



**REGENTS OF THE UNIVERSITY OF NEW MEXICO FLEXIBLE ACCOUNT PLAN
PARTICIPANT BOOKLET**

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REGENTS OF THE UNIVERSITY OF NEW MEXICO FLEXIBLE ACCOUNT PLAN

INTRODUCTION

We have amended the "Flexible Benefits Plan" that we previously established for you and other eligible employees. Under this Plan, you will be able to choose among certain benefits that we make available. The benefits that you may choose are outlined in this Participant Booklet. We will also tell you about other important information concerning the amended Plan, such as the rules you must satisfy before you can join and the laws that protect your rights.

One of the most important features of our Plan is that the benefits being offered are generally ones that you are already paying for, but normally with money that has first been subject to income and Social Security taxes. Under our Plan, these same expenses will be paid for with a portion of your pay before Federal, State income, or Social Security taxes are withheld. This means that you will pay less tax and have more money to spend and save.

Read this Participant Booklet carefully so that you understand the provisions of our amended Plan and the benefits you will receive. This Participant Booklet describes the Plan's benefits and obligations as contained in the legal Plan document, which governs the operation of the Plan. The Plan document is written in much more technical and precise language. If the non-technical language in this Participant Booklet and the technical, legal language of the Plan document conflict, the Plan document always governs. If you wish to receive a copy of the legal Plan document, please contact the Plan Administrator or it's designee.

This Participant Booklet describes the current provisions of the Plan which are designed to comply with applicable legal requirements. The Plan is subject to federal laws, such as the Internal Revenue Code and other federal and state laws which may affect your rights. The provisions of the Plan are subject to revision due to a change in laws or due to pronouncements by the Internal Revenue Service (IRS) or other federal agencies. We may also amend or terminate this Plan. If the provisions of the Plan that are described in this Participant Booklet change, we will notify you.

We have attempted to answer most of the questions you may have regarding your benefits in the Plan. If this Participant Booklet does not answer all of your questions, please contact the Plan Administrator (or it's designee). The name and address of the Plan Administrator (and its designee) can be found in the Article of this Participant Booklet entitled "General Information About the Plan."

I ELIGIBILITY

1. **When can I become a Participant in the Plan?**

Before you become a Plan member (referred to in this Participant Booklet as a "Participant"), there are certain rules which you must satisfy. First, you must meet the eligibility requirements and be an active employee. After that, the next step is to actually join the Plan on the "entry date" that we have established for all employees. The "entry date" is defined in Question 3 below. You will be required to complete the enrollment process to enroll in the Plan.

2. **What are the eligibility requirements for our Plan?**

You become eligible to enroll on the first day you are employed in a benefits-eligible position.

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3. When is my entry date?

Once you have met the eligibility requirements, your entry date will be the first day of the month following the date your properly completed enrollment is received by the Benefits Department. You must elect your contributions within the first 60 calendar days from the date of eligibility.

If you do not elect to participate in the plan when you are first eligible, your next opportunity to elect to participate will be as of the first day of the next plan year, or if you enroll due to an eligible Qualifying Life Event (see section III Contributions, Question 5).

You will stop being a Participant eligible to receive benefits from the Plan on the last day of the month in which you are no longer an Eligible Employee or the last day of the month following your termination of employment, or transition to a benefit-ineligible or UNM retiree status. See Section V for forfeiture details.

4. Which employees are eligible to join the plan?

There are certain employees who are eligible to join the Plan. Eligible Employees are:

- regular staff employees who are full-time or part-time and have an appointment percent of 50% or greater
- term or contract staff employees who are full-time or part-time, have an appointment percent of 50% or greater, and have a minimum three (3) month term appointment or contract
- temporary staff employees who have an appointment percent of 75% or greater and have a minimum three (3) month appointment are eligible for certain Benefit Plans
- faculty members who have a minimum three (3) month contract and have an appointment percent of 50% or greater
- adjunct faculty who have a minimum three (3) month contract and have an appointment percent of 75% or greater are eligible for certain Benefit Plans
- post-doctoral fellows who have a minimum three (3) month contract and have an appointment percent of 50% or greater are eligible for certain Benefit Plans
- Resident Physicians employed by University of New Mexico Graduate Medical Education

5. What must I do to enroll in the Plan?

Before you can join the Plan, you must satisfy eligibility requirements, and complete and submit your enrollment to participate in the Plan. The enrollment includes your personal choices for each of the benefits which are being offered under the Plan. You must also authorize us to set some of your earnings aside in order to pay for the benefits you have elected.

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II OPERATION

1. How does this Plan operate?

Before the start of each Plan Year, you will be able to elect to have some of your upcoming pay contributed to the Plan. These amounts will be used to pay for the benefits you have chosen. The portion of your pay that is paid to the Plan is not subject to Federal income or Social Security taxes. In other words, this allows you to use tax-free dollars to pay for certain kinds of benefits and expenses which you normally pay for with out-of-pocket, taxable dollars. However, if you receive a reimbursement for an expense under the Plan, you cannot claim a Federal income tax credit or deduction on your return. (See the Article entitled "General Information About Our Plan" for the definition of "Plan Year.")

III CONTRIBUTIONS

1. How much of my pay may the Employer redirect?

Each year, you may elect to have us contribute on your behalf enough of your compensation to pay for the benefits that you elect under the Plan. These amounts will be deducted from your pay over the course of the year. The maximum annual election available for the benefits offered are shown in Section IV Benefits.

2. What happens to contributions made to the Plan?

Before each Plan Year begins, or during your designated enrollment period before your Plan entry date, you will select the benefits you want and how much of the contributions should go toward each benefit. It is very important that you make these choices carefully based on what you expect to spend on each covered benefit or expense during the Plan Year. Later, they will be used to reimburse you for qualified medical and/or dependent care expenses as they arise during the Plan Year. See Section V for forfeiture details.

3. When must I decide which accounts I want to use?

You are required by Federal law to decide before the Plan Year begins, during the election period (defined below) or during your designated enrollment period before your Plan entry date. You must decide two things. First, which benefits you want and, second, how much should go toward each benefit.

4. When is the election period for our Plan?

You will make your initial election before your entry date. (You should review Section I on Eligibility to better understand the eligibility requirements and entry date.) Then, for each following Plan Year, the election period is established by the Plan Administrator and applied uniformly to all Participants. It will normally be a period of time prior to the beginning of each Plan Year. The Plan Administrator, or its designee, will inform you each year about the election period. (See the Article entitled "General Information About Our Plan" for the definition of Plan Year.)

5. May I change my elections during the Plan Year?

Generally, you cannot change the elections you have made after the beginning of the Plan Year. However, there are certain limited situations when you can change your elections. You are permitted to change elections if you have a "Qualifying Change in Status event " and you make an election change that is consistent with the change in status. You must notify the Plan Administrator, or its designee, of a Qualifying Change in Status event no later than 60 calendar days after the event. The effective date of any resulting compensation reduction election will be the first of the month following the receipt of an approved enrollment that corresponds with the change in family status. Currently, Federal law considers the following events to be an IRS qualified change in family status:

- Marriage, divorce, death of a spouse, legal separation or annulment;
- Change in the number of dependents, including birth, adoption, placement for adoption, or death of a dependent;
- Any of the following events for you, your spouse or dependent: termination or commencement of employment, a strike or lockout, commencement or return from an unpaid leave of absence, or any other change in employment status that affects eligibility for benefits;
- One of your dependents satisfies or ceases to satisfy the requirements for coverage due to change in age, student status, or any similar circumstance. (For Dependent Care FSA expenses, this includes a dependent child turning age 13. Child care after age 13 is no longer an eligible expense, unless certified as mentally/physically incapable of self-care.)
- A change in the place of residence of you, your spouse or dependent that would lead to a change in status, such as moving out of a coverage area for insurance.
- You take leave under FMLA

In addition, if you are participating in the Dependent Care Flexible Spending Account, there is a change in status if your dependent no longer meets the qualifications to be eligible for dependent care or you experience a change in cost of daycare expenses due to change in provider or daycare needs.

There are detailed rules on when a change in election is deemed to be consistent with a change in status. In addition, there are laws that give you rights to change health coverage for you, your spouse, or your dependents. If you change coverage due to rights you have under the law, then you can make a corresponding change in your elections under the Plan. If any of these conditions apply to you, you should contact the Plan Administrator, or it's designee.

You may not change your election under the Dependent Care Flexible Spending Account if the cost change is imposed by a dependent care provider who is your non-dependent relative.

6. May I make new elections in future Plan Years?

Yes, you may. For each new Plan Year, you may change the elections that you previously made if you elect to re-enroll. You may also choose not to participate in the Plan for

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the upcoming Plan Year. If you do not make new elections during the election period before a new Plan Year begins, we will consider that to mean you have elected not to participate for the upcoming Plan Year.

IV BENEFITS

1. What benefits are available?

Under our Plan, you can choose to receive your entire compensation or use a portion to pay for the following benefits or expenses during the year:

Health Care Flexible Spending Account:

The Health Care Flexible Spending Account enables you to pay for eligible expenses allowed under Sections 105 and 213(d) of the Internal Revenue Code which are not covered by our health plan and save taxes at the same time. The Health Care Flexible Spending Account allows you to be reimbursed by the Employer for eligible out-of-pocket medical, dental and/or vision expenses incurred by you and your dependents.

Eligible expenses generally include all health care expenses that you may deduct on your federal income tax return, although health insurance premiums are not an eligible expense for the Health Care Reimbursement Account. Medicines or drugs are eligible expenses only if such medicine or drug is a prescribed drug (determined without regard to whether such drug is available without a prescription) or is insulin (unless otherwise excluded).

Prescription drug costs may be reimbursed. You may not, however, be reimbursed for the cost of other health care coverage maintained outside of the Plan, or for long-term care expenses. A list of covered expenses is available from the Plan Administrator or its designee.

The most that you can contribute to your Health Care Flexible Spending Account during this Plan Year is \$2,750.00. The dollar limit may increase annually for cost of living adjustments and will be announced prior to each Plan Year. In addition, you will be eligible to carry over amounts left in your Health Care Flexible Spending Account, up to \$550. This means that amounts you do not use during a Plan Year can be carried over to the next Plan Year and used for expenses incurred in the next Plan Year. You must remain in an Eligible Employee status in order to access to the carry-over funds. In order to be reimbursed for a health care expense, you must submit to the Plan Administrator or its designee an itemized bill from the service provider. You may be provided with a debit or stored value card to use to pay for qualified medical expenses, such as co-pays, deductibles, medical equipment and prescription drug costs. The Plan Administrator or its designee will provide you with further details. Amounts reimbursed from the Plan may not be claimed as a deduction on your personal income tax return. Reimbursement from the spending account shall be paid at least once a month. Expenses under this Plan are treated as being "incurred" when you are provided with the care that gives rise to the expenses, not when you are formally billed or charged, or you pay for the medical care.

The IRS requires participants to save original store (or provider of service) itemized receipts for every expense transaction. In the event of an IRS audit, these documents will be needed to prove expense eligibility.

There are instances when you may receive a letter/notification from the Plan's Third Party Administrator asking you to furnish an itemized receipt to verify the expense. When you

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receive such a request, make sure you submit the receipts as soon as possible to avoid having your Card suspended until receipts have been submitted and approved.

Dependent Care Flexible Spending Account:

The Dependent Care Flexible Spending Account enables you to pay for out-of-pocket, work-related dependent day-care cost with pre-tax dollars. If you are married, you can use the account if you and your spouse both work or, in some situations, if your spouse goes to school full-time. Single employees can also use the account.

An eligible dependent is someone for whom you can claim expenses on Federal Income Tax Form 2441 "Credit for Child and Dependent Care Expenses." Children must be under age 13. Other dependents must be physically or mentally unable to care for themselves. Not all expenses qualify as Dependent Care assistance. Only expenses that are excludable from income under federal tax may qualify as Dependent Care assistance. Some of examples of expenses that qualify are:

- (a) A Licensed adult or child Day Care Center.
- (b) An Educational Institution for pre-school children. For older children, only expenses for non-school care are eligible; and
- (c) An "Individual" who provides adult or child care inside or outside your home: The "Individual" care giver may not be a spouse or a child of yours under age 19 or anyone you claim as a dependent for Federal tax purposes.
- (d) Before and after school programs
- (e) Summer/school vacation day care (not overnight)

You should make sure that the dependent care expenses you are currently paying for qualify under our Plan. You may be provided with a debit or stored value card to use to pay for dependent care expenses. The Plan Administrator or designee will provide you with further details.

The law places limits on the amount of money that can be paid to you in a calendar year from your Dependent Care Flexible Spending Account. The maximum amount of expense that may be contributed/reimbursed during this Plan Year is \$5,000 (\$2,500 if you are married filing a separate return). The amount payable may also not be greater than the amount of your earned income or the earned income of your spouse. Special rules apply in the case of a spouse who is a student or incapable of caring for himself/herself.

Also, in order to have the reimbursements made to you from this account be excludable from your income, you must provide a statement from the service provider including the name, address, and in most cases, the taxpayer identification number of the service provider on your tax form for the year, as well as the amount of such expense as proof that the expense has been incurred. In addition, Federal tax laws permit a tax credit for certain dependent care expenses you may be paying for even if you are not a Participant in this Plan. You may save more money if you take advantage of this tax credit rather than using the Dependent Care Flexible Spending Account under our Plan. Ask your tax adviser which is better for you.

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V
BENEFIT PAYMENTS

1. When will I receive payments from my accounts?

During the course of the Plan Year, you may submit requests for reimbursement of qualified expenses you have incurred. Expenses are considered "incurred" when the service is performed, not necessarily when it is paid for. The Plan Administrator or designee will provide you with acceptable forms for submitting these requests for reimbursement. If the request qualifies as a benefit or expense, you will receive a reimbursement payment soon thereafter. Remember, these reimbursements which are made from the Plan are generally not subject to federal income tax or withholding. Nor are they subject to Social Security taxes. You will only be reimbursed from the Dependent Care Flexible Spending Account to the extent that there are sufficient funds in the Account to cover your request.

2. What happens if I don't spend all Plan contributions during the Plan Year?

Health Care Flexible Spending Account:

If you have not spent all the amounts in your Health Care Flexible Spending Account you will be eligible to carry over amounts left in your Health Care Flexible Spending Account, up to \$550. This means that amounts up to \$550 that you do not use during a Plan Year can be carried over to the next Plan Year and used for expenses incurred in the next Plan Year. You must remain in an Eligible Employee status in order to access to the carry-over funds.

Any monies left at the end of the Plan Year that exceed the \$550 carryover amount will be forfeited. Qualifying expenses that you incur late in the Plan Year for which you seek reimbursement after the end of such Plan Year will be paid first before any amount is forfeited. For the Health Care Flexible Spending Account, you must submit claims no later than the last day of the fifth month following the end of the Plan Year.

Dependent Care Flexible Spending Account:

If you have not spent all the amounts in your Dependent Care Flexible Spending Account by the end of the Plan Year, you may continue to incur claims for expenses during the "Grace Period." The "Grace Period" extends until the fifteenth day of the third fiscal month after the end of the Plan Year, during which time you can continue to incur claims and use up all amounts remaining in your Dependent Care Flexible Spending Account.

Any remaining unclaimed monies left at the end of the Plan Year Grace Period will be forfeited. For the Dependent Care Flexible Spending Account, you must submit claims no later than the last day of the fifth month following the end of the Plan Year. Because you may forfeit amounts in the Plan if you do not fully use the contributions that have been made, it is important that you decide how much to place in each account carefully and conservatively. Remember, you must decide which benefits you want to contribute to and how much to place in each account before the Plan Year begins. You want to be as certain as you can that the amount you decide to place in each account will be used up entirely.

3. Family and Medical Leave Act (FMLA) or other Employer Approved Leave of Absence Without Pay

If you take leave under the Family and Medical Leave Act or other Employer approved Leave of Absence Without Pay, you may revoke or change your existing elections for the Health Care Flexible Spending Account and/or the Dependent Care Flexible Spending Account. If your coverage in these benefits terminates, due to your revocation of the benefit while on leave or due to your non-payment of contributions, you will be permitted to reinstate coverage for the remaining part of the Plan Year upon your return. You may continue your coverage or you may revoke your coverage and resume it when you return. You can resume your coverage at its original level and make payments for the time that you are on leave. For example, if you elect \$1,200 for the year and are out on leave for 3 months, then return and elect to resume your coverage at that level, your remaining payments will be increased to cover the difference - from \$100 per month to \$150 per month. Alternatively, your maximum amount will be reduced proportionately for the time that you were gone. For example, if you elect \$1,200 for the year and are out on leave for 3 months, your amount will be reduced to \$900. The expenses you incur during the time you are not in the Health Care Flexible Spending Account and/or Dependent Daycare Account are not reimbursable.

If you continue your coverage during your unpaid leave, you may pre-pay for the coverage, you may pay for your coverage on an after-tax basis while you are on leave, or you and your Employer may arrange a schedule for you to "catch up" your payments when you return.

4. Uniformed Services Employment and Reemployment Rights Act (USERRA)

If you are going into or returning from military service, you may have special rights to health care coverage under your Health Care Flexible Spending Account under the Uniformed Services Employment and Reemployment Rights Act of 1994. These rights can include extended health care coverage. If you may be affected by this law, ask your Plan Administrator for further details.

5. What happens if I terminate employment or my eligibility ends?

If you terminate employment during the Plan Year, your right to benefits will be determined in the following manner:

- (a) You will still be able to request reimbursement for qualifying dependent care expenses from the balance remaining in your dependent care account at the time of termination of employment or eligibility. No further salary redirection contributions will be made on your behalf after you terminate.
- (b) Upon your termination of employment or eligibility, your participation in the Health Care Flexible Spending Account will cease, and no further salary redirection contributions will be contributed on your behalf. However, you will be able to submit claims for health care expenses that were incurred by your last day as an eligible participant in the plan. Your further participation will be governed by "Continuation Coverage Rights Under COBRA."
You must submit claims within 90 calendar days after termination.

6. Will my Social Security benefits be affected?

Your Social Security benefits may be slightly reduced because when you receive tax-free benefits under our Plan, it reduces the amount of contributions that you make to the Federal Social Security system as well as our contribution to Social Security on your behalf.

VI HIGHLY COMPENSATED AND KEY EMPLOYEES

1. Do limitations apply to highly compensated employees?

Under the Internal Revenue Code, highly compensated employees and key employees generally are Participants who are officers, shareholders or highly paid. You will be notified by the Plan Administrator or designee each Plan Year whether you are a highly compensated employee or a key employee.

If you are within these categories, the amount of contributions and benefits for you may be limited so that the Plan as a whole does not unfairly favor those who are highly paid, their spouses or their dependents. Federal tax laws state that a plan will be considered to unfairly favor the key employees if they as a group receive more than 25% of all of the nontaxable benefits provided for under our Plan.

Plan experience will dictate whether contribution limitations on highly compensated employees or key employees will apply. You will be notified of these limitations if you are affected.

VII PLAN ACCOUNTING

1. Periodic Statements

The Plan Administrator or designee will provide you with a statement of your account periodically during the Plan Year that shows your account balance. It is important to read these statements carefully so you understand the balance remaining to pay for a benefit. Remember, you want to spend all the money you have designated for a particular benefit by the end of the Plan Year.

VIII GENERAL INFORMATION ABOUT OUR PLAN

This Section contains certain general information which you may need to know about the Plan.

1. General Plan Information

Regents of the University of New Mexico Flexible Account Plan is the name of the Plan.

Your Employer has assigned Plan Number 502 to your Plan.

The provisions of your amended Plan become effective on 07/01/2021. Your Plan was originally effective on 01/01/1990.

Your Plan's records for Plan Year (July 1, 2021 – June 31, 2022) are maintained on a 12-month period of time. This is known as the Plan Year. The Plan Year begins on 07/01/2021 and ends on 6/31/2022.

2. Employer Information

Your Employer's name, address, and identification number are:

The Regents of The University of New Mexico
1 University of New Mexico
MSC01 1220
Albuquerque, New Mexico 87131-0001
85-6000642

3. Plan Administrator Information

The name, address and business telephone number of your Plan's Administrator are:

The Regents of The University of New Mexico
Division of Human Resources
1 University of New Mexico
MSC01 1220
Albuquerque, New Mexico 87131-0001
505-277-6947

The Plan Administrator keeps the records for the Plan and is responsible for the administration of the Plan. The Plan Administrator will also answer any questions you may have about our Plan. You may contact the Plan Administrator for any further information about the Plan.

4. Third Party Administration

The Plan Administrator has designated a Third Party Administrator to provide administrative services for the plan. Your plans Third Party Administrator (TPA) is:

McGriff Flexible Benefit Services
P O Box 6400
Greenville, SC 29606
800-768-4873
www.mcgriffinsurance.com/flex

5. Service of Legal Process

The name and address of the Plan's agent for service of legal process are:

The Regents of The University of New Mexico
1 University of New Mexico
MSC01 1220
Albuquerque, New Mexico 87131

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6. Type of Administration

The type of Administration is Employer Administration who has enlisted a Third Party Administrator to provide administrative services for the plan.

7. Claims Submission

Claims for expenses should be submitted to:

McGriff Flexible Benefit Services
PO Box 6400
Greenville, SC 29606
1-800-768-4873
www.mcgriffinsurance.com/flex

IX ADDITIONAL PLAN INFORMATION

1. Claims Process

You should submit all reimbursement claims during the Plan Year. For the Health Care Flexible Spending Account, claims submissions must be received by the TPA no later than the last day of the fifth month following the end of the plan year. However, if you terminate employment during the Plan Year, you must submit your Health Care Flexible Spending Account claims within 90 calendar days after your termination of employment. For the Dependent Care Flexible Spending Account, claims submissions must be received by the TPA no later than the last day of the fifth month following the end of the plan year. However, if you terminate employment during the Plan Year, you must submit your Dependent Care Flexible Spending Account claims within 90 calendar days after your termination of employment. Any claims submitted after that time will not be considered.

If a dependent care or health care expense claim under the Plan is denied in whole or in part, you or your beneficiary will receive written notification. The notification will include the reasons for the denial, with reference to the specific provisions of the Plan on which the denial was based, a description of any additional information needed to process the claim and an explanation of the claims review procedure. Within 60 calendar days after denial, you or your beneficiary may submit a written request for reconsideration of the denial to the Plan Administrator.

Any such request should be accompanied by documents or records in support of your appeal. You or your beneficiary may review pertinent documents and submit issues and comments in writing. The Plan Administrator will review the claim and provide, within 60 calendar days, a written response to the appeal. (This period may be extended an additional 60 calendar days under certain circumstances.) In this response, the Plan Administrator or designee will explain the reason for the decision, with specific reference to the provisions of the Plan on which the decision is based. The Plan Administrator has the exclusive right to interpret the appropriate plan provisions. Decisions of the Plan Administrator are conclusive and binding.

X CONTINUATION COVERAGE RIGHTS UNDER COBRA

If your participation in the Health Care Flexible Spending Account Plan terminates, you may be eligible to continue participation on a post-tax basis through COBRA provisions. Please

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contact the Plan Administrator or its designee for detailed information about COBRA continuation. Dependent Care Flexible Spending Account is not COBRA eligible.

KEEP YOUR PLAN ADMINISTRATOR INFORMED OF ADDRESS CHANGES

In order to protect your family's rights, you should keep the Plan Administrator informed of any changes in the addresses of family members. You should also keep a copy, for your records, of any notices you send to the Plan Administrator or its designee.

XI SUMMARY

The money you earn is important to you and your family. You need it to pay your bills, enjoy recreational activities and save for the future. Our flexible benefits plan will help you keep more of the money you earn by lowering the amount of taxes you pay. The Plan is the result of our continuing efforts to find ways to help you get the most for your earnings.

If you have any questions, please contact the Plan Administrator or its designee.