



SOUTHERN TIER ENVIRONMENTS FOR LIVING

TO: All Staff Members
FROM: Mark Wasiewicz, Human Resources Director
DATE: October 3, 2011
RE: Open Enrollment Period – Medical Insurance, Flexible Spending Accounts & Health Care Savings Accounts

It is the time of year again when eligible staff members may enroll or modify their medical insurance and/or Flexible Spending Account and/or change their single or family classification. **This is the only time throughout the year you may change your coverage without a qualifying event.** Please refer to Tom Whitney's letter regarding Open Enrollment and plan changes

Open Enrollment Election Form

Enclosed, please find an "Open Enrollment Election Form". Please take a minute and make your selections regarding your benefit options (even if you do not modify your coverage).

Action Required:

- Complete and return this form and any appropriate enrollment form(s) to the Human Resources Office no later than **Friday, November 4th**.

Medical Insurance Plans

Please review the benefit summaries for each plan. If you should have any questions regarding any plan coverage regarding your own unique health care needs please feel free to call:

Blue Cross/Blue Shield (888) 249-2583

Enclosed, please review the NEW December 2011-2012 Medical Insurance Rate Sheet.

We have/will disseminate several new hard copy medical insurance booklets and enrollment forms to all offices. If you need additional booklets or forms please call Sandy Maroney at 716-366-7792 x222.

Action Required:

- If you elect to change your medical insurance option to another option or "opt out" you're required to complete a new enrollment form. Complete and return the enrollment form to the Human Resources Office no later than **Friday, November 4th**.

Flexible Spending Accounts including Group Insurance Premium Reduction Accounts

Flexible Spending Accounts **DO NOT** automatically renew, this includes Premium Reduction Accounts (deductions for employee costs).

Action Required:

- Participants must complete a new Flexible Spending Account enrollment form to participate.

Health Care Savings Accounts

Health Care Savings Accounts (HSA) are available to High Deductible Medical Plan participants. Employees may use any financial institution. Northwest Savings Bank offers HSA without any set up or monthly fees. Northwest Savings Bank representatives will be out at the beginning of November to enroll employees. Enrollment/meeting dates forthcoming. Note: Agency seed money will be placed in the HSA on following schedule:

Pay Dates	Single	Family
December 1, 2011	\$90.00	\$133.00
January 12th through September 6th	\$15.00	\$22.17

Action Required:

- Participants must establish a HSA account (unless the participant already has an account established) by November 11th AND submit the account information to the accounting department on a direct deposit form.

Again, please return the election form and enrollment application(s) to the Human Resources Office no later than Friday, November 4th. Please feel free to call me at (716) 366-7792 X 212 if you have any questions about plan eligibility.



Southern Tier Environments for Living

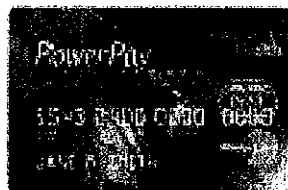
FSA Plan Year- 12/1/2011 – 11/30/2013

FSA Information

- The maximum contribution to the **Unreimbursed Medical Account** is \$3,000.00 per plan year, the minimum is \$300.00 per plan year.
- The maximum contribution to the **Dependent Care Account** is \$5,000.00 per tax filing/ plan year, the minimum is \$300.00 per plan year.
- The maximum contribution to the **Adoption Assistance Account** is \$12,150.00 per tax filing/ plan year, the minimum is \$300.00 per plan year.
- The maximum contribution to the **Individual Premium Account** is \$3,000.00 per tax filing/ plan year, the minimum is \$300.00 per plan year.
- You have until **1/31/2013** to submit for reimbursement any remaining FSA claims for expenses you incurred during the plan year ending 11/30/2012.

Claims are processed and reimbursements are scheduled weekly on Mondays.

Claims should be submitted to:
Independent Health/ FSA Administration
511 Farber Lakes Drive
Buffalo, NY 14221 -or-
Via Fax: (716) 774-8092





Flexible Spending Account Enrollment Form

Employer: STEL, Inc.

Section 1 – Employee Information

Last Name _____ First Name _____ Social Security Number _____
 Address _____
 City _____ State _____ Zip _____
 Home Phone _____ Daytime Phone _____
 Date of Birth _____
 Email Address _____
 First Time Enrollment Re-Enrollment Address Change Gender: Male Female

Section 2 – Benefit Description

Benefit Description	Per Pay Period Amount	Annual Deduction Amount
Unreimbursed Medical Account	_____	_____
Dependent Care Reimbursement Account	_____	_____
Individual Health/Disability Premium Account	_____	_____
Adoption Assistance Account	_____	_____

Section 3 – Spouse & Dependent(s) Information: (Include only those dependents you will be including on your Federal Income Tax Return)

A	Spouse & Dependent(s) Name	Social Security Number	Date of Birth	Relationship
B				
C				
D				

Section 4 – Signature

I certify I will have the above total amount deducted from each of my paychecks. I understand this will lower my gross pay, and consequently, my tax base and my Social Security base. I also understand that I cannot make any changes during the plan unless I experience a change in family status. In addition, I certify that if I am issued a debit card with this benefit, I will only use it for eligible medical and/or dependent care expenses as defined by the IRS under Section 213 and/or section 21 for my spouse, dependents, and myself. I also certify any expense paid using such debit card has not been reimbursed by any other plan covering health benefits, nor will I seek reimbursement under any other plan or deduct such expenses on my income tax return. I understand this certification is reaffirmed each time the card is used and I agree to acquire and retain sufficient documentation for any expense paid with the card, and submit such documentation as substantiation when requested.

Participant Signature _____ Date _____

Employer Use Only

Open enrollment New Hire Effective Date: ____/____/____ First Payroll Deduction Date: ____/____/____
 Dept/Division: _____
 Administrator Initials: _____ Date: _____

**Healthcare Savings Account
&
Flexible Spending Account
Election Form 2011- 2012**

Attention: High Deductable Plan Participants

Please choose how you would like us to apply your seed money:

_____ I would like my seed money placed in my Healthcare Savings Account.

Action Required #1: Participants will need to establish or have an existing Healthcare Savings account with Northwest Saving Bank or another financial institution.

Action Required #2: After a Health Care Saving Account is established participants may elect to contributed additional money to the account on a pre-tax basis up to the 2012 annual contribution amount of \$3100 – Single and \$6,250 – Family.

_____ I would like my seed money placed in my Flexible Spending – Unreimbursed Medical Account.

Action Required: Participants will need to enroll in the Flexible Spending Account Plan by completing an FSA enrollment form.

Submitted by:

Print Participant Name

Participant Signature

Date