then at the point of sale– then they had to wait for reimbursement.

   However, with the Prepaid Benefits Card, participants simply swipe their Cards and the funds are automatically deducted from their respective benefit account(s) for payment. The Card eliminates most out-of-pocket cash outlays and paperwork, as well as the need to wait for reimbursement checks.

4. **Is the Prepaid Benefits Card just like other MasterCard® Cards or Visa® Cards?**

   No. The Prepaid Benefits Card is a special-purpose MasterCard Card or Visa Card that can be used only for eligible health care/benefits expenses. It cannot be used, for instance, at gas stations or restaurants. There are no monthly bills and no interest.

5. **How many Prepaid Benefits Cards will the participant receive?**

   The participant will receive two Cards (unless the participant has only a Qualified Transportation Account, in which case one Card will be issued). If participants would like additional Cards for other family members, they should contact their Plan Administrator.

6. **Will participants receive a new Prepaid Benefits Card each year?**

   No, participants will not receive a new Card each year. If the participant will again have a benefit associated with the Card for the following plan year – and he/she used the Card in the current benefit year – the participant will simply keep using the same Card the following year. The Card will be loaded with the new annual election amount at the start of each plan year or incrementally with each pay period, based on the type of account(s) the participant has.

7. **What if the Prepaid Benefits Card is lost or stolen?**

   Participants should call their Plan Administrator to report a Card lost or stolen as soon as they realize it is missing, so the Administrator can turn off their current Card(s) and issue replacement Card(s). There is a fee of $10.00 for a set of two replacement cards which will be deducted directly from the participants pre-tax account.

Getting Started and Activating Your Card

1. **How do participants activate the Card?**

   Participants should call the toll-free number on the activation sticker on the front of the Card or contact All Valley Administrators at the number on the back of their card to request activation.

   Participants can use both Cards once the first Card is activated – they do not need to activate both. They should wait one business day after activation to use their Cards. Each Card user should sign the Card with his or her own name.

2. **What dollar amount is on the Prepaid Benefits Card when it is activated?**

   For Health Care FSAs, the dollar value on the Card will be the annual amount that participants elected to contribute to their respective employee benefit account(s) during their annual benefits enrollment. It's from that total dollar amount that eligible expenses will be deducted as participants use their Cards or submit manual claims.

   Some other types of accounts, like Dependent Care FSAs, HRAs, and transportation accounts, are funded incrementally at each pay period, so it is especially important to be aware of account balances in order to avoid Card declines at the point of service. You may check your account balances on line at www.allvalleyadmin.com under "125 Flex Benefits" using the Flex plan web access link.

Using the Card

1. **Where may participants use the Prepaid Benefits Card?**

   IRS regulations allow participants to use their Prepaid Benefits Cards in participating pharmacies, mail-order pharmacies, discount stores, department stores, and supermarkets that can identify FSA/HRA-eligible items at checkout and accept MasterCard® prepaid cards or Visa® prepaid cards. Eligible expenses are deducted from the account balance at the point of sale. Transactions are fully substantiated, and in most cases, no paper follow-up is needed. Participants can find out which merchants are participating by visiting their account access website or contacting All Valley Administrators, LLC at the phone number on the back of their card.

   Some plan designs may also allow participants to use their Cards in pharmacies that have certified that 90% of the merchandise they sell is FSA/HRA-eligible. However, since these pharmacies cannot identify the eligible items at the point of sale, another form of auto substantiation or paper follow-up will be required.

   Participants may also use the Card to pay a hospital, doctor, dentist, or vision provider that accepts MasterCard® or Visa®. In this case, EB uses its auto-substantiation technology to electronically verify the transaction's eligibility according to IRS rules. If the transaction cannot be auto substantiated, paper follow-up will be required. Please save all receipts when using the Benny Prepaid Benefits Card.

2. **Are there places the Prepaid Benefits Card won't be accepted?**

   Yes. The Card will not be accepted at locations that do not offer the eligible goods and services, such as hardware stores, restaurants, bookstores, gas stations and home improvement stores.

   Cards will not be accepted at pharmacies, mail-order pharmacies, discount stores, department stores, and supermarkets that **cannot** identify FSA/HRA-eligible items at checkout. The Card transaction may be declined. Participants can find out which merchants are participating by visiting their personal account access website or contacting All Valley Administrators, LLC at the phone number on the back of their card

3. **If asked, should participants select "Debit" or "Credit"?**

   EB's Prepaid Benefits Card is actually a prepaid card. But, since there is no "prepaid" selection available, participants should select "Credit." Participants do not need PIN and cannot get cash with the Prepaid Benefits Card.

4. **How does the Card work in participating pharmacies, discount stores, department stores, and supermarkets?**

    a. Bring prescriptions, vision products, eligible OTCs and other purchases to the register at checkout to let the clerk ring them up. (Please note: Effective 1/1/11, the list of eligible OTC items is changing per the Patient Protection and Affordable Care Act of 2010.)

    b. Present the Card and swipe it for payment.

    c. If the Card swipe transaction is approved (e.g., there are sufficient funds in the account and at least some of the products are FSA/HRA-eligible), the amount of the FSA/HRA-eligible purchases is deducted from the account balance and no receipt follow up is required. The clerk will then ask for another form of payment for the non-FSA/HRA-eligible items.

    d. If the Card swipe transaction is declined, the clerk will ask for another form of payment for the total amount of the purchase.

    e. The receipt will identify the FSA/HRA-eligible items and may also show a subtotal of the FSA/HRA-eligible purchases.

    f. In most cases, the participant will not receive requests for receipts for FSA/HRA-eligible purchases made in participating pharmacies, discount stores, department stores, or supermarkets.

5. **Why do participants need to save all of their itemized receipts?**

    Participants and their other eligible users should always save itemized receipts for FSA and HRA purchases made with the Prepaid Benefits Card. They may be asked to submit receipts to verify that their expenses comply with IRS guidelines. Each receipt must show: the merchant or provider name, the service received or the item purchased the date and the amount of the purchase. The IRS requires that every card transaction must be substantiated. This can occur through automated processing as outlined by the IRS (e.g. copay matching, etc,). If the automated processing is unable to substantiate a transaction, the IRS requires that itemized receipts must be submitted in order to validate expense eligibility.

6. **How long do participants need to save their itemized receipts?**

    Participants should save itemized receipts for FSA and HRA until the end of the benefit year and/or grace period (if applicable). HSA participants should save receipts for three years to comply with IRS document retention rules.

7. **What if participants lose their receipts or accidentally swipe the Card for something that's not eligible?**

    Usually the service provider can recreate an account history and provide a replacement receipt. In the event that a receipt cannot be located, recreated, or if the expense is ineligible for reimbursement, the participant can send a check or money order to All Valley Administrators, LLC for the amount so it can be credited back to the participant's FSA/HRA account and be used on future eligible expenses.

8. **May participants use the Prepaid Benefits Card for prescriptions ordered prior to activating the Card?**

    No. The Card must be activated prior to the order and/or purchase date of prescriptions. In some cases, participants need to wait 1 business day after activating the Card to purchase prescriptions at their pharmacy. For example, if the Card is activated on Tuesday, a prescription can be ordered and picked up on Wednesday.

9. **May participants use the Prepaid Benefits Card if they receive a statement with a Patient Due Balance for a medical service?**

    Yes. As long as they have money in their account for the balance due, the services were incurred during the current plan year, and the provider accepts MasterCard® debit cards or Visa® debit cards, participants can simply write the Card number on their statement and send it back to the provider.

10. **Sometimes the participant is asked for the CVV when paying the balance due or when placing an order by phone or online. What is this and where is it found?**

    CVV stands for "Card Verification Value." It is a 3-digit number that can be found on the back of the card to the right of the signature panel.

11. **How do participants know how much is in their account?**

    They can visit their personal Account Summary page at www.allvalleyadmin.com under "125 Flex Benefits" using the Flex plan web access link, and view their account activity and current balance. Or, they can call All Valley Administrators, LLC at the phone number on the back of the Card to obtain their current balance. Participants should always know their account balance before making a purchase with the Card.

12. **What if participants have an expense that is more than the amount left in their account?**

    By checking their account balance often – either online or by calling All Valley Administrators LLC at the phone number shown on the back of the Card – participants will have a good idea of how much is available. When incurring an expense that is greater than the amount remaining in their account, participants may be able to split the cost at the register. (Check with the merchant.) For example, participants may tell the clerk to use the Prepaid Benefits Card for the exact amount left in the account, and then pay the remaining balance separately. Alternatively, participants may pay by another means and submit the eligible transaction manually via a claim form with the appropriate documentation to All Valley Administrators LLC.

13. **What are some reasons that the Prepaid Benefits Card might not work at point of sale?**

    The most common reasons why a Card may be declined at the point of sale are:

    a. The Card has not been activated.

    b. The Card has been used before the 24-hour period after activation is over.

    c. The participant has insufficient funds in his or her employee benefit account to cover the expense.

    d. Non-eligible expenses have been included at the point-of-sale. (Retry the transaction with the eligible expense only.)

    e. The merchant is encountering problems (e.g. coding or swipe box issues).

    f. The pharmacy, discount store, department store, or supermarket cannot identify FSA/HRA-eligible items at checkout according to IRS rules.

14. **Is the participant responsible for charges on lost or stolen Prepaid Benefits Cards?**

    If the All Valley Administrators LLC is notified within 2 business days, the participant will not be responsible for any charges. If the notification is after 2 days, the participant may be responsible for the first $50 or more. Replacement Cards may be purchased.

15. **Whom do participants call if they have questions about the Prepaid Benefits Card?**

    Call All Valley Administrators, LLC at the phone number shown on the back of the Card.

16. **Can a participant use the Prepaid Benefits Card to access last year's money left in the account this year?**

    The IRS allows for a grace period in the current year to use up funds carried over from the prior year. If your employer allows for this additional grace period, you may use last year's balance with charges during the first 2 ½ months of the current plan year. Check for your specific plan allowance.

17. **How will a participant know to submit receipts to verify a charge?**

    The participant will receive a receipt request letter or email if there is a need to submit a receipt. All receipts should be saved per the IRS regulations.

18. **What if a participant fails to submit receipts to verify a charge?**

    If receipts are not submitted as requested to verify a charge made with Prepaid Benefits Card, then the Card may be suspended until receipts are received. The participant may be required to repay the amount charged. We will advise the participant that the Card has been suspended, if a receipt is not received. Submitting a receipt or repaying the amount in question will allow the Card to become active again.

Sample Expenses Eligible for Reimbursement
Section 125 Flexible Benefit Plan

The following is a partial list of medical expenses allowable for reimbursement through your Section 125 Flexible Benefits Plan. Reimbursement is for expenses incurred within your plan year that treat an illness or condition

Acupuncture
Alcoholism Treatment
Ambulance
Artificial limbs
Braille books & magazines
Car controls for the Handicapped
Chiropractic
Co-Pays
Contact Lenses & Supplies
*Contraceptives
Crutches
Deductibles
Dental Fees
Dentures
Drug Abuse Treatment
Electrolysis (deemed medically necessary)
Glasses
Hearing Aids & supplies/batteries
Insulin
Hospitalization
Lab Fees
Lasic Eye Correction
Medical Fees not covered by insurance
Nurses Fees
Nursing Home Fees
Obstetrics
Orthodontia
*Over the Counter Drugs, Medicines and Biologicals-until 12/31/2010

Prescriptions
Psychiatric Care
Psychologists Fees
Seeing-eye Dog and its upkeep
Smoking Treatment
Special Education for the Blind
Special Plumbing for the Handicapped
Surgery (deemed medically necessary)
Telephone for the Deaf
Therapy Treatments
Transportation Costs paid for & essential to medical care
Vision Expenses
Vitamins (by prescription only to treat a medical condition)
X-Rays
Wheelchair

Not Allowed:
Cosmetic Surgery/Procedures
Insurance Premiums
Vitamins/Supplements
Any item that doesn't not constitute "Medical Care" as defined under Code section 213(d)
*After 1/1/2011-Over the Counter Drugs, Medicines and Biologicals will require a Note of Medical Necessity (NMN) or prescription from your doctor

If you need further information on a specific item not on this list please contact us prior to incurring the expense for eligibility of coverage under your 125 plan

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Over-the-Counter Expenses: Partial Listing of Eligible Expenses for Medical Care FSA Plans (subject to change)

The following represents a partial listing of eligible "over the counter" expenses for the Medical Care Reimbursement Account for Flexible Benefit Plans. *After 1/1/2011-**Over the Counter Drugs, Medicines and Biologicals will require a Note of Medical Necessity (NMN) or prescription from your doctor.** If you are unable to determine the eligibility of a particular expense, feel free to contact us prior to incurring the expense for eligibility of coverage under your 125 plan.

*Acne medication
*Allergy medications
*Antacids
*Antibiotic creams
*Anti-diarrhea medications
*Anti-fungal medications
*Anti-itch medications
*Anti-gas medications
Bandages (band-aids)
Blood pressure monitors
*Bug bite medication
*Calamine lotion
Carpal tunnel (wrist) support
*Cold medicine
Cold/hot packs for injuries
*Contraceptives
Contact lens solutions
*Cough/cold/ flu/fever reducers
Crutches
Diabetic supplies
*Diaper rash ointments
*Drugs, previously prescription
*Ear care / swimmer's ear
*Eye drops
*First aid creams/ointments
Gauze
*Head lice treatment
Hearing aid batteries
*Heartburn/indigestion meds
*Hemorrhoid creams/suppositories
Incontinence supplies
*Laxatives
Liquid adhesive
*Medicated cleanser/soap
*Menstrual cramp/pain products
*Motion sickness pills
*Mouth pain
*Nasal decongestant
*Nausea/ vomiting remedies
Nicotine gum
Nicotine patches
Night guards for teeth grinding
*Ointments for burns/sunburn
*Pain relievers / fever reducers
*Pain relievers - muscle pain
*Pedialyte for child's dehydration
*Pinworm treatment
*Poison treatment
Pregnancy test kits
*Rashes: diaper rash/ fever blisters
*Rashes: poison oak/ivy/sumac
Reading glasses
Rubbing alcohol
*Sinus medications
*Sleeping aids for insomnia
Smoking cessation treatment
Thermometers
*Throat lozenges
*Vaginal product / yeast infection
*Wart removal treatments

General purpose items and toiletries such as toothbrushes are not eligible for reimbursement.

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SECTION 125 FLEXIBLE BENEFIT PLAN
EMPLOYEE ENROLLMENT AUTHORIZATION FORM

***Required Information**

* Employer	Job Title	*Present Salary $
*Employee Last Name * First * Mid.	E Mail Address	Phone #
* Employee's Address: (Reimbursement **Checks** are sent to this address) Street	City	State Zip

* Social Security Number ___ ___ ___ / ___ ___ / ___ ___ ___ ___	Date of Birth ______/_____ / _____	Male Female	Single _____ Divorced Married _ Widowed	Hire Date ____ / ____ /____	Hrs.Worked Weekly?

*Pay Date Cycle: [ ] Weekly (52/yr) [ ] Semi-Monthly (24/yr) [ ] Bi-weekly (26/yr) [ ] Monthly (12/yr) [ ] Other ______________________________

AUTHORIZATION FOR COVERAGE AND PARTICIPATION

Effective Date:________________

I request the following amounts to be deducted from my salary **per pay period, Starting on:_____________**

To participate in Day Care, both parents must be gainfully employed.

Health Insurance Premiums $_________
______________ Other Premium $_________
______________ Other Premium $_________
______________ Other Premium $_________
HSA Bank Account Deduction $_________
Administration Fees $_________

Day Care Expenses $________________Per Pay Period = ______________ Annual
$5000.00 Maximum

Medical Expenses $________________ Per Pay Period = ______________ Annual

LTD Limited Medical $________________ Per Pay Period = ______________ Annual
LTD is for HSA participants and is for Dental/Vision Reimbursement expenses only.

Companies with Grace Period will apply expenses incurred during the first 2 & ½ months, to remaining balances from the previous plan year.

DIRECT DEPOSIT ELECTION AUTHORIZATION FOR 125 REIMBURSEMENTS

Prior year Direct Deposit information will roll over with your new election.
I elect and direct All Valley Administrators LLC to initiate deposits and/or corrections to the financial institution listed below:

Direct Deposit Reimbursements are electronically deposited into your bank account. **A Copy of/or Voided Check Must be attached.** Deposit slips are not accepted.	Begin deposits Cancel deposits Continue deposits using last years information	Checking Savings	**Routing #**________________________ **Account #**________________________ **Bank Name**________________________

- I understand electronic funds transfers (EFT) will be initiated on the normal payment cycle date.
- Deposits may take up to three (3) business days to appear in the designated account.
- NSF fees resulting from non-deposit of funds are the sole responsibility of the participant.
- Returned items due to incorrect banking information will be assessed a $25.00 fee.
- All Valley Administrators, LLC reserves the right to reverse ACH Direct Deposit transactions as deemed necessary.
- EFT notices can be viewed in your personal account, on the All Valley Administrators website: allvalleyadmin.com

I certify the information above to be correct and true to the best of my knowledge. I authorize payroll deductions from my earnings for any contribution I am making toward the cost of any of the above. Applicable funds at the end of the plan year not used for eligible expenses incurred during the plan year will be forfeited in accordance with current plan provisions and tax laws. I further understand that the Section 125 Flexible Benefit Plan deduction(s) will be in effect for the plan year and cannot be revoked unless I experience a change in my family status as defined in the Plan Document.

X____**X**_______________
Signature Date

DECLINATION OF COVERAGE AND PARTICIPATION

I have been given the opportunity to participate in the above Section 125 Flexible Benefit Plan and have elected not to do so. If I later wish to enroll in this Plan, I understand that my eligibility and effective date will be determined according to Plan Document provisions elected by my Employer.

______________________________ _______________
Signature Date

Completed Enrollment Forms Must Be Returned To Your Human Resources or Office Manager

All Valley Administrators, LLC

SECTION 125 FLEXIBLE BENEFIT PLAN

BENNY CARD RECEIPT SUBMISSION FORM

For Use with Benny Card Purchases

RECEIPTS ONLY *****RECEIPTS ONLY

This is NOT a Claim Form for reimbursement

BENNY Employer	My Daytime Phone #	
BENNY Employee's Last Name	First Name	Employee's SS#
BENNY Employee's Address (Street)	City	State Zip
BENNY Expenses Incurred By:	Relationship to Employee:	

This is Not a Claim Form

☐ **Check Here if New Mailing Address**

(1) Complete all pertinent information in the spaces provided, sign, date & return to All Valley Administrators by web account, email, fax or mail.
(2) Attach an itemized statement or receipt to support use of & payments made by your Benny Card. Multiple receipts are accepted with a single form.
(3) Statement/Receipts MUST HAVE: Date of Service, providers name and address , services provided & amount of expense purchased on your Benny Card. Daycare must have Tax ID # or SS # clearly listed for approval.

BENNY Dates of Expense:	Multiple Receipts Attached are Acceptable: **BENNY MEDICAL Expense':**	**Total Med Paid from BENNY CARD:**
		$
BENNY Dates of Expense:	**BENNY Day Care Expense:** ***	**Total Day Care Paid from BENNY CARD:**
		$

*** Dependent Day Care: **You may complete this section in lieu of a Day Care statement or receipt. *****

Provider's ID #: ______________________ Provider's Address: ____

Dependent's Name/s: | Date of Services: | Amount of Pymt Received:

__________________________ | ___________________ | ________________________

__________________________ | X ______________________________ | ________________________

Dependent Care Provider Name | Dependent Care Provider Signature | Date Signed

The undersigned participant in the Plan certifies that all expenses, for which payment has been made by use of the specialized Benny Card by submission of this form, were incurred during a period while the undersigned was covered under the Plan with respect to such expenses; and that such expenses have not been reimbursed, or are not reimbursable, under any other benefit plan coverage. The undersigned fully understands that he or she alone is responsible for the sufficiency, accuracy, and veracity of all information relating to this claim which is provided by the undersigned, and that unless an expense for which payment is claimed is a proper expense under the Plan, the undersigned may be liable for the payment of all related taxes including federal, state, or city income tax on amounts paid from the Plan which relate to such expense.

X________________________________ X__________________

Signature Date

ALL VALLEY ADMINISTRATORS, LLC

7525 North Cedar #109, Fresno, CA 93720

Phone (559) 447-1600 Toll Free (888) 344-6914 Fax (559) 447-1889

benny@allvalleyadmin.com

To be completed by All Valley Administrators	Date Receipts Received:	Letter/s sent Date	Approved Ineligible	Substantiated Date:	RECEIPTS Substantiated By:

SECTION 125 FLEXIBLE BENEFIT PLAN
CHANGE OF STATUS FORM

Employer			
Employee's Last Name	First Name	SS#	
Employee's Address	City	State	Zip

MEMBER PROFILE CHANGES

_ _ MEMBER NAME CHANGE ONLY
_ _ MEMBER ADDRESS CHANGE ONLY
_ _ MEMBER DIRECT DEPOSIT CHANGE (*Fill out required information below)*

Direct Deposit Reimbursements are electronically deposited into your bank account. **A Copy of/or Voided Check Must be attached.** Deposit slips are not accepted.	❑ Begin deposits ❑ Cancel deposits and issue manual checks ❑ Continue deposits using new account information	❑ Checking ❑ Savings	**Routing #**______________________ **Account #**______________________ **Bank Name**______________________

ELECTION CHANGE CODES

____MEDICAL INSURANCE PLAN ANNIVERSARY CHANGES
____ MARRIAGE
____ BIRTH OR ADOPTION OF A CHILD
____ EMPLOYMENT OF SPOUSE
____ AWAY ON LEAVE OF ABSENCE *Date:*__/__/__
____*Continue participation, member to make up pre tax contributions upon return from leave*
____*Continue participation, member to continue contributions post tax*
____*Stop participation*

____ TERMINATE EMPLOYMENT
____ DIVORCE
____ DEATH OF SPOUSE OR CHILD
____ TERMINATION OF SPOUSE'S EMPLOYMENT
____ BACK FROM LEAVE OF ABSENCE *Date:*__/__/__

____FAMILY DEPENDENT'S STATUS CHANGE
____ CHANGE IN PAY STATUS
____ VENDOR RATE CHANGE (Applies to Insurance Premiums, and Day Care Providers)

____ CHANGE FROM Full-Time TO Part-Time STATUS
____ CHANGE IN SPOUSE'S PAY STATUS
____ CHANGE IN SPOUSE'S CAFETERIA PLAN

EXPENSE TYPE (Please Check)	NEW DEDUCTION AMOUNT *Per Pay Period*	or DELETE
HEALTH INSURANCE PREMIUMS	$	$
HEALTH SAVINGS ACCOUNT DEDUCTIONS TO BANK	$	$
DEPENDANT DAYCARE EXPENSES	$	$
UNREIMBURSED MEDICAL EXPENSES	$	$
LIMITED MEDICAL EXPENSES *VISION and/or DENTAL ONLY*	$	$

Annual Elections can only be changed upon completion and submission of this form within 30 days of status change.

I certify that effective ___/__/__, I had a change in family and/or employment status as noted above and request that changes in my benefits be made as indicated. Change to be effective on Pay Date ____/____/____.

Signature ______________________ Date ______________

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