

# Health Reimbursement Arrangement

## Plan Highlights

for

### Chabot-Las Positas Community College District

**Effective Date:** The effective date of the Plan is January 1, 2013.

**Plan Year:** The Plan Year ends on December 31.

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

- Regular Classified, Confidential and Supervisor Staff, and Regular Administrator Employees hired after January 1, 2013.

**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.

- \$200 per month for 12 months for 9, 10, 11, and 12 month Employees. If .5 FTE or more, but less than 1.0 FTE, the District HRA contribution shall be prorated each month.

**Contribution Frequency:** Monthly

**Investments:** Funds are invested in a guaranteed fixed annuity with American United Life Insurance Company, a OneAmerica Financial Partner. The interest rate may change on a quarterly basis, but is guaranteed never to fall below the standard NAIC rate. The guarantee is based on the claims paying ability of AUL. All earnings in the account are tax-free!

**Reimbursements:** Participants may request reimbursements from their accounts upon retirement or separation from service, but only for medical expenses incurred subsequent to becoming eligible to participate in the Plan. Participants must exhaust any funds available in a flexible spending arrangement ("FSA") prior to receiving reimbursement from this 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:

- After Five (5) years of service

**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 \$7.00 for each claim processed, up to a maximum annual reimbursement processing fee of \$42.00.

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

**Agent:** Dan Keenan, Keenan and Associates

**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,  
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