OCCIDENTAL COLLEGE TAX SAVINGS PLAN 2020
SUMMARY PLAN DESCRIPTION

PLAN SPONSOR: **Occidental College**

PLAN & CONTRACT ADMINISTRATOR: **Cetera Retirement Plan Services; 2125 Oak Grove Road, Suite 105; Walnut Creek, CA 94598**

TYPE OF PLAN: **Insurance and Flexible Benefits Plan**

EFFECTIVE DATE: **January 1, 1987**

AMENDED EFFECTIVE DATE: **January 1, 2011**

ELIGIBLE EMPLOYEES: **Regular faculty members with title designation of: Professor, Assoc. Professor, Asst. Professor or Instructor who are either Tenured or on the Tenure-track, including Tenured Professors who participate in the Phased Retirement Incentive Plan; Non-Tenure track faculty who are hired on full-time appointments with annual renewals of those appointments at the option of the College; Administrators, Administrative Staff and members of the bargaining unit who are regularly scheduled to work at least 30 (thirty) hours per week. Employees must be 21 years.**

The following classifications of employees are eligible to join the medical insurance plan only: **Adjunct faculty members who are hired on full-time temporary appointments, that are scheduled to end at the end of the academic year in which they are hired, and; Administrators, Administrative Staff and members of the bargaining unit who are scheduled to work at least 30 (thirty) hours per week for a period of one year.**

PLAN NUMBER & EMPLOYER IDENTIFICATION NUMBER: ***513 94-1667177***
PLAN YEAR: ***The Plan Year begins January 1 and ends December 31***

NAME & ADDRESS OF AGENT FOR SERVICES OF LEGAL PROCESS: ***Occidental College; 1600 Campus Road; Los Angeles, CA 90041-3314***

ABOUT THIS SUMMARY PLAN DESCRIPTION

This Summary Plan Description describes the highlights of your Plan Document in plain language. It will summarize the legal provisions that govern the operation of the Plan. You may review the Plan Document any time you desire. In the event that there is a conflict between this Summary Plan Description and the Plan Document, the Plan Document will control the outcome of the conflict.

SOURCE OF FUNDING OF THE PLAN

The Plan is funded by pre-tax money deferred (taken before taxes are calculated) from each participants payroll check and put into a non-interest bearing & no fee checking account specifically set up for the participants participating in this Plan only and sponsored by the employer on behalf of the employees.

YOUR BENEFITS

INSURANCE: You sign up for these benefits if they are offered by your employer and your employer takes your contribution percentage, if you have one, before taxes and adds in their own payment, if they have one, for your coverage and then pays the insurance company directly. You do not have to do anything other than sign up for the program. You cannot write-off or ask for your contribution amount back through the Flexible Spending Account since your contribution came out before taxes already and is tax free.

FLEXIBLE SPENDING ACCOUNTS: You must sign up for these benefits every year. If you do not, then you cannot participate. Your employer will take a per paycheck deduction before taxes each pay period. You will request your reimbursement for money spent for expenses you have made during the Plan year. You will be reimbursed according to your human resources department's schedule which we have listed at the end of this Summary Plan Description

Your Flexible Spending Accounts are as follows:

Medical Expenses (Described Below – A)
Dependent Day Care Expenses (Described Below – B)
Individual Insurance Premium Expenses (Described Below – C)

A. Medical Expenses – Flexible Spending Account

You may choose to enroll in this plan to pay for out-of-pocket expenses for medical, dental, vision and other health expenses that are co-pays, deductibles, and services medically necessary and are not covered by insurance. Over-the-counter (OTC) items are allowed; however, some items may need a prescription from your Doctor.

OTC categories that will always require a doctor's prescription:

- Acid Controllers
- Allergy & Sinus Medications
- Anti-Fungal Medicines
- Anti-Gas & Diarrhea
- Anti-Itch & Insect Treatments
- Anti-Parasitic Treatments
- Antibiotic Products/Ointments & Creams
- Cough, Cold & Flu Medications
- Diaper Rash Medications
- Digestive Aids
- Eye Drops
- Hemorrhoid Medicines & Products
- Laxatives
- Pain Relievers (Aspirin, Motrin etc…)
- Respiratory Treatments
- Stomach & Digestive Aids
- Wart Removers

OTC categories that are available without a doctor's prescription:

- Bandages
- Blood pressure Gage & Equipment
- Carpal Tunnel Support
- Cholesterol Tests
- Colorectal Cancer Screen Tests
- Conception Aids
- Contact Lens Supplies
- Contraceptive Devices & Products
- Crutches, Walkers and Mobility Assistance
- Dentures and Supplies
- Diabetic Supplies and Medication
- Ear Wax Kits
- Heat Pads or Hot Pack
- Ice Packs
- Incontinence Supplies
- Knee Braces
- Lactation Expenses
- Nasal Strips
- Orthotics
- Pregnancy Tests
- Reading Glasses
- Thermometers

Federal guidelines state that you may contribute up to a maximum of $2,750 per year. Please remember this is a tax plan for you as an individual and it will affect your Form 1040. If you are entering your retirement year, you may want to contact a financial planner since this plan could influence how your social security benefit is calculated. This benefit will show up on your W-2 form at years end.

B. Dependent Care Expenses – Flexible Spending Account

A Dependent Care Reimbursement Account allows you to set aside part of your salary during the first two paychecks each month on a pre-tax basis to reimburse yourself for eligible expenses incurred for the care of your child, disabled spouse, elderly parent or other dependent who is physically or mentally incapable of self-care, so that you (and your spouse, if applicable) can work (or look for work).

Eligible Dependents

- *Your child, age 12 or younger, of whom you have custody and for whom you are entitled to claim a deduction on your federal tax return. For children of divorced or separated parents, only the parent with custody (rights to claim the child for tax purposes) can consider the child an eligible dependent under the plan.*
- *Your child, of any age, who is physically or mentally unable to care for him/herself, even if he/she does not entitle you to a deduction on your federal tax return.*
- *Your spouse, or elderly parent, who is physically or mentally unable to care for him/herself, even if he/she does not entitle you to a deduction on your federal tax return.*

Guidelines for Eligible Dependent Care Expenses

- *Care provided inside or outside your home by anyone other than your spouse, a person you list as your dependent for income tax purposes, or one of your children under age 19.*
- *Cost of care for a dependent (first grade through age 12) that is separate from the cost of schooling submitted for reimbursement.*
- *Pre-school expenses for a dependent before first grade. If the cost of care and the cost of schooling can be separated, only the cost of care is reimbursable. If the cost of schooling cannot be separated from the cost of care, the total cost is reimbursable.*
- *Expenses employed with a dependent care center or child care center are eligible for reimbursement if the center cares for more than six children and complies with all applicable state and local regulations*
- *Care provided for a qualifying dependent by a housekeeper, au pair or nanny.*

If you are single head of household status, or filing a joint tax return with your spouse, you may set aside $5,000.00 for the plan year. If you are married and file a separate tax return, you may set aside $2,500.00 for the plan year. This benefit will show up on your W-2 form at years end.

C. **Individual Insurance Premium Expenses – Flexible Spending Account**

You may choose to enroll in this plan to pay for individual insurance policies you have purchased on your own such as COBRA continuation coverage through a former employer or a policy you purchased outside of company coverage that possibly is not offered through your company. Please note that all policies must be owned by the employee and life insurance is the only insurance outside of a health insurance allowed through this program. You may only have a pay-out of $50,000 on your life insurance policy. This program is not subject to COBRA continuation and is not considered an employer sponsored insurance through this employer. This benefit will show up on your W-2 form at years' end.

WHEN AND HOW REIMBURSEMENTS ARE MADE:

Your employer has set up your schedule for your reimbursement to be made twice a month. You must turn in your request to us prior to the date your human resources department tells you they need you to turn in receipts to make sure you receive payment. Dependent Care and Individual Insurance payments are only made up to the amount that has been taken out of your payroll check. So you may have spent more money than you have received back but you are lowering your taxable income and sometimes your tax bracket so you are not being taxed as much as you normally would if you took the deduction on your end of the year tax return.

In addition, you have grace periods for reimbursement. They are as follows:

1. Upon termination of employment 60-days and all dates of service/purchases must show as before termination.
2. End of year by March 15th to spend any money from the old plan year then turn it in by April 30th of the new plan year. Anything that is rejected for any reason will receive a 60-day grace period to fix the problem. **If you do not use your money you will lose it to your employer.**

If you need help with your account please contact your administrator, Michelle Vargo, at (925) 627-8308 or email at: michelle.vargo@cetera.com for assistance. You should not contact your human resources department for help with your flexible spending plans or to discuss health conditions or concerns under this plan because of state and federal confidentiality rules.

CHANGE IN ELECTION

You cannot make changes in the middle of the plan year. Once you have made your elections they run for the entire plan year. However, if you have a status change that falls in to any of the following categories you are allowed to make a change **as long as you notify your employer within 30-days** of the status change: Status changes include:

- Legal Marital Status
- Change In Number Of Tax Dependents
- Change In Employment Status Of Employee, Spouse, or Dependent
- Dependent Satisfies Or Ceases To Satisfy Dependent Eligibility
- Change In Residence or Worksite Of Employee, Spouse or Dependent
- Leave of Absence and FMLA
- Change in Insurance
- Change in Spouse's Benefits
- Change in Child(ren) Losing Parent's Benefit(s)
- Change in Dependent Care Provider Fees or Ceased Services
- HIPAA Special Enrollment/COBRA Event
- Judgment, Decree or Court Order

END OF PARTICIPATION

The following are reasons that you would no longer be in the Plan:

a) You terminate employment.
b) You are no longer qualifying to be in the plan (i.e. work enough hours, or meet the eligible employee definition in another way).
c) The date of your death.
d) The date the Plan terminates.

If you terminate employment your contributions to the Plan will stop, except as provided under the provisions of COBRA (Consolidated Omnibus Reconciliation Act of 1983) you may then elect to continue a post-tax basis to make contributions to the Plan through the end of the Plan year.

Otherwise all claims for expenses incurred while you were employed must be submitted within 60 days following your date of termination of employment.

YOUR RIGHTS UNDER ERISA

The law provides that you will not be fired or discriminated against in any way for the sole purpose of preventing you from getting Plan benefits or to prevent you from exercising the rights you have as a plan member under ERISA, the Employee Retirement Income Security Act of 1974.

You are entitled to a) examine, without charge, all Plan documents and copies of all documents filed by the Plan with the U.S. Department of Labor, such as detailed annual reports and Plan descriptions; and b) obtain copies of all Plan documents and other Plan information upon request to the plan Administrator. The Administrator may make a reasonable charge for the copies.

In addition to creating rights for Plan Participants, ERISA imposes duties upon the people who are responsible for the Plan. These people are called "fiduciaries" of the Plan and have a duty to do so prudently and in the best interest of you and all Plan Participants.

No one, including your employer or any other person, may fire you or otherwise discriminate against you in any way to prevent you from obtaining a benefit or exercising your rights under ERISA. If your claim for a benefit is denied in whole or in part, you must receive a written explanation of the reason for the denial. You have the right to have your claim reviewed and reconsidered.

Under ERISA there are steps you can take to enforce the above rights and you may seek assistance from the U.S. Department of Labor, or you may file suit in a Federal court. If you have any questions about your right s under ERISA you should contact your nearest Area Office of the Labor-Management Services Administration, U.S. Department of Labor.