



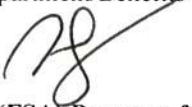
OFFICE OF LABOR RELATIONS  
**EMPLOYEE BENEFITS PROGRAM**  
FLEXIBLE SPENDING ACCOUNTS PROGRAM

22 Cortlandt Street, 28<sup>th</sup> Floor, New York, NY 10007  
Tel: 212 306-7760 TTY: 212 306-7629 Fax: 212 306-7376  
nyc.gov/fsa

ROBERT W. LINN  
*Commissioner*  
RENEE CAMPION  
*First Deputy Commissioner*

GEORGETTE GESTELY  
*Director, Employee Benefits Program*  
BETH KUSHNER  
*Deputy Director, Administration*  
SANG HONG  
*Deputy Director, Operations*

**MEMORANDUM**

TO: Agency Human Resources Department/Benefits Office  
FROM: Sang Hong, Deputy Director   
RE: **Flexible Spending Accounts (FSA) Program for Plan Year 2017 – Open Enrollment Period**  
DATE: September 12, 2016

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This memorandum is in reference to the FSA Program for Plan Year 2017.

- I. Open Enrollment Period  
The Open Enrollment Period is from **September 19, 2016 – October 31, 2016** for Plan Year 2017, effective 1/1/2017 for the following programs:
  - Dependent Care Assistance Program (DeCAP)
  - Health Care Flexible Spending Account (HCFSA) Program
  - Medical Spending Conversion (MSC) Health Benefits Buy-Out Waiver Program
  - Medical Spending Conversion (MSC) Premium Conversion Program
- II. Plan Year 2017 FSA Program Brochures and Enrollment/Change Forms  
The brochures and forms will be available on the FSA Program Web site at [nyc.gov/fsa](http://nyc.gov/fsa) on or after September 19<sup>th</sup>, 2016.
- III. Current Participants in the HCFSA Program and/or DeCAP  
Any employee currently enrolled in the HCFSA Program and/or DeCAP will automatically receive the Plan Year 2017 FSA Program Re-Enrollment Form (pre-populated with basic employee information), which will be sent to the participant's address we have on record by the last week of September 2016.
- IV. Medical Spending Conversion (MSC) Forms  
Please be advised that there are two separate MSC Forms, one for the MSC Health Benefits Buy-Out Waiver Program and one for the MSC Premium Conversion Program. Please make sure that the correct form is used for each program. We suggest that your office retain a copy for the employee's records. In addition, each participant's enrollment in the MSC Program continues from one Plan Year to the next; therefore, the participant does not need to re-enroll each Plan Year unless there is a change of status. **In addition, the annual incentive payment amount has changed to \$500 for waiving individual coverage and \$1,000 for waiving family coverage effective for Plan Year 2017.** The current participants will receive this changed amount automatically in Plan Year 2017.

- V. Plan Year 2016 New Employees (September through November 2016)  
Plan Year 2016 Enrollment/Change Forms should be used for new 2016 employees who wish to enroll in the HCFSFA Program, DeCAP, and/or the MSC Health Benefits Buy-Out Waiver Program during the mid-year for the months of September through November 2016. Please note that some payrolls may not be able to process new enrollments in the month of November due to payroll cutoff dates in Calendar Year 2016. New employees must complete and submit these Enrollment/Change Forms within 30 days after their starting date of employment. Please be aware that we will not accept any Plan Year 2016 Enrollment/Change Forms from November 15, 2016.
- VI. HCFSFA Program Grace Period & Claims Run-Out Period and DeCAP Claims Run-Out Period
- For the HCFSFA Program **only**, there will be a Grace Period during which participants may submit claims for eligible medical expenses incurred from January 1 through March 15, 2018 following the close of Plan Year 2017, using the remaining balance in their Plan Year 2017 account, if any. A Claims Run-Out Period is also provided from January 1 through May 31, 2018, during which participants may submit claims for services incurred either during Plan Year 2017 or the Grace Period.
  - For DeCAP **only**, there will be a Claims Run-Out Period provided from January 1 through February 28, 2018 during which participants may submit claims for services incurred during Plan Year 2017. Please note that there is **no** Grace Period provided for DeCAP.
  - **Qualifying Event submission deadline date is 30 days from the date of Qualifying Event.**
- VII. HCFSFA Program Continuation Coverage
- In Plan Year 2017 and continuing in future Plan Years, if a participant terminates employment with the City, his or her participation in the HCFSFA Program will cease as of the employment termination date. However, the participant may elect to continue participation in the HCFSFA Program for the remainder of the Plan Year by selecting one of the following options: (a) having the remaining goal amount balance to be taken from his or her last paycheck, (b) having the remaining goal amount balance pro-rated from his or her remaining paychecks, or (c) submitting the remaining goal amount balance on a post-tax basis either by lump sum or monthly payments.
  - By electing HCFSFA Continuation Coverage and successfully funding the remaining goal amount, the participant may submit claims for expenses incurred after his or her termination date through the end of the Plan Year, including the Grace Period.
  - Upon termination from employment with the City, the participant will receive a Continuation Coverage notice providing the participant with the option to continue coverage under the HCFSFA Program. Those participants who wish to continue their HCFSFA coverage should complete and return the notice to the HCFSFA Program.

If you require additional materials, please download them from our Web site:

For the Plan Year 2017 FSA Program Brochure and Enrollment/Change Form (by September 19, 2016):  
Go to [nyc.gov/fsa](http://nyc.gov/fsa) and select "Forms and Downloads"

Employees may also obtain FSA Program materials for Plan Year 2017 by calling the automated helpline at 212-306-7760.

If you need additional information in reference to this memo, please contact me at 212-306-7392, Kal Shah at 212-306-7451 or Amy Golden 212-306-7766. Please do not distribute these telephone numbers to your employees.

**Please note: Discard all Plan Year 2016 Enrollment/Change Forms and Brochures by the middle of November 2016 (if any), as they will not be accepted for Plan Year 2017.**