

# Health Reimbursement Arrangement

## Plan Highlights

for

### Shasta County Office of Education

**Effective Date:** The effective date of the Plan is July 1, 2006, amended and restated January 1, 2014.

**Plan Year:** The Plan Year ends on June 30.

**Eligibility:** Participation in this Plan is mandatory for all Employees of the class or classes as determined by the Employer:

- Active Employees who are enrolled in the High Deductible Health Plan and continuing HSA and receive an in-service stipend

**Contribution Types:** All funds for the Plan shall come exclusively from the Employer and shall be a specified dollar amount as the Employer shall from time to time determine.

**Contribution Frequency:** Monthly

**Investments:** Funds are initially invested in a fixed sub-account within a variable annuity with American United Life Insurance Company, a *OneAmerica Financial Partner*. The fixed sub-account is guaranteed never to fall below the standard NAIC rate. The guarantee is based on the claims paying ability of AUL. There are also twenty-three different variable annuity investment options available to choose from, including the fixed sub-account. All earnings in the account are tax-free!

**Reimbursements:** Participants may request reimbursements from their accounts as soon as the accounts are funded, but only for Post – Deductible Medical, and/or Dental, and Vision medical expenses incurred subsequent to becoming eligible to participate in the Plan. Funds in a participant's account at the end of each year shall be rolled into the following year.

**Vesting Schedule:** Participants shall own their account balance in accordance with the following vesting schedule:

- 100% Immediate

**Run-off Times:** Participants will be allowed 0 (zero) days to continue incurring expenses after the date that their Participation in the Plan ends. The Run-off time for Participants to submit claims for reimbursement from funds that shall be forfeited will be 90 (ninety) days. The Run-off time for funds that shall be forfeited due to death will be one year

**Death Benefit:** If a Participant dies prior to exhausting his vested account balance, the Participant's surviving spouse and/or dependents are eligible to be reimbursed under this Plan for their eligible medical expenses until the vested account balance is exhausted. In the event of the death of the Participant, the Participant's spouse, and all of the Participant's qualifying dependants, any funds remaining in the account shall be forfeited in accordance with the Plan's provisions. Forfeited funds shall reduce future Employer contributions.

**Administrative Fees:** Participants will be charged a reimbursement processing fee of \$5.00 for each claim processed, up to a maximum annual reimbursement processing fee of \$30.00.

**Reports:** Each quarter, Plan Participants will receive statements of account activity.

**Agent:** Raelene Walker, American Fidelity  
For investment advice, please contact your agent at 760-917-1158

**Contact:** To access account information, request forms, or for plan related questions, please contact MidAmerica toll-free at (800) 430-7999 or visit our website at [www.midamerica.biz](http://www.midamerica.biz).

**Please mail all forms to:** MidAmerica Administrative & Retirement Solutions, Inc., Attn: HRAADMIN,  
402 South Kentucky Avenue, Suite 500, Lakeland, FL 33801

*Please refer to the Plan Document for more information on the Plan. In the event of a discrepancy, the Plan Document will prevail.*



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