



The Preferred Group  
 PO Box 15136  
 Albany, NY 12212-5136  
 (866) 989-8995



WLT10065

## Essex County PG Blue - FSA Enrollment Form

Your Account Information Is Online  
[www.ThePreferredGroup.com](http://www.ThePreferredGroup.com)

— Please Read, Fill Out Carefully & Return to Personnel Office

**DIRECTIONS:** Employee — Complete Sections 1, 2, 3 and 4 then return to your employer  
 Employer — Complete 'Change Type' Box and complete Section 5

<b>Section 1 Employee Information</b>			
Employer Group #	Employer Group Name	Plan Year	Social Security Number
<b>10065</b>	<b>Essex County</b>	<b>1/1/2024 to 12/31/2024</b>	_____ - ____ - ____
Employee Name (First Name)		(Last Name)	
Employee Address (Street, Apt. #)			Date of Birth (mm/dd/yyyy)
Employee Address (City, State, Zip Code)			____/____/____
Home Phone	Cell Phone	Email Address (Please allow email from <a href="mailto:benefitsinfo@thepreferredgroup.com">benefitsinfo@thepreferredgroup.com</a> )	

**Section 2 Flexible Spending Plan Benefit Elections**

I am enrolled in the Essex County's Medical Insurance Premium Plan, and elect to have my portion of medical premiums paid on a pre-tax basis, for this and subsequent years.

I am enrolled in Essex County's Medical Insurance Premium Plan, but do NOT elect to have my portion of medical premiums paid on a pre-tax basis, for this and subsequent years.

I elect NOT to participate in the Essex County's unreimbursed medical and dependent day care plan.

Account Type	Fund#	New Election	# of Pay Periods	Total Bi Weekly Deduction
MEDICAL FSA <span style="float: right;">(\$3,050 max)</span>	1			
DEPENDENT DAY CARE <span style="float: right;">(\$5,000 max/\$2,500 if married, filing separately)</span>	2			

**Section 3 Reimbursement Options**

If you wish to have your reimbursements directly deposited to your bank account, please fill in the line below.

Direct Deposit Setup: Bank Name \_\_\_\_\_ Routing # \_\_\_\_\_ Acct # \_\_\_\_\_

Initial to Request Debit Card \_\_\_\_\_

Please note: By entering the above information you are enrolling into these specified programs and are validating your dependent information. For more information on these options including the timing of reimbursements, please see your Summary Plan Description.

**Section 4 Signature and Acceptance of Rules of Flexible Spending Plan Rules**

**Salary Redirection Agreement (Please read and sign below):** I have read and understand the explanation I have received regarding my options under this Flexible Benefits Program. I hereby apply for the options listed above and I authorize my employer to redirect my salary during the plan year as indicated. I understand that I am only entitled to the amount of the above elections and cannot change any of my elections during the plan year (unless I have an acceptable change in status), and that any money left in my account(s) at the end of the plan year will be treated in accordance with my employer's FSA plan document.

Employee Signature	Date
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**Section 5 Employer's Section — Payroll Information for Salary Reduction Changes** # Payrolls **26**

Fund	First Payroll Date	Last Payroll Date	YTD Deductions	Per Payroll Deduct	Use 'First Payroll Date' and employer signature ONLY if the employee is making a mid-year election. Use the 'Last Payroll Date' and 'YTD Deductions' if changing an old election or termination.
FSA					
DCA					

Employer Signature	Date
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Date: Friday October 20, 2023

From: Preferred Group Plans Benefits Services

To: Essex County FSA Plan Eligible Employees

We are pleased to announce that it's open enrollment time for the Essex County FSA Plan administered by The Preferred Group! The Preferred Group with its same day processing and quick response live phone coverage will answer your inquiries and handle your claims quickly and efficiently.

The Essex County FSA Plan Year will run from 1/1/2024 to 12/31/2024 for the coming year. The health portion of your account is pre-funded by the County. This means if you elected the maximum amount to fund your account, (\$3,050 max), would be available to you on 1/1/2024. The Dependent Day Care account is funded only by the monies deducted from your paychecks and will only have the available funds up to the amount that you have deposited (\$5,000max/\$2,500if married, filing separately). As it has been in prior years, you will have 90 days after 12/31/2023 to submit claims for bills with dates of services prior to 12/31/2023.

The Essex County FSA Plan allows employees to put money away to pay for out-of-pocket medical and Dependent Day Care expenses on a pre-tax basis. **This lowers your taxable income and saves you money.**

This plan will be able to have reimbursement claims filed by mail, fax, or online submission. If you are interested, you can sign up to receive a **benefit debit card** to use at the pharmacy, doctors office or hospital. Please remember that you will need to save all receipts for expenses for which you are being reimbursed through the FSA plan. There is a reimbursement voucher in your enrollment kit or you can download one at [www.thepreferredgroup.com](http://www.thepreferredgroup.com) and select "Resources" and "Forms". All vouchers submitted for Reimbursement must contain the following; date of service, description of service or product, amount, provider's name and address. All Dependent Care Claims must include the provider's Tax I.D. or Social Security number.

In the event of a termination there is a 90 day filing period in which to submit eligible expenses for reimbursement as of the date that you had been terminated from service.

All paper claims should be sent to The Preferred Group, PO Box 15136, Albany, NY, 12212-5135. Please remember, once registered on the benefits portal you will be able to submit your claims and scanned receipts into the secure messaging section. We also accept your manual claims by fax at (518) 641-0325. Our Benefit Services line is (866) 989-8995 and we will be happy to answer any of your questions.

The Preferred Group Benefit Services line is available Monday thru Friday 8 am – 4:30 pm.

## **Important Information Regarding the Current Plan Year for the Participants**

The deadline for submission of current plan year claims is **90 days** after 12/31/2023. Your current Debit Card will remain in effect until the **expiration date** listed on the card. In order to receive any remaining current plan year funds left in your current FSA account after the 12/31/2023 deadline, you will need to submit a paper claim to The Preferred Group.