



**To:** John Deere Flexible Spending Accounts Participants

**Subject:** 2013 Flexible Spending Account Program for Dental & Vision Care  
And Dependent Care Expenses

Dear Participant:

Welcome to Group Dynamic, Inc. (GDI). We are an independent third-party administrator selected by John Deere to administer your Flexible Spending Accounts (FSA). We have prepared the enclosed Welcome Packet to assist you with the reimbursement process. It contains:

- Instructions on how to access your account via the Participant Portal;
- A list of eligible expenses;
- A sample claim form;
- Frequently Asked Questions to help you navigate the transition to Group Dynamic Inc. (GDI) and the services we provide;
- A Direct Deposit form. If you choose, you can elect to have your FSA reimbursements deposited into your bank account. Otherwise your reimbursement check will be mailed to you.

Additionally, any questions about your account or your reimbursements can be answered by our Reimbursement Team at 1-800-626-3539. Our representatives are here to help you Monday through Friday from 8:00 to 5:00 Eastern Time.

We look forward to working with you!

Group Dynamic, Inc.

## HOW TO ACCESS YOUR ACCOUNT!

Please see below for a brief description of the tools available to help you manage your account activity. Please contact our Reimbursement Team at (800) 626-3539 with any questions.

### ACCOUNT ACCESS

Access to your account will be available on the first day of your plan year. At that time you may:

**Go to:** [www.gdynamic.com](http://www.gdynamic.com)

**Click on:** Participant Login

**Temporary Username:** Your first name/state abbreviation/last 5 digits of your SSN, all lower case.





*Example: lisame12345*

**Temporary Password:** Your first initial/state abbreviation/zip code, all lower case.

*Example: lme04105*

You will be asked to create a new username and password after your initial login.

### FEATURES

-  Account balance information
-  Claim history
-  Download forms
-  File a claim

**NOTE:** You can also receive email notifications about your account by providing your email address under the "Profile" tab.

### REIMBURSEMENT REQUESTS

**ONLINE:** Login to your account and click on "Accounts" and "File Claims." Be sure to have an electronic copy of your receipts to attach when you submit your request.

*If you prefer to submit a paper claim, please see the following information:*

**PAPER CLAIM:** Download the appropriate Reimbursement Request Form from the "Forms" tab. Complete the form, attach your documentation and file by email, fax or postal mail.

### FILING OPTIONS

If you are unable to file a request for reimbursement online, please use one of the following methods to submit a request:

**Email:** [claims@gdynamic.com](mailto:claims@gdynamic.com)

**Fax:** (207) 781-3841

**Mail:** Group Dynamic, Inc.  
411 U.S. Route One  
Falmouth, Maine 04105



### ASSISTANCE

Our Reimbursement Team is ready to assist you. Please contact us at **(800) 626-3539**.



## **Limited Purpose Flexible Spending Accounts (FSA) Eligible Expenses for Dental and Vision Care**

1. All services must be provided by a licensed practitioner.
2. Stockpiling of supplies is prohibited by the IRS.
3. Services must be rendered or items purchased during the plan year and while your account was active.
4. You must use your flex account money during the plan year or it is forfeited.

### **Eligible Dental Services**

Cleanings	X-rays	Dentures
Fluoride Treatments	Extractions	Implants
Fillings	Crowns	Denture Adhesive
Orthodontia	Bridges	

### **Ineligible Dental Services**

Teeth Whitening or bleaching  
Perishable supplies – e.g. toothpaste, toothbrush, floss  
Electronic toothbrushes/cleaning systems (even if recommended by a dentist)  
Pre-payment of services not yet received (not applicable to orthodontic contracted services)

### **Eligible Vision Services**

Eye Exams	Eye Glasses (Frames & Lenses)
Prescription Sunglasses	Prescription Safety Glasses
Reading Glasses (OTC)	Radial Keratotomy
Lasik Surgery	Contact Lenses & Contact Lens Solution

### **Ineligible Vision Services**

Contract fees for maintenance/replacement of contact lenses or eyeglasses  
Pre-payment of services not yet received

#### **Vision & Dental Service Receipts – A Word of Caution:**

The IRS requires that you have an ITEMIZED RECEIPT of services received.  
Credit card slips are not sufficient.

#### **An Itemized Receipt Contains the Following:**

Provider's Name (Dentist, optometrist, etc.) / Patient Name / Date of Service  
Description of Service / Cost of Service

## **Flexible Spending Accounts (FSA) for Dependent Care Expenses**

### **Eligible Dependent Care Expenses**

Before and after-school care  
Pre-school  
Day camps  
Wages paid to a childcare provider in your home, including employment taxes  
Child care center  
Fees charged by a childcare provider working out of his or her home

### **Ineligible Dependent Care Expenses**

Kindergarten  
Child support payments  
Overnight camp  
Deposits for services not incurred  
Activity fees  
Meals  
Incidental babysitting

### **Other Important Facts**

- You may use the Dependent Care Flexible Spending Account if you (or you and your spouse, if married) require dependent care so that you and your spouse can work, or so that you can work and your spouse can attend school full-time.
- You may request reimbursement of eligible expenses for a child who has not yet reached their 13<sup>th</sup> birthday and who is your IRS-defined dependent.
- You may also request reimbursement of eligible expenses for a spouse, older child or other individual who is an IRS-defined dependent and is physically or mentally incapable of caring for himself/herself.
- You may either use this account or use the "Child-Care Credit" available from the IRS when you file your annual tax return. For many people the dependent care account provides greater savings.
- Your pre-tax withholdings for this account will be shown in Box 10 of your W-2. You will need to complete IRS Form 2441 with your annual federal tax return.

**REIMBURSEMENT REQUEST for Flexible Spending Accounts**  
**Limited Purpose Dental & Vision Care Expenses and Dependent Care Expenses**  
(Please staple receipts to back of form)

**EMPLOYEE INFORMATION**

Employee Name:	SS #
Employer:	Plan Year:

**DEPENDENT CARE (child care, elder care)**

Provider Name	Provider SS# or Tax ID#	Services For (Name)	Relationship/Age	Date(s) of Service	Amount
<b>TOTAL:</b>					

**DEPENDENT CARE PROVIDER (If you don't have a receipt, this section must be completed)**

Provider's Name	Provider SS/Tax ID#:
Provider's Address	
Address	City State Zip
I certify that I have provided the services as listed above.	
Provider's Signature	Date

**VISION AND DENTAL CARE EXPENSES ONLY**

Provider Name	Service/Item Purchased	Services For (Name/Relationship)	Date(s) of Service	Amount
<b>TOTAL:</b>				

I request reimbursement for my dependent care expenses and/or dental, vision care as itemized above. Enclosed are receipts which state: date of service, provider name, type of service and fee charged for the service. My signature below acknowledges my understanding of the following: 1) The expenses listed above have not been reimbursed nor will I seek reimbursement for these expenses from any other source. 2) The expenses must qualify for reimbursement under the Internal Revenue Code. 3) Reimbursed expenses cannot be claimed as credits or deductions on my personal income tax. 4) I have retained copies of the documentation submitted with this claim as these materials will not be returned to me.

<b>SIGNATURE REQUIRED:</b>	<b>Date:</b>
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Reimbursement requests must be received before 12 Noon (ET) on Tuesdays for processing that week.  
Requests received after this time will be processed the following week. Submit your claim via:

**Mail To:** Group Dynamic, Inc., Reimbursement Benefits, 411 U.S. Route One, Falmouth, ME 04105  
**Phone:** (207) 781-8800 or 1-800-626-3539 **Email to:** [claims@gdynamic.com](mailto:claims@gdynamic.com)  
**Fax To:** Reimbursement Benefits, 207-781-3841 **On-Line Claim Submission:** [www.gdynamic.com](http://www.gdynamic.com) "Participant Login"

## **DEPENDENT CARE EXPENSES**

1. **Complete all pertinent information on the Reimbursement Request Form.** If you have any questions or need assistance in filing this form, please call 1-800-626-3539. We will be happy to assist you.
2. Attach a copy of the invoice showing the provider's name and address, dates of service and the expense incurred. If your daycare provider does not issue statements, you may complete the information on the front of the Request Form. Simply have your provider sign the form in the appropriate space as verification of the information that you have provided.
3. Third party verification is required; therefore, canceled checks, check copies or credit card statements may not be used as documentation.
4. Retain originals of the invoice(s) and Request Form submitted for your personal tax records as those you submit cannot be returned to you.
5. Incomplete Reimbursement Request Forms or those lacking proper documentation will not be processed. You will receive a letter of explanation.

## **DENTAL AND VISION CARE EXPENSES**

1. **Complete all pertinent information on the Reimbursement Request Form.** If you have any questions or need assistance in filing this form, please call 1-800-626-3539. We will be happy to assist you.
2. Attach copies of the invoices for services received. The documentation submitted must include the providers' name, address & credentials, dates of service, description of service and the expense incurred.
3. If a service has been partially covered by insurance, send a copy of the Explanation of Benefits (EOB) received from the insurance company. Request only the amount you will actually be paying. You cannot be reimbursed for items that will be paid by your insurance.
4. Third party verification is required; therefore, canceled checks, check copies or credit card statements may not be used as documentation.
5. Retain originals of the invoices(s) and Request Form submitted for your personal tax records, as those you submit cannot be returned to you.
6. Incomplete Reimbursements Request Forms or those lacking proper documentation will not be processed. You will receive a letter of explanation.
7. In certain instance, a statement from your health care provider may be necessary to verify the medical necessity of a procedure or prescription.



**Frequently Asked Questions:  
Limited Purpose Flexible Spending Account Participants**

**1. Where do I send my claims for services incurred in 2012?**

Deere Direct will process your 2012 claims. You have until March 31, 2013 to submit your 2012 claims (dates of service between January 1 and December 31, 2012) to Deere Direct.

For services incurred on or after January 1, 2013, please submit your FSA reimbursement requests to GDI.

**2. How do I submit a claim to Group Dynamic?**

You may submit a claim electronically by accessing your account online. See the enclosed instructions ***How to Access Your Account***.

To submit a paper claim, complete a Reimbursement Request Form and submit it to GDI with documentation supporting the claim. Your claim and supporting documentation may be sent via email at [claims@gdynamic.com](mailto:claims@gdynamic.com). Please note that this e-mail address is for claims only. Our mailing address is included on the request form. You may also fax your claim to us at (207) 781-3841. Reimbursement Request forms are available at [www.gdynamic.com](http://www.gdynamic.com) and under the "Forms" tab on the Participant Portal.

**3. How often are FSA claims paid?**

FSA claims are paid weekly. Claims eligible for reimbursement received by noon Tuesday with applicable documentation will be processed and paid Thursday.

**4. What should I do if I lose my check?**

If you lose a reimbursement check, please call our Accounting Team immediately at 1-800-626-3539. Our policy is to wait 10 business days before re-issuing a lost check.

**5. May I request to have my claim reimbursements deposited into my bank account?**

Yes. You can sign up for Direct Deposit two ways: 1) log in to your account and enter your banking information; or 2) complete the enclosed Direct Deposit Form. Direct Deposit Forms are also available at [www.gdynamic.com](http://www.gdynamic.com) and under the "Forms" tab on the Participant Portal.

**6. May I use the Limited Purpose FSA to reimburse my spouse's eligible expenses, even if (s)he is enrolled in a different health insurance plan?**

Yes. All eligible expenses incurred by you, your IRS-defined spouse and your qualified dependents can be reimbursed by your Limited Purpose FSA, even if such dependents are not enrolled in your health insurance plan.

**7. When may I change my FSA election?**

You may change your election once a year during open enrollment. In addition, you may also be able to change your election if you experience an IRS-defined "change in status" event that is applicable to the type of flexible spending account in which you are enrolled. Examples of such events include:

- A change in legal marital status (marriage, divorce or legal separation) or the death of your spouse or dependent;
- Birth, adoption or placement for adoption;
- Your spouse gains or loses employment;



- You or your spouse take or return from an unpaid leave of absence, or go on strike or lockout;
- An event that causes your dependent to satisfy or cease to satisfy eligibility requirements due to age, student status, or any similar circumstance;
- You or your spouse change from full-time to part-time or vice versa;
- Changes in cost, daycare providers, or in the amount of daycare needed.

Your Summary Plan Description has more information regarding how and when you are able to make changes to your election. An election change may only be made if it is consistent with and on account of the change in status event.

**8. What happens if my employment terminates?**

If your employment terminates while you are participating in a Dependent Care FSA, your deductions will end when your employment ends. You are eligible to be reimbursed for qualified expenses incurred both before your termination date, as well as through the end of a 90 day run-out period after your termination date (your run-out period for terminated participants).

Deductions for your Limited Purpose FSA will end when your employment ends. You are eligible to be reimbursed for qualified expenses incurred while you were employed and your account was active. Requests for reimbursement should be sent to GDI prior to the end of a 90 day run-out period after your termination date (your run-out period for terminated participants). If you have funds remaining in your account on your termination date, you may continue to participate in the plan under federal COBRA regulations.

**9. What happens if I don't use all of the money I contributed throughout the plan year?**

IRS regulations stipulate that you will forfeit any money left in your account after the plan year ends.

**10. May I transfer money from my Dependent Care FSA to my Medical FSA (or vice versa)?**

No.

**11. Does my participation in the Limited Purpose FSA or Dependent Care FSA plans affect how I file my personal income taxes each year?**

If you participate in the Dependent Care FSA, you will need to complete and file IRS Form 2441 when you complete your annual federal tax return. This is the same form you would complete for the Child Care Tax Credit. There is no obligation to file anything additional on behalf of your Limited Purpose FSA.

**12. Where can I find more information about my FSA plan?**

Your best resource for information on your employer's FSA plan is your Summary Plan Description (SPD). The SPD is available through your company's Human Resources Department.



## Direct Deposit Authorization

This agreement is required to allow GDI to deposit reimbursement payments directly into your bank account (provided your employer and GDI have made this option available).

***Please see the instructions and mailing information on the reverse side of this form.  
Incomplete information will delay or prevent the direct deposit authorization.***

### ► Personal information

Your Employer: \_\_\_\_\_

Your Name: \_\_\_\_\_

Last 4 digits of SSN/Alternate ID: \_\_\_\_\_

Daytime Telephone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

### ► Banking information

Bank Name: \_\_\_\_\_

Bank Phone Number: \_\_\_\_\_

Bank City: \_\_\_\_\_ State: \_\_\_\_\_

Bank Routing Number (9 digits): \_\_\_\_\_

Bank Account Number: \_\_\_\_\_

Account type: ☐ Checking or ☐ Savings

This is a: ☐ New Authorization ☐ Account Change ☐ Cancellation Request

I authorize Group Dynamic, Inc. to initiate deposits to the bank account indicated above. I authorize credit entries and, if necessary, debit entries for the sole purpose of adjusting any credit entries made in error to my account.

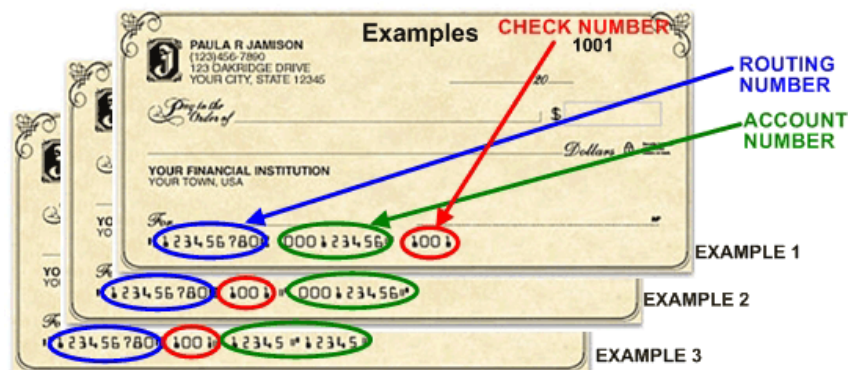
**I understand I will receive a paper check until the banking pre-note process has been successfully completed (*approximately two weeks*).**

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Signature (as on your check/savings account)

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Date

## **Instructions**

1. If you are already receiving direct deposit services from GDI, you **do not** need to complete a new form. Please complete this form **only** if this is your initial authorization or if you want to change or cancel an existing authorization.
2. This request applies to all active accounts that you have with Group Dynamic, Inc.
3. Print clearly and complete ***all*** requested information.
4. Your telephone number and/or email address is requested so that we are able to contact you in the event we have questions about the information on this form.
5. Please include your financial institution's name, phone number, city, and state for verification purposes.
6. For **checking accounts**, attach a copy of a voided check from the appropriate account. Please see the examples below.



7. For **savings accounts**, please verify the routing and account numbers with your financial institution.
8. Completed form and voided check should be returned to GDI using any one of the following methods:
  - a. Mail: 411 U.S. Route One, Falmouth, ME 04105
  - b. Fax: 207-781-3841