

 **American Fidelity  
Assurance Company**

A member of the American Fidelity Group®

11/8/2013

Kimber Lundquist  
Teton County School District #401 - 501  
PO Box 775  
Driggs, ID 83422

Re: Section 125 Plan Document Information

Dear Kimber Lundquist,

Thank you for continuing to use American Fidelity as your Section 125 Plan service provider. According to our records, your plan is due for reservice soon. In order to keep your Section 125 Plan in compliance with Internal Revenue Service regulations, it is necessary that the information contained in your plan document be accurate and current.

Please take a few moments to carefully review the attached form which outlines the information contained in your Section 125 Plan document. If any of the information is inaccurate, please make the necessary corrections, additions or deletions on the form. After all corrections have been made, we ask that you complete the "Document Review" section, sign and return a copy of the entire form to our office in the enclosed self-addressed envelope or fax it to our attention at (800) 240-0642.

Based on the information that you provide on the form, we will update any or all plan documents and forward them to your attention. Your American Fidelity representative will review this information with you during your open enrollment period. **Please return this information to our office within one month from the date received to insure that any necessary revisions are made in a timely manner.**

We look forward to assisting you with your Section 125 Plan. If you have any questions regarding this information, please contact Sheila Lewis, Teresa Allen, Malinda Lipe or Shawna Sparks at (888) 306-8424. Thank you.

Sincerely,

American Fidelity Assurance Company  
Section 125 Department

Rev. 03/09

**Employer Information**

MCP #: 80811

Name of Employer: **Teton County School District #401**

Mailing Address: **PO Box 775 DRIGGS, ID 83422**

Telephone Number: **(208)354-2207**

Section 125 Contact Person: **Kimber Lundquist**

Employer Identification Number: **826000887**

Nature of Business: **Public School**

Business Entity Type: **Governmental Entity**

( i.e. C-Corp, Sub S Chapter, Private School, Not-For-Profit, etc)

Name of Plan: **Teton County School District #401 125 Flexible Benefit Plan (All Employees)**

Plan Number: **501**

Is this plan for a collective bargaining unit?  Yes  No

If "Yes", please list the classification of the bargaining unit: \_\_\_\_\_

**Plan Information**

Plan Year:

Original Effective Date of Section 125 Plan: 1/1/1991 12:00:00 AM

Upcoming Section 125 Plan Year: **3/1/2014** through **2/28/2015**

Eligibility Requirements (amount required to be eligible for 125 Plan)

Length of Service: **First day of the month following 60 days of employment**

Minimum Number of Hours Worked Per Week: **20**

Minimum Age: **0.0**

Plan Funding:

Non Elective Contributions (the dollar amount or percentage of premium the employer contributes under the Section 125 plan to pay for the employee's share of the cost of a specific premium OR that the employee can apply towards any benefit offered under the plan):

**\$4,680 per pian year per employee for health insurance**

If the employee opts out of coverage, the employee

**will not** receive the non-elective contribution as taxable compensation.

Aside from the above contribution, does the employer provide (or pay) a percentage of the premium of any benefit for the employees?

Yes  No

If "Yes", please specify the **type** of benefit and the **cost** of the premium. Please specify if the employer provides individual or family coverage (ex. 85% of Single Medical Insurance, \$200.00 per month for Family Medical Insurance):.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Elective Contributions (the maximum dollar amount or percentage of compensation an employee can contribute to the Section 125 Plan to purchase elected benefits for the plan year):

**\$15000.00 Per Plan Year**

**Available Benefits Offered Under the Plan** - If adding a carrier, please include the carrier name and a product description such as a group number or policy number

**Individual Premium Reimbursement:**

Recordkeeper:	Minimum Contribution Per Plan Year	Maximum Contribution Per Plan Year	Carrier
N/A	N/A	N/A	N/A

**Insurance:**

CANCER	Carrier Name: <b>Aflac</b> Eligibility Req:
	Carrier Name: <b>American Fidelity Assurance Company ( C-4 and subsequent plans )</b> Eligibility Req:
DENTAL	Carrier Name: <b>Blue Cross ( Dental Group #9803700010 )</b> Eligibility Req:
DISABILITY	Carrier Name: <b>N/A</b> Eligibility Req: <b>N/A</b>
MEDICAL	Carrier Name: <b>Aflac ( Accident )</b> Eligibility Req:
	Carrier Name: <b>American Fidelity Assurance Company ( Accident and Hospital Indemnity )</b> Eligibility Req:
	Carrier Name: <b>Blue Cross ( Group #9803700010 )</b> Eligibility Req:
VISION	Carrier Name: <b>Blue Cross</b> Eligibility Req:

**Group Life**

Carrier Name: **The Standard**

Eligibility Requirement:

If group life is available, the plan participant **may not** exceed \$50,000.  
(the cost of amount in excess of \$50,000 is taxable to the participant)

Please complete the following:

Does your employer provide group term life insurance to it's employees?  Yes  No

Do all employees have the same face value amount?  Yes  No

If "Yes", what is the face amount for each employee? \_\_\_\_\_

**Flexible Spending Accounts:**

**Dependent Day Care Reimbursement:**

Minimum Contribution Per Plan Year: **0.00**

Maximum Contribution Per Plan Year: **5000.00**

Recordkeeper: **American Fidelity Assurance Company**

Eligibility for Coverage (if different than plan eligibility):

**Medical Expense Reimbursement:**

Minimum Contribution Per Plan Year: **0.00**

Maximum Contribution Per Plan Year: **2500.00**

Recordkeeper: **American Fidelity Assurance Company**

Eligibility for Coverage (if different than plan eligibility):

Who assumes the risk for the URM account? **American Fidelity**

Debit Card: **Not Elected**

Grace Period: **Elected**

**If the above information is not correct regarding the Grace Period, please select one of the following:**

**Yes, we elect to allow for the 70 day Grace Period for the Medical Expense Reimbursement Account Only.**

**No, we do not elect to allow for the 70 day Grace Period.**

**No, we do not elect to allow for the 70 day Grace Period but choose to allow the Carryover option for our Medical Expense Reimbursement plan.**

**Health Savings Account:**

HSA Trustee: **American Fidelity Health Services Administration**

Limitations on Medical Expense Reimbursement Account: -

**Document Review**

**There are no changes to the document information**

**The necessary revisions have been made to the document information.**

**The revisions are to be effective \_\_\_\_\_**

**American Fidelity is no longer our Section 125 Provider, effective \_\_\_\_\_**

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If changes are necessary to your plan document:

Please send the completed plan document(s) to me via **e-mail** at the following e-mail

address: (please print clearly) klundquist@d401.k12.id.us <sup>1</sup>/<sub>2</sub> bross@d401.k12.id.us

(To avoid downloading a computer virus, be aware that the documents will be sent as an e-mail attachment with the Subject Line of: Teton County School District #401 Plan Documents)

I am unable to utilize the option above. Please mail the completed plan document(s) to me.

**The employer should be aware that under Internal Revenue Service regulations, the Section 125 Plan should be in writing and adopted prior to the beginning of the plan year. This document does not represent a written Section 125 plan document. This form should be used to update your Section 125 Plan information so that a written plan document can be prepared.**

**If you should experience changes to your Section 125 Plan during the plan year ( such as adding or deleting a benefit, a change in the plan year, change in funding, etc ), please contact the Section 125 Department at (888) 306-8424 immediately.**

\* I have reviewed the above information and find it accurate to the best of my knowledge

Becca Ross  
Employer Signature

11/19/2013  
Date

Office use: Employer: Teton County School District #401 Plan #: 501 MCP #: 80811

*\*If this form is not returned to American Fidelity Assurance Company within 21 days from the date of mailing, the existing Section 125 plan information on file with our office will be assumed accurate and will be used to create revised documents (if necessary). If you have questions regarding the information contained on your plan document, please contact the Section 125 Department at (888) 306-8424.*