

Key Points to Remember

- Payroll deduction: November 29, 2011
- ***For this year's enrollment only***, MetLife has agreed to the following:
 - Employees that currently have optional term life coverage may increase their coverage ***up to*** an additional \$50,000 not to exceed the limits offered by Randolph County Schools and no more than a total of \$150,000 without evidence of insurability.
 - Employees that do not have optional term life may add coverage up to \$20,000 without evidence of insurability.
 - The above applies to employee coverage only. It does not include spouse or children.
- Annual enrollment will be the only time you are allowed to sign up for coverage or make changes to your existing coverage.
- Dental Late Entrant: 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 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.
- Elections made during annual enrollment **cannot be changed once the enrollment period ends** unless you have a qualifying 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 Debra Brower at the Randolph 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 remaining in the account(s) after the 90-day grace period will be forfeited.
- Terminated employees have 90-days following their date of termination to submit claims incurred prior to their termination date.
- 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 Flexible Spending Account. Debit cards for the medical spending accounts are 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, or you can call Gilsbar's Customer Contact Center at 1-800-445- 7227 ext. 883.
- Access your Gilsbar account online.
 1. Go to www.mygilsbar.com to register with a valid email address and your Group Number. The group number is **S2560**.
 2. Once logged in, click the FSAs/HRAs link on the left navigation bar.
- Any questions regarding all other benefits can be directed to Debra Brower at 336-318-6142 or dbrower@randolph.k12.nc.us.