



**Wasatch Employee  
Benefit Service, Inc.**  
CONSULTANTS & ADMINISTRATORS

P.O. Box 510566  
Salt Lake City, UT 84151-0566  
Wats: 800-748-4423 \*Tel.: (801) 521-8777  
Fax: (801) 521-8780  
[www.myrsc.com](http://www.myrsc.com)

## Cafeteria Plan Election Form

### EMPLOYER INFORMATION

**Bud Mahas Construction, Inc.**

### EMPLOYEE INFORMATION

**Name:** \_\_\_\_\_  
**Address:** \_\_\_\_\_  
**City, ST** \_\_\_\_\_

Listed below are the benefits that may be available under the plan. Please indicate which benefits you wish to select by completing the total per deduction-period cost and the amount paid by the pre-tax reduction. The selections will remain in effect until a subsequent election form is filed, in accordance with the plan.

Annual Elections	Annual Election	Per-Pay-Period Deduction
Medical Reimbursement Account – FSA		
Dependent Care Reimbursement Account		

**AUTHORIZATION:** By signing this form I acknowledge that I am authorizing the company to deduct equal amounts from my paychecks to collect the designated pr-tax amount indicated above. I recognize that these selections constitute a deliberate binding decision on my part that shall not be changed until the enrollment period for the next plan year or if I experience a change in status.

Signature \_\_\_\_\_

Date \_\_\_\_\_

**To Decline Participation:** The benefits of the plan have been thoroughly explained to me, but I choose not to participate.

Signature \_\_\_\_\_

Date \_\_\_\_\_



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## Eligible Medical Expenses

- abdominal supports
- abortion
- acupuncture
- alcoholism treatment
- ambulance
- anesthetist
- arch supports
- artificial limbs
- autoette (when used for relief of sickness/disability)
- birth control pills (by prescription)
- blood tests
- blood transfusions
- braces
- cardiographs
- chiropractor
- Christian Science Practitioner
- contact lenses
- contraceptive devices (by prescription)
- convalescent home (for medical treatment only)
- crutches
- dental treatment
- dental x-rays
- dentures
- dermatologist
- diagnostic fees
- diathermy
- drug addiction therapy
- drugs (prescription)
- elastic hosiery (prescription)
- eyeglasses
- fees paid to health institute prescribed by a doctor
- guide dog
- gynecologist
- healing services
- hearing aids and batteries
- hospitals
- hydrotherapy
- insulin treatments
- ophthalmologist
- optician
- optometrist
- oral surgery
- organ transplant (including donor's expenses)
- orthopedic shoes
- orthopedist
- osteopath
- oxygen and oxygen equipment
- pediatrician
- physician
- physiotherapist
- podiatrist
- postnatal treatments
- practical nurse for medical services
- premiums for long term care
- prenatal care
- prescription medicines
- psychiatrist
- psychoanalyst
- psychotherapy
- radium therapy
- registered nurse
- special School costs for the handicapped
- spinal fluid test
- splints
- surgeon
- telephone or TV equipment adapter to assist the hard-of-hearing-therapy equipment
- transportation expenses (relative to health care)
- lab tests
- lead paint removal
- lodging (away from home for outpatient care)
- metabolism tests-neurologist-nursing (including board and meals)
- obstetrician
- operating room costs
- ultra-violet ray treatment
- vaccines
- vasectomy
- vision care
- vitamins (if prescribed)
- wheelchair
- x-rays

## Non-Eligible Medical Expenses

- advance payment for services to rendered next year
- athletic club membership
- automobile insurance premium allocable to Medical coverage
- boarding school fees
- bottled water
- commuting expenses of a disabled person
- cosmetic surgery and procedures
- cosmetics, hygiene products and similar items
- diaper service
- domestic help
- funeral, cremation or burial expenses
- health programs offered by resort hotels, Health clubs and gyms
- illegal operations and treatments
- illegally procured drugs
- maternity clothes
- premiums for life insurance, income protection, disability, loss of limbs, sight or similar Benefits
- Scientology counseling
- social activities
- special foods or beverages
- specially designed car for an autoette or special equipment
- stop-smoking programs
- swimming pool
- travel for general health improvement

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## OVER-THE COUNTER DRUGS

The IRS ruling that was released still emphasizes that the over the counter drugs must still be for the purpose of providing medical care. Medical care is defined as diagnosis, cure, mitigation, treatment, or prevention of disease, or for the purpose of affecting any structure or function of the body. Listed are categories of medicines that are eligible:

***\*\*\*As mandated by PPACA, as of January 1, 2011, over-the-counter medicine expenses will only be reimbursable if prescribed by a medical doctor and a Letter of Medical Necessity from your doctor is included in with your request for payment.***

### ALLEGRY MEDICINES ANTI-ITCH COLD MEDICATIONS

Antihistamines	Nasal sprays
Athletes foot creams, powders	Sinus medications
Cough syrups, drops	Sore throat sprays
Decongestants	Vapor rubs
Flu and cold medications	

### DIGESTIVE TRACT RELIEF MISCELANEAOUS PAIN RELIEVERS

Acetaminophen (Tylenol)	Fever reducers
Antacids	Heartburn medication
Anti-diarrhea medications	Ibuprofen (Motrin)
Anti-inflammatory drugs	Lice treatment
Anti-nausea medications	Naproxen sodium (Aleve)
Cold sore remedies	Nicotine patch/gum
Disinfecting creams, ointments	Wart removers
Eye drops & solutions	Yeast infection treatments

**Listed are categories of medicines that are ineligible: general health items:**

- Appetite suppressants
- Biloba
- Chondrolin sulfate
- Cosmetic including face creams
- Cosmetic items
- Echinacea
- Ginkgo
- Ginseng
- Glucosamine
- Herbal remedies
- Mouthwash
- Shampoos, conditioners
- Soaps and cleaners
- St John's Wart
- Sundry items
- Supplements
- Toiletries such as toothpaste
- Vitamins
- Weight Loss

# FSA Letter of Medical Necessity

Under Internal Revenue Service (IRS) rules, some health care services and products are only eligible for reimbursement from your Health Care Flexible Spending Account (HCFSA) when your doctor or other licensed health care provider certifies that they are medically necessary. Your provider must indicate your (or your spouse's or dependent's) specific diagnosis, the specific treatment needed, and how this treatment will alleviate your medical condition.

Wasatch Employee Benefits has developed this letter to assist you and your health care provider in providing the information we need in order to process your claim. Your provider can also submit a statement on his or her letterhead, as long as the letter includes all of the information on this form.

You only need to submit a copy of this submission form, or your provider's letter containing the same information, please keep the original and submit each time you file a claim for this item(s). *The letter will be valid for expenses incurred for one year from the date on the letter. At the end of one year, a new letter will be required.*

[Date]	
[Employee Name]	[SSN/EID]
[Patient Name]	
[Diagnosis]	[CPT Code]
Please describe what the recommended treatment is, how that treatment will alleviate the diagnosis or symptoms, and the duration of the treatment required.	
Sincerely,	
[Provider Signature]	
[Provider Name]	
[Provider License # & State]	
[Provider Telephone #]	

If you have questions you may contact Wasatch Employee Benefits at 801.521.8777 ext 8, Monday through Friday, 8 A.M. to 5 P.M. Mountain Standard Time.

*Note: Wasatch Employee Benefits role is to ensure that the proper documentation is submitted for reimbursement under your FSA plan, and not to determine whether the treatment prescribed by your health provider is medically necessary. Wasatch Employee Benefits will review this letter of medical necessity for completeness only.*