

## *Key Points To Remember*

- Payroll deductions for this year's enrollment: January 28, 2012
- For employees that are currently enrolled in the Standard Life STD, As-surity Cancer or Transamerica Accident Plans, you will be required to see a Mark III representative to **re-elect** those coverages with our new carri-ers.. Your existing coverage WILL NOT rollover automatically for these products. If you do not see a Mark III representative, you WILL lose your coverage.
- Please remember the late entrant provision on the dental plan:  
There is a 12 month waiting period on all services except for cleanings, exams, and fluoride applications for employees who do not enroll when first eligible for coverage. The waiting period will be waived for employees who enroll when first eligible. Annual enrollment is NOT considered the date of your eligibility.
  - Please be advised that recent Senate legislation has stated that effective January 1, 2011, participants are required to have a prescription for Over-the-Counter ("OTC") products to be eligible under their FSA plan. Therefore a prescription or letter of medical necessity would be required after January 1, 2011 for OTC items. You will not be able to use your debit card for OTC items as of January 1, 2011.
- Please remember that elections made during annual enrollment **cannot be changed once the enrollment period ends** unless you have a quali-fying event such as marriage, divorce, death of a spouse or child, birth or adoption, termination of employment or change in employment hours from full-time to part-time or vice-versa.
- If you should have a qualifying event, you will have 30-days from the date of the qualifying event to request a change to your current benefit enrollment and FSA elections. All requests must be made in writing to Gale Clary at the Alexander County Schools benefits office.
- All claims for reimbursement must be submitted within 90 days following the end of the plan year, or if earlier, 90 days following the date you cease to participate in the plan, or the claims will be denied. Any money remain-ing in the account(s) after the 90-day grace period will be forfeited.
- You must **re-elect** your Gilsbar Medical Spending and Dependent Care Accounts each year. They do not automatically carry-over to the next year.

- For *current* Gilsbar participants, your existing Gilsbar account will be replenished as long as you re-elect the Medical Spending Account. Your card is good for 3 years from the issue date.
- For *new* Gilsbar participants, a card will be mailed to your home in a **plain white envelope** with no reference to Gilsbar. Again, this card will be good for three (3) years from issue date as long as you re-elect the Medical Spending Account each year.
- Medical Reimbursement and Dependent Care expenses must be *incurred during the plan year* to be eligible for reimbursement.
- Any questions regarding your Gilsbar Medical Reimbursement or Dependent Care Account can be directed to [www.myGilsbar.com](http://www.myGilsbar.com), or you can call Gilsbar's Customer Contact Center at 1-800-445- 7227 ext. 883.
- To access your Gilsbar account online:
  1. Go to [www.mygilsbar.com](http://www.mygilsbar.com) to register with a valid email address and your Group Number. The group number is **S2561**.
  2. Once logged in, click the Reimbursement Account Center link on the left navigation bar.
- Questions regarding all other benefits can be directed to Gale Clary (828) 632-7001 x217 or [gclary@alexander.k12.nc.us](mailto:gclary@alexander.k12.nc.us) or you can call the carriers direct..