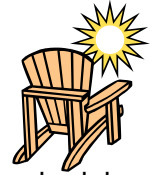


Fringe Benefits



ABCO Federal Credit Union provides employees with an array of financial services including:

- Checking Accounts
- Savings and Investment Options
 - Youth Accounts
 - Holiday and Vacation Accounts
 - Summer Pay Club
 - Specifically designed for teachers and others on a 10-month pay schedule
 - Certificates of Deposit
 - Money Market Accounts
 - Individual Retirement Accounts
 - IRA Certificates and Money Fund
- Loans to Fit Your Needs
 - Personal Loans
 - New and Used Vehicles
 - Vehicle Loan Refinancing
 - Visa Credit Cards
 - Home Equity
 - Mortgages
 - Reverse Mortgages
 - Credit Builder Loan
- Family Membership
 - When you become a member of ABCO, all of your immediate family members (including spouse, children, siblings and grandparents) will also be eligible to join. And once you join, you can continue to enjoy the benefits of ABCO membership even if you move or change jobs.
- Wealth Management and Insurance Services (provided through CU Financial Insurance Group - a wholly-owned subsidiary of ABCO FCU).
 - Retirement Planning
 - Estate Planning
 - College Savings Planning
 - Investing
 - Auto Insurance
 - Homeowners' and Renters' Insurance
 - Life and Disability Insurance
 - Health and Dental Insurance
 - Business/Group Insurance



How to Open an Account:

You can open an account in person at any branch office, or through the mail. The documents can be found on the ABCO website at www.goabco.org/join. For more information, contact Member Care at **800-225-1859** or membercare@goabco.org.



Employee Assistance Program – 259 Delsea Drive, Sewell, NJ 08080 – (856) 881-1666

Who is eligible?

We serve full time employees and their immediate family members.

What is an Employee Assistance Program (EAP)?

The EAP is a free, voluntary, and confidential program that assists employees in the prevention, early intervention, and resolution of problems that may affect job performance. These may include personal, family and work issues. The EAP can help with the following issues, among others:

Personal/Family Problems		Work Problems	
Addictions	Grief/Loss	Career	Impairment
Adolescence	Parenting	Change	Return to Work
Anxiety	Relationships	Conflict	Work Stress
Child Care	Stress		
Depression	Substance Abuse		
Elder Care	Violence		

Is EAP truly confidential?

All visits to the EAP are confidential. No information can be shared unless the employee signs an authorization for release of information. The only exceptions to confidentiality are when information is required by law, such as when a person is likely to harm himself or herself or others, or when there is a reasonable suspicion of child abuse.

Who are the EAP Counselors?

EAP Counselors are experienced professional counselors with graduate degrees in counseling or a related discipline. They are selected based on their professional training, experience, and personal qualities.

What personal problems can the EAP help employees with?

Your EAP counselor is ready to help you with any problem, but the most common are: family and marital problems; problems resulting from alcohol or drug use; stress; and a variety of problems related to adjusting to new or difficult situations.

How does the EAP work?

EAP is committed to improving your well-being and the general work environment by offering a variety of services. We listen to you, evaluate your situation, and offer guidance. In certain cases, we may refer you to service providers in your community who will meet your needs for additional treatment.

Is there a fee for using the EAP?

NO. The sessions with your EAP counselor are paid for by your employer. If you are referred for assistance to another professional or program in the community, fees for that service will be your responsibility. Also, your health insurance may cover a significant portion of any fees that you encounter. Your ability to pay is taken into consideration before any referral is made.

How much time should I allow for my appointment?

Plan on an hour for your appointment. The purpose of this time is to let the EAP professional learn about your problem or concern. By the end of the appointment, both of you will have a plan of action or recommendations outlined.

How do I get involved in the EAP?

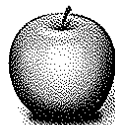
You or a member of your family can contact the EAP by calling the office listed above. A friend, co-worker, or family member can also recommend you for the EAP. In addition, you may be referred to the program by your supervisor because of job performance issues.

What if I don't want to use the EAP?

The decision to use or not use the EAP is yours. If you are demonstrating job performance problems, use of the program will be recommended. If you choose not to use it and your performance improves, that's fine. If you decide to try it and it helps you improve, that's great. Whether you use it or not, usual disciplinary policies will apply if job performance does not improve. Any actions taken by management are based on job performance only, **not** on whether you use or do not use the EAP.

APPLE COUNSELING SERVICES

**259 Delsea Drive
Sewell, NJ 08080
Phone: 856-881-1666
info@applecounselingservices.com**





TEACHERS' PENSION AND ANNUITY FUND

PUBLIC EMPLOYEES' RETIREMENT SYSTEM



Enrollment

Eligible employees are enrolled in the Teachers' Pension and Annuity Fund (TPAF – positions requiring a Department of Education certificate), Public Employees Retirement System (PERS – non-certificated employees), or the Defined Contribution Retirement Program (DCRP) when the employee is not eligible for PERS or TPAF. Enrollment in the appropriate Pension Fund is mandatory and employees will be automatically enrolled when the Division of Pension eligibility requirements are met. Members of both PERS and TPAF funds contribute a percentage of their base salary. As per the law passed in 2012, the rate will be increasing over a 7-year period to a total pension contribution rate of 7.5% of salary.

Contributory Group Life Insurance

Contributory Group Life Insurance is underwritten by the Prudential Insurance Company of America, Inc., and is insurance for which the member pays a premium through payroll deductions. TPAF members pay .004% of base salary with a benefit value of **3.5 x salary**; PERS members pay .005% of base salary with a benefit value of **3 x salary**. The law requires that the employee be covered by contributory insurance for the first 12 months of membership. After the 12 months have elapsed, the employee may cancel coverage by filing a Notice of Withdrawal from Contributory Group Life Insurance. If this coverage is cancelled, it cannot be reinstated nor can the contributions be refunded.

Purchasing Service Credit

Since retirement allowance is based in part on the amount of service credit posted to a member's account at the time of retirement, it may be beneficial to purchase former membership service, temporary service, time while on a leave of absence, out-of-state service, U.S. government service, etc., if eligible to do so. Only active members of the retirement system are permitted to purchase service credit. Eligible members who wish to purchase service credit must submit the purchase request online using the Purchase Application accessible through a personal account with the Member Benefits Online System (MBOS).

Veteran Status

Members of PERS or TPAF who are military veterans may be entitled to special retirement benefits. A veteran is a person who holds an honorable discharge from active military or naval service of the United States and who served during eligible time periods, as indicated by the New Jersey Division of Pension and Benefits.

Additional Pension/Retirement Information

For information about your pension account, Group Life Insurance, beneficiary information, pension loans, purchasing service credit, veteran service status, or retirement planning, please visit the New Jersey Division of Pensions and Benefits website at www.state.nj.us/treasury/pensions or call **(609) 292-7524**.

To view/obtain a PERS Pension Member Handbook, visit the website:

<http://www.state.nj.us/treasury/pensions/pdf/handbook/persbook.pdf>.

The TPAF Pension Member Handbook is available through:

<http://www.state.nj.us/treasury/pensions/pdf/handbook/tpafbook.pdf>.

Assistance is also available from the Benefits Administrator or Payroll Coordinator/Pension Administrator.



Flexible Spending Accounts (FSA) are available. The enrollment period is sixty (60) days from the official start date, or during the annual open enrollment period during the Spring. FSA accounts allow employees to put money aside pre-tax to pay for certain eligible expenses as described by the Internal Revenue Code (IRC). This reduces the amount of Federal Income and FICA taxes that employees pay.

There are three types of Flexible Spending Accounts:

Medical FSA: Medical is used to pay for eligible medical expenses that are not paid for by any other source.



What is an FSA?

A healthcare flexible spending account (FSA) is an employer-sponsored benefit that allows you to set aside pre-tax dollars into an account to be used for eligible medical expenses.

Why should I participate in an FSA?

Contributions to the FSA are deducted from your paycheck on a pre-tax basis, reducing your taxable income. You can increase your spendable income by an average of 30% of your annual contribution with the tax savings.

How do I contribute money to my FSA?

Your annual election will be divided by the number of pay periods in your plan year. This amount will be deducted from your paycheck before taxes are assessed. The maximum allowable amount per plan year is \$1,000.

Who is eligible under an FSA?

An FSA covers eligible expenses for you and all of your dependents, even if they are not covered under your primary health plan.

What expenses are eligible for reimbursement?

Health plan co-pays, deductibles, co-insurance, eyeglasses, dental care, and certain medical supplies are covered. The IRS provides specific guidance regarding eligible expenses. (See IRS Publication 502).

How do I determine the date my expenses were incurred?

Expenses are incurred at the time the medical care was provided, not when you are invoiced or pay the bill.

How do I get the funds out of my FSA?

If you have a benefits debit card, simply swipe it at the register. Otherwise, just file a claim including the receipt documenting the type, amount and date. Once approved, your reimbursement check will be mailed or deposited into your bank account.

What happens if I don't spend all of my FSA by the end of the plan year?

Be sure to only allocate dollars for predictable medical expenses. Any unused funds at the end of the plan year are forfeited, also called the use-it-or-lose-it rule.

How soon can I start spending my FSA funds?

With a healthcare FSA, your entire annual election amount is available on the first day of the plan year even though you have not yet contributed that amount.

Can I change my election amount mid-year?

Elections can only be altered if you experience a change in status as defined by IRS regulations, such as marriage, divorce, birth, or death in your immediate family.

What happens to my FSA if my employment is terminated?

Participation in your FSA is also terminated. This means that only expenses that were incurred prior to your termination date are eligible for reimbursement.

What is the deadline for submitting claims?

You can submit claims for reimbursement at any time during the same plan year that you incur the expense. You may also have a grace period at the end of the plan year. Check the summary plan document your employer provided.

Can I still deduct healthcare expenses on my tax return?

Yes, but not the same expenses for which you have already been reimbursed from your FSA.

Are over-the-counter (OTC) medications eligible for reimbursement?

Yes. OTC medications are eligible with a doctor's prescription. You will need to submit a claim with the receipt for the OTC medicine along with the prescription from your doctor that includes the diagnosis and course of treatment to receive reimbursement.

What is a Letter of Medical Necessity?

The IRS mandates that eligible expenses be primarily for the diagnosis, treatment or prevention of disease or for treatment of conditions affecting any functional part of the body. For example, vitamins are not typically covered because they are used for general wellness, but your doctor may prescribe a vitamin to treat your medical condition. The vitamin would then be eligible if your doctor verified the necessity in treatment.

DCA: Dependent Day Care is used to pay for eligible expenses including; babysitters, daycare, day-camp and after school programs for eligible dependents.**What is a dependent care FSA (DCA)?**

A DCA is a flexible spending account that allows you to contribute a portion of your paycheck before taxes are taken out to pay for qualified dependent care expenses so that you can work or look for work.

Why should I participate?

Since contributions to the account are deducted from your paycheck before income taxes are assessed, your taxable income is reduced. Participants enjoy a 30% average tax savings on the total amount they contribute to the account.

How do I contribute money to my DCA?

Once you make your annual election during open enrollment, your employer will deduct this amount from your paycheck before taxes are assessed in equal amounts throughout the year.

How much can I contribute?

The IRS limits annual contributions to \$5,000 on income tax returns for single or married filing jointly, and \$2,500 for married filing separately.

Who qualifies as a dependent?

You can use your DCA to pay for care for children under age 13 that you claim as dependents, as well as adults or other relatives that are incapable of caring for themselves (if you provide more than 50% of their support).

What type of care is eligible?

Eligible expenses must be for the purpose of allowing you to work or look for work. Services may be provided at a child or adult care center, nursery, preschool, after-school, summer day camp, or a nanny in your home.

What type of care is not eligible?

Care expenses that are not eligible to be paid with DCA funds include care for a child over age 13, overnight camp, babysitting that is not work related, school fees for kindergarten and higher grades, and long-term care services.

Do I have access to my entire DCA election amount at the beginning of the year?

No, you will only have access to DCA funds that have already been deducted from your paycheck.

Are there any rules about who can care for my dependents?

Yes. You cannot use funds to pay for care provided by a spouse, a person you list as a dependent for income tax purposes, or one of your children under the age of 19.

How do I use the funds in my account?

If you have a benefits debit card and your care provider accepts credit cards, you may pay directly from your account. Otherwise, pay out-of-pocket and then file a reimbursement claim with your expense documentation.

What happens if I don't spend all of my DCA funds by the end of the plan year?

It is essential to estimate conservatively during elections. Any unused funds at the end of the plan year are forfeited, also called the use-it-or-lose-it rule.

Can I change my election amount mid-year?

Typically, you cannot change your contribution mid-year. However, if you experience a qualifying event, such as the birth of a new child, or if your child care provider significantly increases their rates, you may be eligible to adjust your contribution.

What happens to my account if my employment is terminated?

Participation in the plan is also terminated. This means that only expenses that were incurred prior to your termination date are eligible for reimbursement.

Can I still deduct dependent care expenses on my tax return?

Yes, but not the same expenses for which you have already been reimbursed. If your total expenses were \$7,000 and you were reimbursed \$5,000 from your DCA, you may only claim the \$2,000 difference.

Commuter Flexible Spending Accounts

Commuter FSA accounts allow employees to put money aside pre-tax to pay for certain eligible expenses as described by the Internal Revenue Code (IRC). This reduces the amount of Federal Income and FICA taxes that employees pay. A Commuter FSA is used for mass transit or parking expenses associated with your daily commute to work.

What do Commuter funds cover costs for?:

- Bus, ferry, train, subway tickets and passes.
- Vanpool and Ride Sharing app services such as UberPool, Lyft
- Parking expenses, including parking at or near your place of work or at the location from which you take mass transit to get to work.

What does NOT qualify?:

- Tolls
- Taxis
- Gas/Fuel
- Mileage

A comprehensive list can be found at www.flexfacts.com

Maximum Elections:

Medical FSA - \$1,000/year. (\$500 of unused Medical FSA may be carried over into the next plan year)

Dependent Care FSA - \$5,000/year

Deductions for Medical and/or Dependent Care FSAs are taken over a 10-month period, September through June.

Commuter FSA

Mass Transit - \$280 per month

Parking - \$280 per month

***For more information, please call Flex Facts at 877-943-2287.
The FSA Enrollment Form is available in the Human Resources office.***

Tax-Sheltered Plans

403(b) UNIVERSAL AVAILABILITY NOTICE:

The Opportunity.

You have the opportunity to save for retirement by participating in your Employer's 403(b) retirement plan. If there are any questions, you may contact the Plan's administrator, The OMNI Group at 877-544-6664.

We recommend that all employees view a brief, 3-minute video presentation called, '403(b). Why me?' explaining a 403(b) plan, and how to contribute. The video can be viewed on OMNI's website at www.omni403b.com.

How Can I Participate?

You can participate in the Plan with pre-tax contributions by submitting a Salary Reduction Agreement ("SRA") online via OMNI's website or by submitting a completed SRA form, found on the same website, to OMNI either by facsimile to (585) 672-6194 or by mail to 1099 Jay St., Bldg F, Rochester, NY, 14611. Additionally, prior to contributing you must open an account with an investment provider participating in the Plan. A list of the Plan's participating investment providers may be viewed on OMNI's website after submitting your Employer's name and state.

How Much Can I Contribute Annually?

You may contribute up to \$20,500 in 2022 if you are 49 years of age and below and up to \$27,000 if you are 50 years of age and older; this amount is subject to change annually. If you have at least 15 years of service with your employer or you are at least 50 years old, you may be entitled to make additional contributions. For appropriate limits for your particular circumstances, please contact OMNI's Customer Care Center at 877-544-6664.

What If I Already Have An Account?

If you are already contributing to the Plan, and you want to change your contribution amount or investment provider, simply complete and submit a new SRA. See directions above for on-line and paper submission options.

What If I Do Not Want To Contribute?

If you do not want to take advantage of this program, simply submit an SRA with the option "I do not wish to participate at this time" selected. See directions above for on-line and paper submission options.

How can I get more information?

You can access further information at www.omni403b.com.

Employees may choose a tax shelter from any of the Board-approved companies. A list is available on the District website and in the HR office. The employee should contact the representative from their chosen tax shelter vendor to set up an account. All employees and vendors are required to use an OMNI Salary Reduction Agreement form which may be obtained on the OMNI website listed below or the HR office. Once OMNI has determined that the employee's Salary Reduction Agreement is compliant, they notify the Payroll Department to initiate, make changes to, or stop the tax shelter deduction.

TAX SHELTER ADMINISTRATOR:

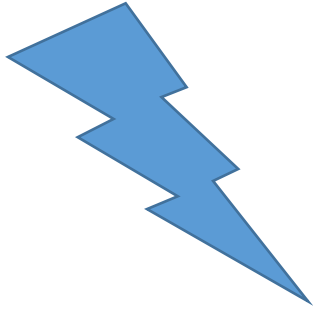
The OMNI Group (877) 544-6664 www.omni403b.com

OMNI 403b Salary Reduction Form <http://omni403b.com/client.asp>

OMNI Answers Employee's FAQs http://omni403b.com/faq_employee.asp

Optional Life, Accident, Disability Insurance Plan Options:

Employees may be eligible to participate in optional programs to meet the personal needs of the employee such as Disability, Accident and/or Hospital Insurance, Life Insurance, retirement and financial planning services, etc.



Important note about Disability Insurance: GCSSSD Contracted Employees pay into NJ Temporary Disability Insurance. Most short-term disability insurance plans provide partial income replacement for three or six months. Generally, long-term disability insurance plans provide partial income replacement for longer periods, after the short-term plan ends. Because employer plans offer group rates, it may cost less than disability insurance you might buy on your own. Disability Insurance helps protect your income if you experience a disabling illness or injury that keeps you out of work for a period of time.

Eligible employees may enroll upon hire within 60 days or during the annual open enrollment period.

If you have payroll deductions for any of these optional plans and are out on an unpaid leave of absence, you should contact the vendor to arrange for direct payments while on your unpaid leave so that service is not interrupted.

A current list of Board-approved vendors is included in your Benefit Packet, available on the District website, or the HR office.

Vision Benefit – Board Reimbursement (Full-time, GCSSSD Employees Only)

Benefit-eligible GCSSSD employees are entitled to a reimbursement allowance up to \$150 per school year for eyeglasses/contacts and/or eye exam with completion of the request form and copy of a paid receipt. All claims for reimbursement for the school year must have been incurred within the current school year, and must be received in the Business Office no later than June 30th.

A reimbursement form is available in the Business Office, District website, or Human Resources.