

AGENDA PLACEMENT FORM

(Submission Deadline – Monday, 5:00 PM before Regular Court Meetings)

Date: 9-13-2024
Meeting Date: 9-23-2024
Submitted By: Randy Gillespie
Department: Personnel
Signature of Elected Official/Department Head:
Randy Gillespie

Court Decision: <small>This section to be completed by County Judge's Office</small>
 9-23-24

Description:

Consideration to ratify the renewal of our Flexible Spending Account plan with PlanSource for the extended Plan Year 10/01/2024 - 12/31/2024.

(May attach additional sheets if necessary)

Person to Present: Randy Gillespie

(Presenter must be present for the item unless the item is on the Consent Agenda)

Supporting Documentation: (check one) PUBLIC CONFIDENTIAL

(PUBLIC documentation may be made available to the public prior to the Meeting)

Estimated Length of Presentation: _____ minutes

Session Requested: (check one)

Action Item Consent Workshop Executive Other _____

Check All Departments That Have Been Notified:

County Attorney IT Purchasing Auditor
 Personnel Public Works Facilities Management

Other Department/Official (list) _____

**Please List All External Persons Who Need a Copy of Signed Documents
In Your Submission Email**

Thank you for choosing to renew your Flexible Spending Account plan with PlanSource. We are excited to be working with you and your employees over the next plan year. Below is a guide of what is needed to complete your FSA plan renewal. If you have any questions at all during the renewal process, please do not hesitate to contact us.

- This packet has a summary of how your current plan is set up.
- Please update Primary contact information and review the plan set up. This packet should be returned within 30 days from receipt of this packet.
- If no changes are required, please initial and sign on page 4. If no response is received from the initial email notification after 30 days, we will send 1 follow up email. If no response is received, we will assume the renewal has no changes.
- If you elect to have your DCA/FSA deposits on an auto-deposit calendar, please fill out the payroll calendar section on page 3.
- We will automatically increase the plan limits to align with any IRS updates for that reporting year. If you wish to be excluded, you can simply manage the plan limits in the PlanSource ben-admin renewal.

EMPLOYER INFORMATION

Employer Name: Johnson County Employer Federal ID (9 digits): 756001030

PLAN YEAR

Plan Year Dates

Short Plan Year Dates (Optional) - This plan is a short-plan year that begins 10/01/2024 and ends on 12/31/2024.

PLAN CONTACTS

Primary HR Contact

Name: Darla Medford Title: Benefits Coord. Telephone: 817 556-6349 Email: dmedford@johnsoncountytexas.org

Primary Billing Contact (if different than above)

Name: Laura Baxter Title: Personnel Asst. Telephone: 817 556-6162 Email: laurab@johnsoncountytexas.org

Broker/Agent Contact

Name: Julie Rickman Title: AVP, Client Service Telephone: 214 265-6309 Email: jrickman@holmesmurphy.com

Additional Contact - *Optional

Name: Randy Gillespie Title: Personnel Director Telephone: 817 556-6350 Email: randyg@johnsoncountytexas.org

FSA PLAN SET-UP

Plans offered and Contribution Limits	2024 IRS Max	2024 Max Contributions
General purpose healthcare Flexible Spending Account (FSA)	\$3,200/yr	\$ Max- \$800

Limited purpose FSA (LP)	\$3,200 /yr	\$ Max- \$800
Dependent Care Spending Account (DCA)	\$5,000 /yr	\$ Max-\$1250
Transportation/Parking Reimbursement Account	\$315 /mo	\$ Max-\$315

* New IRS limits are released during fourth quarter for the upcoming year. If you would like to elect the maximum amount after the new 2023 limits are released, then type "MAX" in the appropriate cell under "2023 Max Contributions."

POST PLAN YEAR ADMINISTRATION

Carryover options - utilized FSA funds in next plan year

Offer Carry Over? (If electing Carryover, you may select only ONE Carryover option.)

- Yes - Carryover* - 20% of IRS Maximum Option (Example: 20% of 2023 IRS FSA max \$3,050 is \$610)
- Yes - Carryover* - Flat Dollar Amount Option \$ _____ (Must be at OR less than 20% of the current IRS Maximum)
- No Carryover

**Please note that the FSA Carryover is only applicable to the Medical and Limited Purpose FSA. It is not permitted for the Dependent Care FSA.*

Grace Period - extension allowing participants to incur new expenses post plan year end

Offer Grace Period?

- Yes - Grace Period* 75 days (IRS limit) or Number of days _____
- No Grace Period

**If offering the Carryover option, then the Grace period will only apply to non-medical FSAs.*

Run-Out - extension to file claims, for transactions incurred within the previous plan year

Plan Year Run-Out Period (available with both the Carryover and Grace Period)

- 30 60 90 Other: 75

Run-Out Example:
 - You have a doctor's visit in Dec 2021
 - You can file your claim in Jan 2022
 - Towards 1/1/21 - 12/31/21 plan year

Elect Termination Run-Out Period?

Pre-funded Benefits (Medical/Limited FSA): 30 60 90 Other: _____

Payroll Based Benefits (Dependent Care/Transit/Parking FSA): 30 60 90 Other: _____

(Debit cards are immediately deactivated upon notification of termination/separation of employment. Manual claims can be submitted per employer's grace period.)

PAYROLL

PAYROLL CALENDAR **Required*

Number of Payroll Periods:

- Weekly (52)
- Biweekly (26)
- Semi-Monthly (24)
- Monthly (12)
- Other: _____

** If you already have a Payroll Calendar ready in Excel or Word format, you are welcome to attach that to your reply email instead. Please be sure that the Excel or Word document includes ALL the details listed on this page.*

I have attached an Excel or Word Payroll Calendar instead

Are deductions taken each time the employee is paid?

- Yes
- No - If no, please list payroll dates without deductions: 11/29/2024

If your pay date falls on a weekend/holiday, then the pay date will move to:

- Previous day
- Next business day

Please list ALL payroll dates that deductions will be taken for this **10/01/2024** to **12/31/2024** plan year :

Interactive Table – Click a <u>blank field</u> to enter a date			
January	February	March	April
May	June	July	August
September	October	November	December
	10/4/2024	11/1/2024	12/13/2024
	10/18/2024	11/15/2024	12/27/2024
Other payroll dates if applicable:			

If there are no updates to this year's FSA plan, please check the box below and initial

- No Updates, Plan Stays the same

Initial here: ___RG_____

AUTHORIZED SIGNATURE

By providing my E-signature below I certify that I have read and understand the information within this application and that all information provided herein is true and accurate to the best of my knowledge.

Dated this 09 day of 13, 2024

E-Signature: Randy Gillespie

Title: Personnel Director