Use pre-tax dollars on eligible expenses and increase your take-home pay!

P&A GROUP
EST. 1975

Flexible Spending Account

www.padmin.com | (716) 852-2611

FSA Glossary

Annual Election Amount
The total dollar amount you elect to put into your FSA at the beginning of each plan year.

Dependent
A person whose expenses are eligible for reimbursement through the employee's FSA. A dependent includes any child of a participant whose 27th birthday will not have occurred by the last day of the current calendar year (December 31, 2026).

Eligible Expense
Items that are reimbursable under the FSA plan are classified as "eligible expenses" according to IRS rules. For a detailed list of eligible health care expenses, please see page 11; for eligible dependent care expenses, please refer to page 12.

FICA
Taxes collected for Social Security or Medicare benefits.

Flexible Spending Account (FSA)
A pre-tax benefit that enables participants to save approximately 30% - 40% on eligible expenses. By enrolling in this plan, you save on state, federal and FICA taxes. (State tax savings do not apply to New Jersey residents.)

Grace Period
An employer-chosen provision that gives you two and a half months after the end of the plan year to incur eligible expenses, as long as you are actively enrolled as of the last day of the plan year. MTA employees have until March 15, 2027, to incur eligible expenses for the 2026 plan year. (Per IRS regulations, employers can offer the grace period or the carry forward provision; they cannot offer both.)

Mid-Year Election and Status Changes
Mid-year elections are made outside of Open Enrollment. They are only allowed for new hires or employees who have a qualifying life event. New hires must enroll within 30 days of hire and coverage begins on the 91st day of employment. Employees cannot enroll, un-enroll or make election changes outside of Open Enrollment without a qualifying life event. Please see page 2 for additional details on qualifying life events. Mid-year elections can be made by completing the application on page 15 and emailing or faxing to the BSC.

Open Enrollment
A designated time, prior to the start of the plan year, during which employees can enroll in the FSA as well as change their benefit elections. **The MTA's Open Enrollment is November 1, 2025 - December 15, 2025 for the 2026 plan year.**

Plan Year
Typically, a twelve month period during which the annual election is effective. The MTA plan year is January 1, 2026 - December 31, 2026.

Run-Out Period
A period of time after the plan year ends when participants can submit claims for reimbursement of expenses that were incurred during the plan year and grace period. MTA participants must submit claims by June 30, 2027, for expenses incurred from January 1, 2026 - March 15, 2027.

Uniform Coverage Rule
A rule that allows you to access your entire annual election for the Health Care FSA immediately after the start of the plan year. Dependent Care FSAs are "pay-as-you-go."

Use or Lose Rule
Participants must spend their FSA balance by the end of the plan year and grace period or forfeit it according to IRS regulations.

Getting Started

WHY ENROLL IN AN FSA

With an FSA, you can use pre-tax dollars to help offset the cost of out-of-pocket healthcare, dental and vision expenses. You can also use the account to reimburse eligible childcare expenses. Please see page 11 for a sample list of eligible expenses.

WHOSE EXPENSES ARE ELIGIBLE?

The Health Care FSA can be used for the eligible expenses incurred by a participant, their spouse, or their dependents under the age of 27. The Dependent Care FSA can be used for dependent children under age 13, or under certain circumstances, a tax dependent who is incapable of self-care regardless of age. Please contact P&A Group to confirm eligible dependents.

ENROLLMENT

You should carefully estimate the amount you expect to be able to spend each plan year **BEFORE** you enroll (using either the worksheet on page 18 or P&A's online calculator), since unused funds will be forfeited after the end of the plan year. When you enroll, you must choose a **total** amount you want to contribute for the year. This amount will be deducted from your paychecks on a pro-rata basis throughout the year.

When you enroll in the FSA plan, you lower your taxable income on your W-2; therefore, you pay less in taxes and increase your spendable income. By using the pre-tax money you contributed to the FSA, you can save up to 30% - 40% on those expenses, depending on your tax bracket.

FSAs are designed to cut predictable costs while increasing your take-home pay. Maximize your money by taking advantage of this benefit and alleviate high out-of-pocket expenses!

Pro Tip

Use P&A's online FSA calculator to calculate estimated annual expenses and see approximately how much you can save.

Visit padmin.com/tools/fsa-calculator.

Bi-Weekly Payroll Example	
Total Estimated Eligible Expenses	$720
Bi-weekly Payroll	24 paychecks*
$720/24 paychecks =	a deduction of $30 per paycheck
**No payroll deductions are taken from the first and last pay period in the calendar year.*	

Weekly Payroll Example	
Total Estimated Eligible Expenses	$720
Weekly Payroll	48 paychecks*
$720/48 paychecks =	a deduction of $15 per paycheck
**No payroll deductions are taken from the first two and last two pay period in the calendar year.*	

Please note: members of certain unions may not be eligible to participate in the FSA program. Also, some members of certain unions will only save federal and FICA taxes. Check with your union representative or collective bargaining agreement to see if you fall into this category. The term "Social Security tax savings" may also apply to Railroad Retirement taxes.

Enrollment Information

Any benefits you elect are paid for with money that is withheld from your pay. These pay reductions do not count as income for income tax or Social Security tax purposes. This means that your FSA allows you to use tax-free dollars for expenses that would otherwise have to be paid for with money that you have already paid taxes on.

WHEN CAN I ENROLL?

Participants can enroll in an FSA during Open Enrollment. This is the period of time determined by the employer when employees can elect their benefits and decide how much to contribute to an FSA throughout the upcoming year.

MAY I CHANGE MY BENEFIT ELECTION?

You may only make a change in your election(s) during Open Enrollment. This means you may not make a change in your election(s) after the Open Enrollment period unless you experience a qualifying event, which includes:

- A change in legal status (marriage, death of your spouse, divorce, legal separation or annulment);
- A change in the number of your dependents due to events such as birth or adoption; and,
- A termination or commencement of employment by your spouse or dependent.

Mid-year election changes are permitted to the extent allowed by IRS regulations. Changes must be requested within 30 days of the qualifying event.

Will My Social Security Benefits Be Affected by My Contributions to the Plan?

Your Social Security benefits may be slightly reduced because when your pay is reduced to cover your benefits under the Plan, the amount of contributions that are made to the federal Social Security system to provide you Social Security benefits are also reduced. However, for most employees, the reduction in Social Security benefits will be insignificant compared to the value of paying lower taxes today.

What Happens if I Retire or Become Ineligible to Participate in the Plan?

If you retire or become ineligible to participate in the plan (i.e., terminate employment), your FSA contributions will cease. If you have money remaining in your Health Care FSA when you lose eligibility, it can only be used for eligible expenses incurred prior to your retirement or termination date. If you have money remaining in your Dependent Care FSA when you lose eligibility, it can be used for eligible expenses incurred prior to your retirement or termination date and during the remainder of the plan year. All claims for your FSA must be submitted by June 30 of the following plan year.

Pro Tip

Remember, unless you experience a qualifying life event that allows for election changes during the Plan Year, you will not be able to reduce or increase your contribution amounts, nor will you be able to transfer amounts from one account to the other. Please plan carefully before you enroll in this plan!

Tax-Savings Example

Whether you're an individual, part of a dual-income household or a couple with one working spouse, a Flexible Spending Account will provide you with additional benefits and more take-home pay. See the below examples of how an FSA can save you money throughout the year.

INDIVIDUAL

In this example, the individual employee earns $42,000. She uses her FSA to pay for her co-pays, deductibles and vision expenses. By enrolling in an FSA, she increases her take-home pay by $456. That's additional money she can use for other expenses!

WORKING COUPLE WITH DEPENDENTS

This couple both work. They have two children and make a total combined income of $114,000. They use the FSA plan to help pay for orthodontia as well as child care for their younger child. The chart shows that this couple increases their monthly take-home pay by $185 or $2,220 for the year by participating in an FSA. That gives them additional money for emergency expenses every family has and allows them to set aside some money to fund an additional retirement plan.

COUPLE - ONE WORKING SPOUSE

With grown children and only one working spouse, this couple has no child care expenses. With an annual salary of $90,000, they use the FSA to meet their health insurance deductibles and to pay for dental care expenses. By participating in an FSA, they increase their take-home pay by $612 - a nice raise for the family budget!

Monthly Amount	Individual*		Working Couple With Dependents**		Couple- One Working Spouse***	
	WITHOUT FSA	WITH FSA	WITHOUT FSA	WITH FSA	WITHOUT FSA	WITH FSA
Gross Income	$3,500	$3,500	$9,500	$9,500	$7,500	$7,500
Less Non-Deductible Benefits						
Medical/Dental Expenses		$150		$300		$200
Child Care Expenses				$400		
Total Income Subject to Tax	$3,500	$3,350	$9,500	$8,800	$7,500	$7,300
Federal & State Taxes*	$397	$371	$842	$711	$483	$448
Social Security & Medicare Taxes	$268	$256	$727	$673	$574	$558
After Tax Income	$2,835	$2,723	$7,931	$7,416	$6,443	$6,294
After Tax Expenses						
Medical/Dental Expenses	$150		$300		$200	
Child Care Expenses			$400			
Spendable Income	$2,685	$2,723	$7,231	$7,416	$6,243	$6,294
Increase in Take-Home Pay		$38		$185		$51
Total Increase in Pay Annually		**$456**		**$2,220**		**$612**

**Federal and state taxes reflect 2024 federal tax rates and typical state taxes with standard deductions and exemptions.*
***Working couple assumes married filing jointly, with two children under age 13 for which eligible child care expenses are incurred.*
****Couple with one working spouse assumes married filing jointly.*

Account Options

Enroll in a Flexible Spending Account and save money on medical, dental, vision and daycare expenses for you and your eligible dependents!

HEALTH CARE FSA

Enroll in a Health Care FSA to save money on medical, dental and vision expenses for you and your eligible dependents that are only partially covered or not covered at all by insurance.

Eligible expenses include:

- braces
- eyeglasses/prescription sunglasses
- insurance deductibles, co-pays
- OTC medications

Minimum annual election: $100
Maximum annual election: $3,400*

When you enroll in a Health Care FSA, all the money you choose to contribute for the year is available to you right away, on the first day of your plan year. You can get reimbursed for your claims up to that full amount, even if you haven't contributed all of it through your pay yet. This "up-front" availability is special to the Health Care FSA; other accounts build up your funds with each paycheck.

**The IRS limit on Health Care FSA contributions is indexed annually and subject to change. $3,400 is the maximum contribution amount for 2026.*

DEPENDENT CARE ASSISTANCE FSA

Set aside money into this account to pay for dependent care expenses. See page 14 for details on eligible dependents. Childcare expenses are only eligible until the date your dependent child turns 13.

PLEASE NOTE: This account does NOT reimburse medical expenses for your dependent(s). It is for qualified daycare expenses only.

Eligible expenses include:

- after school programs
- babysitters
- caregivers/eldercare
- daycare centers
- nursery schools

NEW

Minimum annual election: $100
Maximum annual election: $7,500 per household. Under the One Big Beautiful Bill Act, the maximum contribution allowed for Dependent Care FSAs has increased to $7,500 per household or $3,750 if married and filing taxes separately.

Benefits Card

P&A Group offers a Benefits MasterCard to participating employers who choose this option for the plan. Use your P&A Benefits Card to pay for eligible expenses with the swipe of your card!

How to Use Your Benefits Card

1. When you have an eligible expense, simply swipe your Benefits Card to pay the provider.
2. The expense is automatically deducted from your FSA balance.
3. After your purchase is made, please save a copy of your receipt in case P&A requests supporting documentation to verify your expense is eligible.

- The Benefits Card works like a debit card. Use the card and your funds are automatically deducted from your account.
- Your card is activated automatically the first time you use it.
- The Benefits Card cannot be used at an ATM to withdraw cash.
- Order additional or replacement cards at no cost.

Your card is valid for three years from the issue date. We'll automatically send a replacement to your home address in a plain white envelope when it's time for a new one.

Need cards for family members? You can order additional cards for your spouse or eligible dependents (age 18+).

Order a Benefits Card for Your Spouse or Dependent

It's easy! Order online or through our mobile app. You can also report a card lost or stolen.

Online: Log into your account at padmin.com, then select **Benefits Card Order Form** under **Quick Links**.

Mobile App: Open P&A's MyBenefits app, log in and tap **Cards** from the main menu.

Open Enrollment Reminders

CHANGING YOUR ELECTION AMOUNT

You may log back in or use the IVR to change your election amount through December 15, 2025.

MID YEAR ELECTIONS/NEW HIRES

Please complete the Enrollment Form on page 15 and fax it to the BSC at (212) 852-8700.

USE OR LOSE RULE

Under IRS guidelines, if you contribute pre-tax money to an FSA and do not use all of it, you will lose any remaining balance in the account at the end of the plan year and grace period. Only contribute money you are confident you will use during the plan year to pay for qualified expenses!

PLEASE NOTE

Members of certain unions may not be eligible to participate in the FSA program. Also, some members of certain unions will only save federal and FICA taxes. Check with your union representative or collective bargaining agreement category. The term "Social Security tax savings" may also apply to Railroad Retirement taxes.

First-Time Online Users

Go to the New User Sign-Up login box and when asked for your user ID, enter your Social Security Number or your Employee ID Number. Your Employee ID Number for this purpose is the last four digits of your Social Security Number, your birth month and your birth date: ssssmmdd.

After your initial sign-in, you'll create an unique username and password for your account.

Once you're logged into your account, please provide your e-mail address under the Profile tab to receive current updates about your FSA!

How to Enroll

Enroll from November 1, 2025 - December 15, 2025. Choose from two enrollment options below.

Option 1: Online Enrollment

1. Go to www.padmin.com. Click **Online Enrollment** at the top of the page and select **FSA**.
2. Under Existing User Sign-In, enter your username and password. Click **Go to Online Enrollment** and **Enroll Now**.
3. Read the instructions and click **I Accept**. You're now in the online enrollment wizard. You can keep your current election or change your election.

Reminder: You have to elect and enroll every year in the FSA, otherwise you will not be enrolled.

4. Once you've made your enrollment elections, a pre-confirmation page with a summary of your elections will appear. Click the blue pencil icon to make any changes. To continue, click **Next**.
5. Your enrollment is complete! You can have the confirmation e-mailed to you, or print the page for your records. Please review and save your confirmation to ensure you are enrolled correctly. Make sure to check your paycheck to see that your elections have been processed.

Option 2: Phone

1. Call 347-506-1835. To listen in English, press 1; to listen in Spanish, press 2.
2. When prompted, enter your Employee ID Number then press #. Your Employee ID Number is the last four digits of your Social Security Number, your birth month and your birth date: ssssmmdd.
3. Follow the audio prompts to enroll in your Health Care FSA and Dependent Care FSA!

How to Submit a Claim

Easily get reimbursed for your eligible expenses when you submit a claim. You can submit claims for qualified expenses throughout the plan year, or during the run-out period after the plan year ends. Discover the convenient claim submission options outlined below.

1 UPLOAD A CLAIM*

Log into your account at padmin.com from your device and select **Upload Claim/Documentation** under Quick Links or Member Tools. Follow the prompts on your screen.

2 USE MYBENEFITS MOBILE APP*

Download P&A's MyBenefits mobile app from the App Store or Google Play and log into your account to submit claims. Choose **Upload Claim/ Documentation** from the menu and follow the prompts on your screen.

3 MAIL/FAX A CLAIM

Complete a claim form and fax or mail to P&A Group.

Toll-free fax: (877) 855-7105

Mail: 6400 Main Street
Suite 210
Williamsville, NY 14221

Claim forms are located inside your account at padmin.com.

All claims must include proof of your expense so P&A can verify the expense is eligible (e.g., itemized invoice, Explanation of Benefits (EOB)). Please see the documentation requirements below for more information.

**Not all mobile claim upload features are currently available on all mobile devices or with all operating systems. Wireless carrier fees may apply. Requires at least a 2-megapixel camera.*

Documentation Requirements

HEALTH FSA CLAIMS

All claims must include one of the following documentation types:

- Insurance company statement or Explanation of Benefits (EOB).
- Itemized bill from the provider showing date of service, services rendered, provider of service, amount paid and, if applicable, amount covered by insurance.
- All prescription claims MUST include the Rx pharmacy receipt with Rx number. Credit card receipts are not acceptable.

DEPENDENT CARE ASSISTANCE ACCOUNT CLAIMS

All claims must include the name, address and taxpayer identification number of the dependent care service provider. In the case of a babysitter, the taxpayer identification number is the babysitter's Social Security Number. If you cannot remit a copy of your bill/contract, your daycare provider can sign your claim form and you can upload it as your "receipt."

Reimbursement FAQs

Pro Tip

Receive Faster Reimbursements with Direct Deposit!

Enjoy receiving your reimbursement quicker, without the hassle of a check!

HOW DOES P&A REIMBURSE ME AFTER I SUBMIT A CLAIM?

Consider Enrolling in Direct Deposit

The quickest way to receive your money is by direct deposit into your personal checking or savings account. Sign up for direct deposit by logging into your account from our mobile app or log into your account at padmin.com. Once enrolled in direct deposit, all reimbursements are made through direct deposit until we are otherwise notified.

If you don't enroll in direct deposit, you will receive reimbursement via check mailed to your home mailing address.

WHAT IS THE MAXIMUM AMOUNT I CAN BE REIMBURSED?

Review Reimbursement Amounts

Medical, dental and vision expenses will be reimbursed based on the total amount indicated on the claim request. This amount must not exceed your total plan-year election amount.

Dependent care expenses will be reimbursed based on the amount indicated on the claims request up to the total amount in your account (payroll deducted) at the time the claim is received. Total amounts must not exceed your plan-year election amount and must be submitted with appropriate documentation to verify eligibility of expenses.

- Minimum check reimbursement is $25.00
- Minimum direct deposit reimbursement is .50¢

PLEASE NOTE

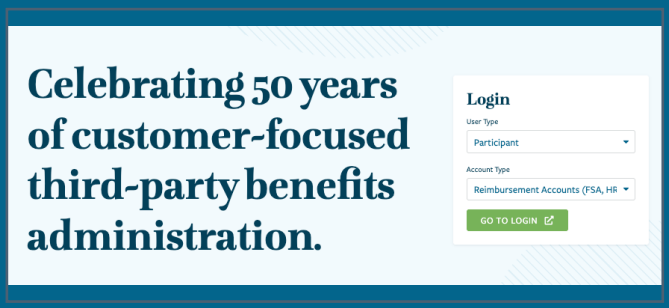
Reimbursements are based on when the service is provided, not when the service is billed or paid.

Account Login Tools & Resources

Log into your P&A account and manage your FSA on-the-go and at the convenience of your mobile device. Explore the resources available to help you manage your account and maximize your savings!

How to Log Into Your Account

Go to padmin.com. In the login box, select **Participant** and **Reimbursement Accounts** from the drop-down menus. Click **Go to Login** and enter your username and password. If this is your first time logging in, click the "first time logging in" link to create your unique username and password. You can also manage your account through our mobile app.



Participant Support Center

Contact P&A's Participant Support Center with any questions about your account. Participant Support Specialists are available to assist you Monday - Friday, 8:30 a.m. - 10:00 p.m. EST. Call to speak with an agent or use live webchat to connect online!

WEB: padmin.com

PHONE: (716) 852-2611 or (800) 688-2611

If you prefer, you can speak with a Spanish-speaking Participant Support Specialist when you contact our Support Center.

HOLA!

Penny Panda Videos

YouTube

Want a walk-through on how to use your account, submit a claim or login? View P&A's Penny Panda video library on our YouTube channel.

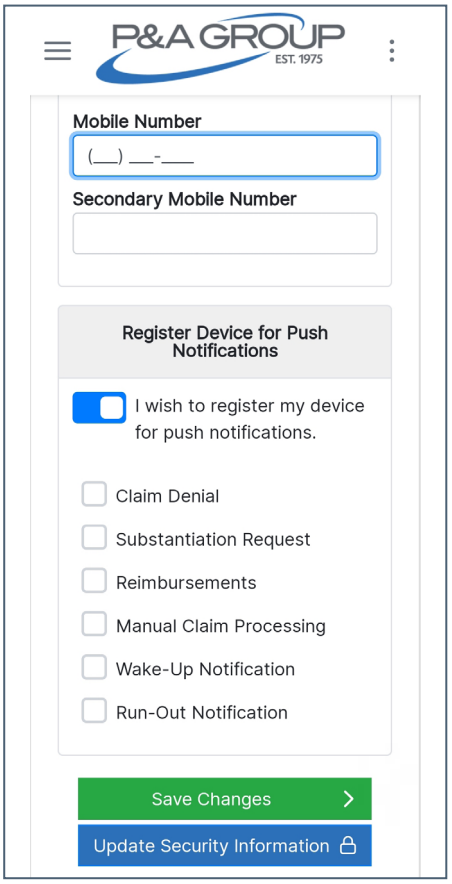
P&A Mobile Tools

Download P&A MyBenefits App

Go to the App Store (on Apple devices) or Google Play (on Android devices) and search "P&A Group MyBenefits" to get the app.

GET IT ON Google Play

Download on the App Store



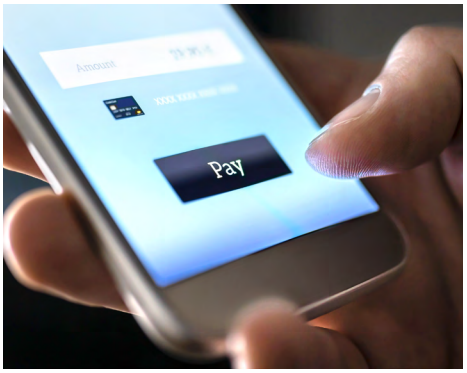
OPT-IN TO ACCOUNT ALERTS

Log into your account from the mobile app. Tap the three dots in the upper right corner and select **Profile**. Scroll down to enter your mobile number and opt into your preferred alerts.

Wake Up Alert	Reminder to check your available account balance and spend remaining funds prior to your plan's end date
Run-Out Period Reminder	Reminder to submit claims for eligible expenses incurred during the plan year
Reimbursement Alert	Get notified of claim reimbursements
Manual Claim Processing Alert	Get notified when your claim enters the processing stage
Substantiation Request Alert	Get notified when further documentation is required to approve your Benefits Card transaction
Claim Denials	Receive an alert when your claim is partially or fully denied

EZ Scan: Your Effortless Guide to FSA Eligibility!

P&A's EZ Scan tool lets you quickly check if a product is an eligible FSA expense by simply scanning its barcode. Find EZ Scan within the P&A mobile app's drop-down menu after logging into your account.



Mobile Pay: Digital Payments Made Easy

Enjoy convenience at check-out with P&A's Mobile Pay. This free, secure digital payment option allows you to instantly use your benefit account funds for eligible expenses, directly from your mobile device at the point-of-service. No card? No problem! Mobile Pay is a perfect alternative to your Benefits Card, ensuring you can always access your funds. It's simple to set up and use. Visit https://padmin.com/blog/pa-mobile-pay-now-available-for-participants/ for details.

FSA Sample Eligible Expense List

ELIGIBLE HEALTH CARE FSA EXPENSES

- Acupuncture
- Alcoholism treatment
- Allergy medication, nasal sprays
- Ambulance
- Analgesics, fever reducers, pain reducers (aspirin, ibuprofen, acetaminophen)
- Antacids and heartburn relief
- Antibiotic ointments
- Anti-itch creams and hydrocortisone creams
- Arthritis pain relieving creams
- Athlete's foot treatment, anti-fungal creams
- At-home COVID-19 tests
- Artificial teeth/dentures
- Bandages
- Birth control - only eligible with a prescription
- Blood pressure monitors
- Braces
- Braille-books and magazines
- Breast pumps and lactation supplies
- Cancer screening
- Chiropractors
- Chondroitin
- Co-insurance amount you pay
- Cold/hot packs
- Cold medicines, tablets, syrups, cough drops & lozenges
- Co-pay amount you pay
- Compression hose (30-40 mmHg or higher)
- Condoms
- Contact lenses and eyeglasses
- Contact lens solutions
- Cost of medically necessary operations and related treatments
- CPAP machine and sleep apnea maintenance/equipment
- Crutches
- Deductible medical coverage (amounts you pay)
- Dental fees
- Diabetic supplies
- Diaper rash ointment
- Drug addiction treatment
- Ear wax removal kits
- Eye exams, eye surgery
- Eye glasses (protection plans/warranties are NOT eligible expenses)
- Eczema treatments
- Feminine hygiene products
- Fertility treatments (in vitro fertilization, surgery)
- First-aid cream
- Glucosamine
- Hearing devices and batteries
- Hemorrhoid treatments
- Hospital services
- Incontinence products
- Infertility treatments
- Insulin
- Laboratory fees
- Lamaze classes
- Laxatives
- Medical alert bracelets
- Medical information plan
- Menstrual pain relievers
- Mentally handicapped person's cost of special home care
- Motion sickness pills
- Nasal spray and strips
- Nicotine gum, patches
- Nursing services (including boarding)
- Obstetrical expenses
- Orthotics
- Oura ring
- Over-the-counter medications
- Oxygen
- PPE (e.g., face masks, hand sanitizer, sanitizing wipes)
- Petroleum jelly
- Prosthesis
- Pregnancy tests
- Prenatal vitamins
- Psychiatrists' and psychologists' fees
- Radial keratotomy and lasik eye surgery
- Routine physical & other non diagnostic services or treatments
- Sinus medication
- Smoking cessation programs
- Speech therapy
- Special education for the blind
- Special plumbing for handicapped
- Sterilization (e.g., tubal ligation,vasectomy) and reversal
- Stomach and digestive relief items
- Sunburn cream (e.g., Solarcaine)
- Surgical fees
- Telephone, special for hearing impaired
- Television audio display equipment for hearing impaired
- Therapeutic care for drug and alcohol addiction received as medical treatment
- Thermometers
- Toothache and teething pain relievers
- Transportation expenses for person to receive medical care
- Urinary pain relief medication
- Vaccines
- Varicose vein, treatment of
- Walkers
- Wart removal, e.g., W Freeze Off (certain wart medicines may require a prescription)
- Wheelchair
- X-rays
- Yeast infection medication

ELIGIBLE HEALTH CARE FSA EXPENSES ONLY WITH A LETTER OF MEDICAL NECESSITY FORM

- Acupressure
- Compression hose (20-30 mmHg)
- Dietary supplements
- Doula
- Exercise programs or equipment
- Fiber supplements
- Humidifier
- Hypnosis
- Lead-base paint removal
- Massage therapy, rolfing therapy
- Mineral supplements
- Occupational therapy
- Orthopedic shoes (Reimbursement is permitted for the cost difference between orthopedic shoes and regular shoes.)
- Scooter, electric
- Service animal (guide dogs are eligible without a LOMN)
- Tuition/meals/lodging for special needs schooling
- Vitamins
- Water-Pik

NEVER ELIGIBLE

- COBRA premiums
- Concierge service fees - only medical services actually provided are eligible for reimbursement; membership fees for concierge services are not eligible for reimbursement
- Cosmetic products and cosmetic surgery (unless to remediate damage from an illness or injury)
- Disposable diapers
- Diet program foods
- Electric toothbrush
- Electrolysis
- Fitness programs*
- Hair transplants*
- Household help
- Maternity clothes
- Medicinal marijuana
- Teeth whitening*

**Unless prescribed by a doctor to treat an existing illness or injury.*

ELIGIBLE DEPENDENT CARE FSA EXPENSES

Please note: *This account does NOT reimburse medical expenses for your dependent(s). It is for qualified daycare expenses only.*

- After-school programs
- Babysitters
- Day camp
- Daycare centers
- Eldercare
- Nursery schools
- (Overnight camps are NOT eligible)

Expense eligibility is subject to change. If you are unsure if an expense is eligible for reimbursement, please call P&A Group at (716) 852-2611 or (800) 688-2611. You can also chat with a Participant Support Specialist by online webchat at padmin.com.

Flex spending with zero guesswork.

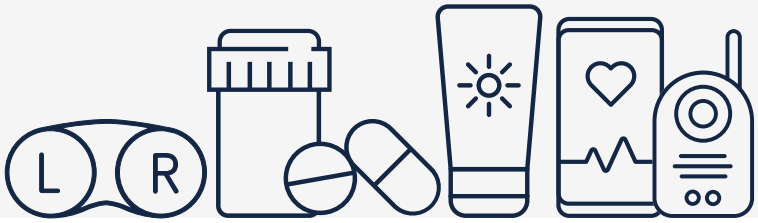
Shop for your FSA-eligible health needs through FSA Store, P&A's vendor partner and the largest selection of guaranteed FSA-eligible products.

Visit www.padmin.com/fsaextras

and get instant access to great deals and more, including money-saving tips from a Learning Center, an Eligibility List and other features to help answer your toughest FSA questions.

- The largest selection of guaranteed FSA-eligible products
- 24/7 support FREE shipping on orders over $50
- Are your health needs eligible? Easily check with our expansive Eligibility List
- No Rx needed Over-the-counter meds are fully eligible
- Learning Center Get daily money-saving info
- Use your FSA card or any major credit card

Everything 100% guaranteed eligible.



Dependent Care Guidelines

QUALIFYING INDIVIDUALS

Dependent care expenses must be provided to Qualifying Individuals. A Qualifying Individual is defined as any of the following:

1. A person under age 13 who is your "qualifying child" under the Internal Revenue Code (the "code"). i.e., (a) he or she has the same principal residence as you for more than half the year, (b) he or she is your child or step-child (by blood or adoption), foster child, sibling or step-sibling, or a descendant of one of them; and (c) he or she does not provide more than half of his or her own support for the year.

If you are divorced or separated, you must be the primary custodial parent of your child in order to be eligible for this account (irrespective of whether which parent may claim a personal exemption for the child on his or her federal income tax return). Non-custodial parents may wish to check with your legal or tax advisor to see if special rules apply to you that would enable you to utilize this account.

2. Your spouse if he or she is physically or mentally incapable of self-care and has the same principal abode as you for more than half the year.

3. A person who is physically or mentally incapable of self-care, has the same principal abode as you for more than half the year and is your tax dependent under the Code (for this purpose, status as a tax dependent is determined without regard to the gross income limitation for a "qualifying relative" and certain other provisions of the Code's definition).

ELIGIBLE EXPENSES

Eligible expenses are defined as those that enable you (and your spouse, if any) to be gainfully employed* or to seek employment. They include the following:

1. Expenses for services provided by a dependent care center (including a day camp) that complies with all applicable state and local laws and regulations;

2. Expenses for the care of a Qualifying individual or for household services attributable in part to the care of a Qualifying individual;

3. Expenses for services outside of your household for the care of a qualifying individual other than a person under age 13 who is your qualifying child, provided that qualifying individual regularly spends at least eight hours per day in your household.

In the case of any expenses for dependent care services provided by a child of yours, that child must be at least 19 years old at the end of the year in which the services were provided.

*If your spouse is a full-time student or is physically or mentally not capable of self-care, he or she is treated as if gainfully employed. A spouse is a "full-time student" if he or she is enrolled at and attends a school for the number of hours or classes that the school considers full time. Your spouse must have been a student for some part of each of five calendar months during the year.

PROHIBITED EXPENDITURES

Expenditures that are prohibited for reimbursement include the following:

1. Babysitting for social events.

2. Educational expenses.

3. Charges for overnight camp.

4. Expenses that you will take as a child care tax credit on your income tax return.

5. Expenses for services provided by your spouse, by a parent of your under age 13 qualifying child or by a person for whom you or your spouse is entitled to claim a personal exemption on a federal income tax return.

MAXIMUM ANNUAL CONTRIBUTION

Starting January 1, 2026, the maximum annual contribution will increase to $7,500 ($3,750 for married couples filing separately) but no more than the lesser of the earned income of you or your spouse.

P&A GROUP PARTICIPANT SUPPORT CENTER

Hours: Monday - Friday, 8:30 a.m. - 10:00 p.m. EST

Web: www.padmin.com

Phone: (716) 852-2611 or (800) 688-2611

Flexible Spending Account Enrollment Form

HR-DEFCOMP-052

FOR NEW HIRES AND MID-YEAR ENROLLEES ONLY
Please email the completed form to the MTA Business Service Center at bsc-hrdeferredcomp@mtabsc.org or via fax to 212-852-8700.

Employer Name: **MTA**	Plan Year: **2026**		BSC ID:
Last Name:	First Name:		MI:
Street Address:			
City:	State:		Zip Code:
Phone: ☐ Home ☐ Cell	Date of Birth:		Coverage: ☐ Single ☐ Family
E-mail Address:			Agency:
Payroll Cycle: ☐ Weekly ☐ Bi-weekly	Date of First Payroll Withheld:		
Spouse Name:			Date of Birth:
Dependent Name:			Date of Birth:
Dependent Name:			Date of Birth:
Dependent Name:			Date of Birth:

Account Type	Annual Election Amount	Short Plan Years/Mid-Year Enrollees
Health Care FSA Examples: doctor co-pays, eyeglasses, dental co-insurance	$_____ Annual total for 2026	Your election amount will be the full amount you are electing even if you will not be enrolled in the plan(s) for a full 12 months. This amount will not be prorated for your short plan year. New hires must enroll within 30 days of hire and coverage begins on the 91st day of employment.
Dependent Care FSA Examples: daycare centers, after-school programs, elder care Please refer to page 14 of the FSA Enrollment Guide for dependent care assistance account guidelines.	$_____ Annual total for 2026	
MINIMUM REIMBURSEMENT AMOUNT FOR CHECKS IS $25		

PLEASE NOTE: For enrollments or election changes made outside of Open Enrollment on this form, payroll deductions will begin with the next payroll period after the signature date. Claim reimbursements will be made for expenses incurred on or after your eligibility date (the 91st day of employment for new hires, or the date of the Life Event which provided the opportunity for this enrollment/election change).

AUTHORIZATION: I hereby elect the benefits indicated above. I have read and understood the enrollment materials (FSA brochure) and I authorize my employer to adjust my pay as required by my election. I further understand that *any amounts remaining in my account(s) not used for eligible expenses incurred during the period of coverage will be forfeited* in accordance with the current plan provisions and tax laws.

Signature of Participant: _____ **Date:** _____

Letter of Medical Necessity Form

Certain Flexible Spending Account (FSA) items are eligible for reimbursement only if a letter of medical necessity is provided. The letter must include the diagnosis of a medical condition and state that the expense is necessary to treat the medical diagnosis. It must also include the length of treatment. Examples of expenses that are deemed as medically necessary in order to treat a medical condition (and therefore are eligible for reimbursement under the FSA plan) include massages, gym memberships and weight loss programs. Your physician must complete and sign the form below, thereby acknowledging that the medical expense is being used to treat a medical condition.

This form is valid for one year from the date of signature. A new form must be submitted annually.

EMPLOYEE INFORMATION

Company Name		Employee DOB
Employee Last Name	**Employee First Name**	**Last 4 Digits of SSN or Member ID #**
Patient Last Name (if different than above)	**Patient First Name (if different than above)**	

PHYSICIAN'S DIAGNOSIS *(This section must be completed by the attending physician to confirm if treatment is necessary for a specific medical condition.)*

Healthcare Provider Name	Provider License No.	Healthcare Provider Phone No.
Diagnosis Date (mm/dd/yyyy)	**Treatment Start Date (mm/dd/yyyy)**	**Treatment End Date (mm/dd/yyyy)**
/ /	/ /	/ /

Please diagnose the medical condition being treated.

Describe the required treatment.

I assert that this treatment is medically necessary to treat the specific medical condition noted above. This treatment is not in any way intended for general health maintenance or cosmetic purposes.

Healthcare Provider Signature: X _____ Date: / /

Submit completed form to P&A Group.

Fax: (877) 855-7105 | Mail: P&A Group 6400 Main Street, Suite 210 Williamsville, NY 14221

Authorization for Release of Information

The HIPAA law was enacted to ensure your healthcare information remains private. As the employee and holder of the spending account, you may want to authorize someone other than yourself to have access to your P&A Group claim and plan information. For example, you may ask your spouse to contact P&A and inquire about a claim. By law, our Participant Support Specialists cannot speak to your spouse unless you have authorized the disclosure of protected health information in writing. In order to make the transition of information as seamless as possible, please complete this form and submit it to P&A. Please note, this form can be completed electronically by logging into your P&A Account. You also have the option of sending this form to P&A via fax or mail.

Fax: (877) 855-7105 | Mail: 6400 Main Street, Suite 210 Williamsville, NY 14221

I. INFORMATION ABOUT THE USE OR DISCLOSURE

I hereby authorize the use or disclosure of my individually identifiable information as described below. I understand that this authorization is voluntary and that I may revoke it at any time by submitting my revocation in writing to the entity providing the information.

Participant name: SSN Number:

Persons authorized to receive the information:

Relationship to the participant, including authority for status as representative:

☐ I authorize any and all information shared with the above named persons, with the following exception(s):

Unless otherwise revoked, this authorization will expire on the following date: ____/____/____

If I fail to specify a date, this authorization will expire when I cease to be a participant under this plan.

II. IMPORTANT INFORMATION ABOUT YOUR RIGHTS

I have read and understand the following statements about my rights:

- I may revoke this authorization at any time by notifying the providing organization in writing, but the revocation will not have any affect on any actions the entity took before it received the revocation.
- I may see and copy the information described on this form if I ask for it.
- I am not required to sign this form to receive my health care benefits (enrollment, treatment or payment).
- The information that is used or disclosed pursuant to this authorization may be re-disclosed by the receiving entity. I have the right to seek assurances from the above-named persons/organizations authorized to receive the information that they will not re-disclose the information to any other party without my further authorization.

III. SIGNATURE OF PARTICIPANT

SIGNATURE: DATE: / /

FSA Worksheet

Use the form below to calculate anticipated expenses and help determine how much money to set aside into your FSA. You can also use P&A's online calculator to estimate your annual expenses. Go to padmin.com/tools/fsa-calculator to access the online calculator.

HEALTH CARE FSA

(Medical, dental, vision expenses)

Expense Category	Estimated Annual Expense	Cumulative Total
Example - eye glasses	$400.00	$400.00
Health insurance deductible(s)		
Co-insurance and co-pays		
Vision care (contacts, glasses)		
Prescriptions		
Medical appliances (wheelchairs, crutches)		
Dental exams and cleanings		
Braces and retainers, fillings, etc.		
The total amount is calculated as your estimated annual election for this account.		Annual Election: $_____.

DEPENDENT CARE FSA

Expense Category	Estimated Annual Expense	Cumulative Total
Babysitters, daycare centers, nursery school		
After school programs, day camp		
Elder care		
The total amount is calculated as your estimated annual election for this account.		Annual Election: $_____.

Total of all elections: $_____ Divided by the number of payroll cycle= $_____/ per pay $_____

Flexible Spending Account

P&A GROUP
EST. 1975

P&A Group
6400 Main Street, Suite 210
Williamsville, NY 14221

Phone: (716) 852-2611 or (800) 688-2611
Web: padmin.com
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