

## Over-the-Counter (OTC) Medicines Require a Prescription for Reimbursement - Effective January 1, 2011

By Deb Schwertel, FCS



**IRS Notice 2010-59** (the “OTC Notice”), issued on September 3, 2010, provided some clarification regarding the limitation imposed by the Patient Protection and Affordable Care Act (PPACA) on the eligibility of over-the-counter (OTC) drugs and medicines for tax-free reimbursement under an employer-sponsored health plan. Section 9003 of PPACA requires that **beginning January 1, 2011**, OTC medicines, drugs (other than insulin) and vitamins must be “prescribed” in order to qualify as “medical care” for purposes of employer-sponsored health plans (including Health FSAs and HRAs) and Health Savings Accounts.

This change will have a significant impact on the way OTCs are purchased and used by General-Purpose Medical FSA participants. This change has the potential to increase health care costs as

individuals schedule physician office visits to get “OTC prescriptions,” or choose more expensive “prescription-only” medications to ensure coverage under their Medical FSA’s.

The IRS defers to state law to determine what constitutes a prescription, which may complicate claims processing for employers with employees in multiple states. Until such a time that further guidance is issued, **effective January 1, 2011, all** Over-the-Counter (OTC) medications, drugs (except insulin), and vitamins will **require** a written prescription from a physician before a participant can be reimbursed for OTC items under any General Purpose Medical Flexible Spending Account (FSA), Health Reimbursement Arrangements (HRA) or Health Savings Accounts (HSA). Under 42 U.S.C. 1395x(r) the definition of physician includes MD, DO, dentist, optometrist, podiatrist or chiropractor, or those of which can be reimbursed by Medicare. A doctor’s letter will not be sufficient.

This new regulation applies to all OTC items that contain a medicine or drug such as cold and flu remedies (Nyquil/Sudafed), pain relievers (Tylenol/Advil/Aspirin), allergy medications (Claritin/Zyrtec), stomach remedies (Prilosec/Tums). For those Plans that have the 2 ½ month grace period for incurring claims, it is important to realize the new OTC rules take **effect for everyone on January 1, 2011** – regardless of the grace period or when a participant’s plan year began.

**Q. How do I prove that I have purchased an over-the-counter medicine or drug with a prescription so that I can get reimbursed from my employer’s General-Purpose Medical FSA or an HRA?**

*A. If your employer’s medical FSA or HRA reimburses these expenses, you would provide the prescription (or a copy of the prescription or another item showing that a prescription for the item has been issued) and the customer receipt (or similar third-party documentation showing the date of the sale and the amount of the charge). For example, documentation could consist of a customer receipt from the pharmacy that identifies the name of the purchaser (or the name of the person for whom the prescription applies), the date and amount of the purchase and an Rx number. A doctor’s letter will not be sufficient.*

*Continued inside cover*

### IN THIS ISSUE

Over-the-Counter Medicines . . . . .	1
Over-the-Counter Cont. . . . .	2
Adult Children . . . . .	3
Plan Year End Checklist. . . . .	4
10 Keys to Business Health. . . . .	5
HSA Limits 2011. . . . .	6
Did You Know?. . . . .	6
Staff Updates. . . . .	7
COBRA Corner. . . . .	8
Holiday Schedule . . . . .	8

## Over-the-Counter Q & A Continued

### Q. How does this change affect over-the-counter medical devices and supplies?

A. The new rule does not apply to items for medical care that are not medicines or drugs. Thus, equipment such as crutches, contact lens supplies, thermometers, reading glasses, supplies such as ace bandages, and diagnostic devices such as blood sugar test kits **will still qualify** for reimbursement by a General-Purpose Medical FSA or HRA if purchased after December 31, 2010. You may still receive reimbursement for these items by submitting the cash register receipt containing a description of the item, the date purchased, and the name of the dependent the item was purchased for along with your FSA Claim form.

### Q. My plan year does not run on a calendar year, when do the new OTC rules apply to me?

A. The prescription requirement for OTC medications will apply to non-calendar year plans mid-year **on January 1, 2011**, meaning those with plan years that have already started will have the new rule apply mid-plan year.

**Example:** ABC sponsors a General-Purpose Medical Health FSA with a plan year that runs October 1 through September 30. Sally purchases Prevacid on December 1, 2010, without a prescription. She submits her reimbursement request and is subsequently reimbursed. Sally again purchases Prevacid on January 2, 2011 (same plan year) without a prescription. She submits the OTC expense for Health FSA reimbursement, but this time, it is denied because she did not obtain the medicine with a prescription.

### Q. Can an employee change their election in a General-Purpose Medical FSA as a result of the new rule?

A. Although the OTC Notice does not specifically address election changes, a literal interpretation of the existing change rules and recent, informal remarks from Treasury officials would suggest **changes cannot be made** solely as a result of the rule change.

### Q. What steps should be taken now because of the New OTC Rule?

A. Even though the new OTC Rule is not effective until **January 1, 2011**, plan sponsors and administrators should take extra time to communicate the new OTC Rule to participants prior to 2011 enrollment (and likely again in December) to ensure that participants take the new OTC Rule into consideration when making their new elections. For those Plan Years that renewed before **January 1, 2011**, care should still be taken to communicate this change to participants so they can buy any over-the-counter items prior to December 31, 2010. **Remember:** Stockpiling is still prohibited and any purchases in excess of five of one particular item on one receipt will be denied.

### Q. If I use HSA or Archer MSA funds to reimburse the cost of over-the-counter medicines or drugs purchased after December 31, 2010 without a prescription, what taxes will I incur?

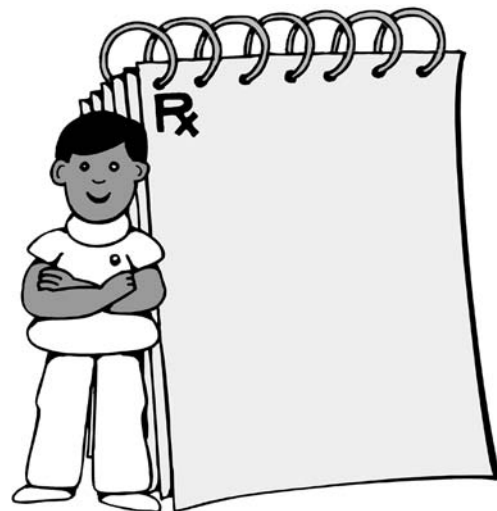
A. If you have an HSA or Archer MSA, the amount of the distribution for expenses that are not qualifying medical expenses will be includable in your gross income and subject to an additional tax of 20%.

Additional Information can also be obtained at the following links:

IRS Press Release: <http://www.irs.gov/irs/article/0,,id=227301,00.html>

IRS Q&A Release: [Questions and Answers on Over-the-Counter Medicines and Drugs](#)

Please feel free to contact our offices at 1-800-342-8235 or 1-800-554-7213 with any questions or concerns you may have. ■



## Imputed Income Tax for Adult Children-What you need to know.

If an adult child(ren) is enrolled under your health or dental plan and is not your tax dependent for income tax purposes, the fair market value (also known as imputed income) of the coverage will be taxed like other income you receive. The recently passed federal health care reform act provides for changes to federal taxable imputed income for “non-tax dependent adult children” as follows:

- The Patient Protection and Affordable Care Act, (March 23, 2010) and Health Care and Education Reconciliation Act, (March 30, 2010) stated that non-tax dependent adult children, or adult children, are eligible for health and/or dental insurance through the end of the year they turn 26 without any imputed FEDERAL tax. Imputed state tax may still apply depending upon whether or not your state conforms to federal law automatically or if the state must separately pass legislation. In addition, please note that some states extend coverage beyond the mandated federal age limit, which will require you to impute federal income beyond the year that the child is 26 at the end of the year.
- If an adult child is covered under a Health Reimbursement Arrangement (HRA), this constitutes health coverage and may have federal and state imputed income issues on this coverage. The federal and/or state imputed income will apply to the **fair market value of the HRA coverage** (COBRA rate on Single HRA), not the actual reimbursements for the expenses incurred by the adult child. The HRA COBRA rate is generally separate from the COBRA rate for the health premium.
- If an adult child is covered under a Health Flexible Spending Account (FSA), this constitutes health coverage and may have federal and state imputed income issues on this coverage. The federal and/or state imputed income will apply to the actual **reimbursements** for the expenses incurred by the adult child.
- Employees may be asked to identify any adult children covered under the plan(s) at the time of enrollment or, in the case of a FSA, at the time they request reimbursement.

### Example of Adult Child Coverage in Wisconsin

Under Wisconsin law, an adult unmarried child can be covered under a parents' health plan until they are 27.

- If your child was born in 1985 or later, for 2011 you will not be subject to imputed federal tax, but will be subject to Wisconsin imputed income tax.
- If your child was born in 1985 or later, for 2011 this means your child will turn at most age 26 in 2011 and will be covered without imputed federal income tax from January 1, 2011 through December 31, 2011, but will be subject to Wisconsin imputed income tax.
- If your child was born in 1984 or later, this means that in 2011, if he or she continues to be covered by your health and/or dental plan under the 2010 Wisconsin state mandate to cover children until the end of the month they turn 27, your child could be covered in 2011, but only until the end of the month they turn 27. There will be imputed federal and state taxes taken on the fair market value of coverage in 2011.



The fair market value is the COBRA rate for single coverage under the plan. For this purpose, you would disregard any 2% administrative fees that may be added to the premium under the COBRA rules.

**Note:** Although the fair market value of health coverage and any FSA reimbursements for an employee's adult child may be subject to federal and/or state imputed income tax, it is disregarded for purposes of calculating FICA and FUTA taxes, regardless of the child's age or status as a Code § 105(b) dependent. ■

# PLAN AMENDMENT AND ADMINISTRATION PROCEDURES CHECKLIST

## FOR PLAN YEAR BEGINNING ON OR AFTER SEPTEMBER 23, 2010

Review all of your health plans (including Health FSA and HRA) for any required amendments and notice obligations. Many of the requirements will impact your plan the first time it renews after September 23, 2010; however, some of the items may be mandated at a different time period, or may become effective sooner than mandated, by your insurance carrier. A partial list of some of the items you will need to address are highlighted below:

**Adult Child Coverage to Age 26 Amendment and Notices.**

Recommend limiting definition of “child” for purposes of adult child coverage to children who are within the scope of Code Section 152(f); son, daughter, stepchild, adopted child eligible foster child.

If adult children are not IRC Section 152(f)(1) children, must impute income for their coverage if they are not otherwise a tax dependent.

Coverage for adult children until the end of the calendar year in which the child turns 26 is eligible for exclusion from income for Federal income tax purposes.

- Consistent with new Code Section 105(b).
- Impacts Health and Dental Plans, as well as Health FSA and HRA plans.
- Plan Amendment must be executed by December 31, 2010; however you can rely on expanded definition of dependent effective March 30, 2010 for Health FSA and HRA.

**Provide model notice and thirty-day special enrollment to individuals affected by adult child coverage mandate.**

**Grandfathered Plan Notice (if applicable).**

**Delete annual limits (other than restricted annual limits) and lifetime limits on essential health benefits (does not apply to Health FSAs).**

HRAs integrated with major medical group health plans do not have to remove annual and lifetime limits if the major medical portion of the plan does not impose annual or lifetime limits (other than restricted annual limits).

Removal of lifetime and annual limits is an issue for all HRAs that the agencies are reviewing.

**Provide model notice and thirty-day special enrollment for individuals affected by deletion of lifetime limits on essential benefits.**

**Amend Plan to limit rescissions to cases of fraud or intentional misrepresentation of material fact.**

Require all individuals covered under the plan to inform the plan administrator if circumstances occur or are discovered that may affect an individual’s eligibility for coverage or the eligibility of a claim for payment.

**Eliminate provisions imposing preexisting condition exclusions for enrollees and applicants under 19 years of age.**

**CHIPRA Notice (Annual notice requirement for medical plan, Health FSA and HRA).**

**Eliminate Over-the-Counter Drugs and Medicines as Eligible Expenses for Health FSA and HRA as of January 1, 2011.**

May amend Section 125 or HRA plan document as late as June 30, 2011 as long as amendment is retroactive back to January 1, 2011.

**Notify eligible employees prior to or as part of open enrollment process that over-the-counter drugs and medicines purchased without a prescription after December 31, 2010 cannot be reimbursed under the health FSA and HRA.** ■

**NOTE:** Benefits Design Group, Inc. is working with our attorney to prepare any required amendments as they relate to the Section 125 or HRA plans. You will be sent a separate mailing when available. Consult directly with your insurance carrier/broker about any required amendments and notices that relate to your group health or dental plans. ■

# 10 Keys to Implementing a Successful Business Health Strategy Program

By: Guest Columnist Joe Byrd

Wellness in the workplace has become an increasingly important topic. By managing health we can manage health costs, which is a common goal with my clients. As a consultant, I help companies reach this common goal by making wellness part of their business. It's called Business Health Strategy. Here are the *10 keys to implementing a successful Business Health Strategy program*:

## 1. Develop a clear plan/goals

In any area of business it is important to have a plan with clear goals. Wellness is no different.

## 2. Gain top-down buy-in and support from management

Your company needs top-down buy-in and support. When a message comes from the top that we are going to be a healthy company, it sends a very powerful message and drives participation.

## 3. Determine necessary investment

It is important that you have clear, supported resources in place. Like most areas of business, you get out what you put in to your program. An investment of nothing will yield nothing: not a great return, huh?

## 4. Change company culture

In a successful company, not only is each and every employee supporting the culture, but they are also supported by this culture. Their health and the health of your business will continue to build on itself.

## 5. Create healthy environment

If you roll out a program in an environment that doesn't support it, it will not succeed. Your employees are going to do what is easiest. Business Health Strategy makes the healthy choice the easy choice.

## 6. Engage employees

If people aren't interested, they won't participate. Many companies try to implement programs *AT* employees rather than *FOR* employees. If it's their program, they will participate and results will follow.

## 7. Customize to your population

No two companies are exactly alike. Tools need to fit you not the other way around. Using employees' input can increase participation. Your program has to be part of *YOUR* strategy and fit with *YOUR* culture.

## 8. Communicate consistently

With your *OWN* program you can communicate goals regularly from a central platform. Your employees will know the importance of the message and have an outlet for questions, concerns and ideas to make it better.

## 9. Support implementation

"Who has time to do this?" is a common question when it comes to implementation. Dedicating someone (internally or externally) to run your program is the difference between a great idea and a successful program.

## 10. Long-term planning

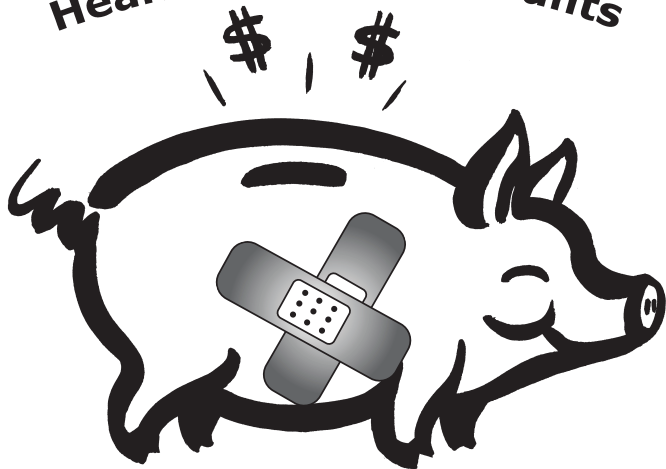
Goals should be focused over many years. There is no quick fix. The cost of healthcare may have risen quickly, but the causes (poor health and increased need for medical care) took years to develop.

If you have implemented a successful wellness program in the past, you've already covered these areas. If your company has struggled previously, you are likely missing one or more of these pieces. A customized, ongoing program is your best way to achieve long-term success in all areas of business. Wellness is no different. To learn more about turning your wellness goals into a successful Business Health Strategy, contact Joe Byrd.

Joe Byrd is a Business Health Consultant, Wellness Coordinator On-Demand and the Owner/President of Byrd Wellness Concepts located in the greater Mpls/St Paul MN Area. He can be reached at: **Toll Free: 866.851.7961** or **Email: [info@ByrdWellnessConcepts.com](mailto:info@ByrdWellnessConcepts.com)** **Web: [www.ByrdWellnessConcepts.com](http://www.ByrdWellnessConcepts.com)** ■



## Health Savings Accounts



## HSA Limits for 2011

HSA Limits for 2010 and 2011 will remain the same.

### 2011 Annual HSA Contribution Limit:

**Self-only: \$3,050      Family: \$6,150**

### **HDHP Limits: Minimum Deductible:**

**Self-only: \$1,200      Family: \$2,400**

### **Maximum Out-of-pocket:**

**Self-only: \$5,950      Family: \$11,900**

**Catch Up Contribution:              \$1,000**

**(Individual over the age of 55)**

### **Effective January 1, 2011 penalty for distributions from a HSA not used for qualified medical expenses increases from 10% to 20%.**

Individuals who are eligible individuals on the first day of the last month of the taxable year (December for most taxpayers) are allowed the full annual contribution (plus catch up contribution, if 55 or older by year end), regardless of the number of months the individual was an eligible individual in the year, so long as they remain HSA eligible for the following 12 months after the tax year ends. For individuals who are no longer eligible individuals on the first day of the last month of the taxable year or do not remain HSA eligible for the entire 12 months following the tax year, both the HSA contribution and catch up contribution apply pro rata based on the number of months of the year a taxpayer is an eligible individual.

HSA Compatible Flexible Spending Accounts (FSA) and HSA Compatible Health Reimbursement Arrangements (HRA): Just because you add a HSA qualified High Deductible Health Plan (HDHP), does not mean that traditional flex or HRA plans no longer have any purpose. If you have not done so already, we can help you redesign your existing Flex plan to become HSA compatible and teach your employees how to maximize their tax savings by using the tax laws to their advantage!

Stretch your dollars farther by using either a Limited-Purpose Medical FSA or HRA or learn how to stack benefits by using a Post Minimum HSA Deductible FSA or HRA along side the Health Savings Account.

**Contact one of our employee benefit plan consultants at 1-800-554-7213 or 1-800-342-8235 toll-free today to learn how we can help you stretch your benefit budget.**

---

## Did you know?

Employer health care costs for active employees are projected to rise 8.2% in 2011, to an average annual cost of \$10,730, according to a recent survey of 466 large and midsize employers conducted last month by Towers Watson.

Among survey respondents, 59% plan to implement significant or moderate health care plan design changes in 2011, and 67% plan to do so in 2012.

While more than half (57%) report that compliance with PPACA is their top priority today, 43% plan to rethink the long-term benefit strategy for active employees, as their primary focus next year.

According to the survey, 86% of U.S. employers plan to increase efforts to encourage employees to engage in wellness/health promotion programs, with 65% already or planning to increase incentives for these programs and another 17% considering this action for 2012.

In addition, the survey found that employers expect to:

- continue offering employer-sponsored health care plans for active employees (94%)
- lose their plan's grandfathered status by 2011 (55%) or by 2013 (85%)
- examine new engagement strategies, such as using social networks and other channels to communicate about employee health and well-being (40%).

## Staff News

**Sue Sieger CFCI and Kim Ness CFCI** recently completed courses in Interpersonal and Organizational Excellence at Viterbo University in La Crosse, Wisconsin. The **Ethical Leadership in Organizations** classes are designed for people who want to learn how to lead effective, ethical change within their organizations. Participants acquire practical knowledge of servant leadership and ethical decision-making. They also learn specific leadership strategies, based upon a proven training program that will establish long-lasting and significant transformation of the workplace culture. Kim completed Part I during an entire week in June. Sue completed Part I in 2009 and Part II this past August to finish the requirements for the Graduate Certificate program. Other leaders in education, healthcare, business, industry, and public and private sector organizations were in attendance from various locations across the United States.

In addition to continuing her education, Sue has been busy speaking at various SHRM meetings and other special interest groups on the topic of Health Care Reform. She is also holding several seminars in the next couple of months as employers prepare for open enrollment of their benefits. She has been most recently selected to speak on the new health care laws at the **2011 Wisconsin State Education Convention**, which will be held in **Milwaukee, Wisconsin, January 19-21, 2011**. Sue has been able to answer many questions for employers and brokers related to how health care reform will impact benefits in 2011 and beyond. **If you are interested in having Sue speak at any of your events, please contact our office.**

Benefits Design Group, Inc. is a long time member of the Employers Council on Flexible Compensation (ECFC). ECFC is a non-profit organization dedicated to the



maintenance and expansion of private employee benefit programs on a tax-advantaged basis. ECFC has developed certification programs to develop and train industry leaders you can rely on to help you wade through the health care reform mandates. The following Benefits Design Group, Inc. (BDG) employees recently obtained the Flexible Compensation Specialist (FCS) designation through ECFC and the Academy for Professional and Ethical Standards: **Deb Weiner, Melissa Bell and Deb Schwertel**. BDG is proud of these employees and their desire to keep their skills and knowledge honed to the sharpest edge through their study and examination. The

examination covered flexible benefit programs, claims management and payment cards, and Health Reimbursement Arrangements and Health Savings Accounts.

There are three levels of achievement within ECFC. CFCI-Certified in Flexible Compensation Instruction held by **Sue Sieger and Kim Ness** as well as Certified in Flexible Compensation held by **Brenda Manke and Shawn Bresnahan**. With the addition of three more employees to the list of those certified on staff, this further demonstrates our commitment to excellence and why we remain leaders in employee benefit administration.



Congratulations to Deb Schwertel and husband Chris, on the arrival of their son, October 6, 2010. Mom and baby are doing fine.

**PLEASE NOTE:**

Deb Schwertel will be on maternity leave for the remainder of 2010. ■

# Benefits Design Group, Inc. Staff

fax us at: (608) 781-4576

**ONALASKA OFFICE**

Phone: 1-800-342-8235 or

1-800-554-7213

(608) 781-2159

**Sue Sieger**, CFCI ext. 3158  
General Manager/Marketing/Sales  
e-mail: [ssieger@bdgflex.com](mailto:ssieger@bdgflex.com)

**Kim Ness**, CFCI ext. 3235  
Operations Manager  
e-mail: [kness@bdgflex.com](mailto:kness@bdgflex.com)

**COBRA Benefits Specialists**

**Sonja Kerr** ext. 3232  
e-mail: [skerr@bdgflex.com](mailto:skerr@bdgflex.com)

**Heather Smith** ext. 3230  
e-mail: [hsmith@bdgflex.com](mailto:hsmith@bdgflex.com)

**Account Representatives**

**Melissa Bell**, FCS ext. 3142  
e-mail: [mbell@bdgflex.com](mailto:mbell@bdgflex.com)

**Brenda Manke**, CFC ext. 3304  
e-mail: [bmanke@bdgflex.com](mailto:bmanke@bdgflex.com)

**Valerie Schleifer** ext. 3231  
e-mail: [vschleifer@bdgflex.com](mailto:vschleifer@bdgflex.com)

**Debra Weiner**, FCS ext. 3254  
e-mail: [dweiner@bdgflex.com](mailto:dweiner@bdgflex.com)

**Deb Schwertel**, FCS ext. 3233  
e-mail: [dschwertel@bdgflex.com](mailto:dschwertel@bdgflex.com)

**Missy Thill** ext. 3509  
e-mail: [mthill@bdgflex.com](mailto:mthill@bdgflex.com)

**WAUSAU OFFICE**

**Shawn Bresnahan**, CFC  
Employee Benefits Consultant  
e-mail: [sbresnahan@bdgflex.com](mailto:sbresnahan@bdgflex.com)

Phone: (715) 848-4267

**MINNEAPOLIS OFFICE**

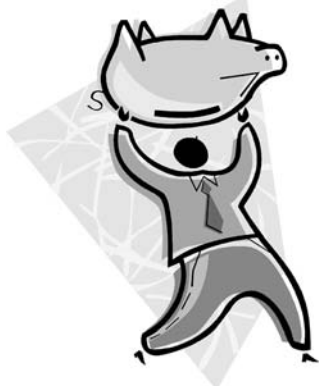
**Bob Stein**

Marketing Representative  
e-mail: [bstein@bdgflex.com](mailto:bstein@bdgflex.com)

Phone: (651) 686-5903

## COBRA CORNER

By: Heather Smith



The COBRA premium reduction subsidy made available through the American Recovery and Reinvestment Act (ARRA), and other various extenders, expired on May 31, 2010. Unemployment benefits were extended; however, due to the expense, Congress could not generate enough support to also continue the COBRA premium subsidy program. The premium subsidy assisted countless employees who lost their health coverage due to involuntary termination of their employment from September 1, 2008 through May 31, 2010. The 65% COBRA premium reduction is available for up to 15 months for involuntary terminations that occurred on or before May 31, 2010, as long as they otherwise continue to qualify for the reduction. Note: Former

employees that are eligible for other group health coverage or Medicare are no longer eligible for the subsidy.

According to a study by Hewitt Associates the historical COBRA monthly average enrollment rate is 12%. Hewitt analyzed COBRA enrollment rates going back to 2004; they reported that during the COBRA subsidy the average COBRA enrollment rate rose to 25% with an enrollment peak of 46% in June of 2009. Hewitt Associates anticipates a decline of COBRA enrollment as workers can't, or are not willing to, pay for the high premiums associated with COBRA coverage.

With the end of the COBRA subsidy, the Department of Labor (DOL) has issued a new Fact Sheet and FAQ's to assist COBRA participants, employers and COBRA administrators to prepare for potential questions that may arise. The fact sheet contains the following information:

- A warning to COBRA participants that they need to know when their 15 months of premium assistance ends. Employers and or COBRA administrators are not required to contact individuals to remind them that their subsidy period is ending.
- Information on who to contact if the COBRA participant believes their coverage was cancelled inappropriately.
- The importance of paying the full premium amount after the end of their premium subsidy and information about state high risk pools and special enrollment rights through a spouse's plan.
- Suggestions for other possible types of coverage for those who have lost COBRA coverage due to nonpayment of their COBRA premium.

Visit [www.dol.gov](http://www.dol.gov) for more details.

Please contact our COBRA Specialists Heather Smith at [hsmith@bdgflex.com](mailto:hsmith@bdgflex.com) or Sonja Kerr at [skerr@bdgflex.com](mailto:skerr@bdgflex.com) if you have any questions or concerns. We would be happy to assist you with your COBRA needs. Ask us how to get a free, no obligation proposal today! ■

### HOLIDAY SCHEDULE

We will be **closed** in observance of the following holidays:

#### Thanksgiving

There will only be one Service Option #1 check process this week on Tuesday.

Wednesday, November 24, 2010 close early at 1pm.

Thursday and Friday, November 25 and 26, 2010 closed all day.

#### Christmas

There will only be one Service Option #1 check process this week on Tuesday.

Thursday, December 23, 2010 and Friday, December 24, 2010 closed all day.

#### Normal office hours

7:30 a.m. - 4:30 p.m. M-TH, 7:30 a.m. - 1:00 p.m. F (CST)

Employees may access their account information 24/7 at: [www.bdgflex.com](http://www.bdgflex.com)

# We're Wired!!!

Contact  
Us @

[www.bdgflex.com](http://www.bdgflex.com)

Email:

[bdggeneral@bdgflex.com](mailto:bdggeneral@bdgflex.com)

Learn all about  
Benefits Design Group, Inc.

Understand more  
about the tax law.

Check out what's new  
in benefits.

OR

Download our  
current forms.

*Just*

point  
and  
click

#### Please Note:

This publication is designed to provide accurate and authoritative information in regard to the subject matter covered. It is provided with the understanding that neither the author nor the publisher is engaged in rendering legal, accounting or other professional service. If legal advice or other expert assistance is required, legal counsel should be consulted.

© 2010 Benefits Design Group, Inc.

Benefits Design Group, Inc.  
P. O. Box 370  
Onalaska, WI 54650-0370