FLEXIBLE SPENDING ACCOUNTS

People's United Bank provides Flexible Spending Accounts that allow you to set aside money from your pay, before taxes are withheld, to pay for certain health care and dependent care expenses. Understanding your options and choices will put you in the best position to take full advantage of the Flexible Spending Accounts.

The following information is provided to you in accordance with the Employee Retirement Income Security Act of 1974 (ERISA). This document is a Summary Plan Description (SPD) of the health and welfare benefit plans sponsored by People's United Bank, N.A. The company reserves the right to change, amend, or discontinue any plan or program described in this document. This document is intended for informational purposes only and does not constitute an employment agreement for any recipient. If there is a conflict between this SPD and the insurance contract or governing plan document, the terms of the insurance contract or governing plan document will control, rather than this document, unless otherwise required by law.

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This section, combined with the *Participating in the People's United Bank Group Benefits Plan* and *Rules, Regulations and Plan Administration* sections, make up the Summary Plan Description for the Flexible Spending Accounts.

Overview of the Flexible Spending Accounts (FSAs)

Health Care and Dependent Care Flexible Spending Accounts (FSAs) offer a convenient way to pay for certain health care and dependent care expenses on a pre-tax basis. When you direct a part of your pre-tax salary to an FSA, you lower your taxable income for the year. This means you pay less in taxes and increase your take-home pay. You can then use these "tax-free" dollars to pay for eligible health care and/or dependent care expenses.

The Bank offers two separate types of FSAs:

- Health Care FSA: You may contribute up to $2,650 per year to People's United Bank Health Care FSA(s). There are two Health Care FSA options available:
  - General Purpose Health Care FSA: Only for employees that waive People's United medical coverage or enroll in the Medical Plan's HealthReimbursement Option. Can be used to pay for eligible medical, prescription drug, dental and vision care expenses (for you or your eligible dependents) that are not reimbursed or covered by another health care plan.
  - Limited Purpose Health Care FSA: Only for employees that enroll in the Medical Plan's HealthSavings Option. Can be used to pay for eligible dental and vision care expenses (for you or your eligible dependents) that are not reimbursed or covered by another health care plan.
- Dependent Care FSA: You may contribute up to $5,000 per year to a Dependent Care FSA. Can be used to pay for eligible dependent care expenses, such as child or adult care expenses, that allow you (and your spouse, if you are married) to work.

If you elect to participate in a Health FSA option, the Employer will establish a notional "Health Care FSA". If you elect to participate in the Dependent Care FSA option, the Employer will establish a notional "Dependent Care FSA." Each FSA is established to keep a record of the pre-tax salary reductions applied towards the cost of your coverage under each option that you elect as well as the reimbursements of eligible expenses during the plan year. No actual account is established; the FSAs are merely bookkeeping accounts. Benefits under the FSAs are paid as needed from the Employer's general assets.

How FSAs Work

Contributing to an FSA can help you pay for out-of-pocket health care and dependent care expenses. Knowing that you already have money set aside can make it easier to manage these expenses. All you need to do is follow these steps:

- *Estimate your eligible expenses.* Estimate the amount of eligible expenses you are likely to have during your period of participation in an FSA in that year. Do this carefully, because the IRS regulations require that you forfeit any money left in your account at the end of the plan year.
- *Enroll.* Elect the amount you want to contribute (if any) to each FSA when you are initially eligible, have a permitted election status change event or during the annual open enrollment. You must enroll each year to use these accounts. You may elect a semi-monthly election amount and/or an annual election amount.
- *Begin contributing*. Your contributions will be deducted semi-monthly (24 times per year) from your paycheck before federal, Social Security and, if applicable, state and local income taxes are withheld. This money is deposited in a notional account(s) set up in your name. Since these contributions are made before taxes are deducted, your taxable income is reduced, and you are essentially paying your eligible health care and/or dependent care expenses with tax-free income.
- *Request Reimbursement.*
  - Health Care FSAs - When you incur an eligible health care expense during the year, you may request reimbursement from your FSA account at the time the expense is incurred using the payment card. You may also file a claim for reimbursement. If a health care expense is covered by another benefit plan, you must first submit the expense to that plan before you can submit a claim to either health care FSA. (If you are enrolled in the HealthReimbursement medical option, eligible medical/Rx expenses will be paid from the HRA first and then submitted to the General Purpose Health Care FSA.) The expenses must be incurred during the plan year and/or grace period, and while you are participating in the FSA. You can be reimbursed for an eligible expense up to the full amount of your annual contribution, less amounts already reimbursed.

- Dependent Care FSA - When you incur an eligible dependent care expense during the year, you may request reimbursement from your FSA by filing a claim for reimbursement. The expenses must be incurred during the plan year and while you are participating in the FSA. You can be reimbursed only up to the amount currently in your account.

Understand the Advantages and the Restrictions

It's important that you take the time to read the following pages carefully so that you understand both the advantages and the restrictions of FSAs.

IRS Limitations—Use It or Lose It

The IRS requires that you use the money in your account only for eligible expenses that you and your dependents incur during the period in which you participate in the FSA plan during each plan year. Expenses are "incurred" on the date you receive the health care or dependent care services; that is, the date you visit the doctor or pharmacy or receive the child care.

The Dependent Care FSA and the Health Care FSAs have different claims periods, as described below.

- **Dependent Care FSA:** You have until April 15 of each year to submit claims for reimbursement of expenses incurred during the previous calendar year. For example, if you participate in the Dependent Care FSA in 2019, you have until April 15, 2020, to submit claims for eligible expenses incurred between January 1, 2019 and December 31, 2019.
- **Health Care FSAs:** You have until April 15 of each year to submit claims for reimbursement of expenses incurred during the previous year and the "grace period" of January 1 through March 15, as shown in the table below.

Health Care FSA contributions you make during...	Can be used to pay for eligible expenses you incur between...	You must submit claims for these expenses by...
2018	January 1, 2018 and March 15, 2019	April 15, 2019
2019	January 1, 2019 and March 15, 2020	April 15, 2020

Any money in your Dependent Care or Health Care FSA that you have not claimed by April 15 will be forfeited. Because of this "use-it-or-lose-it" rule, you should carefully estimate the amount of health care and/or dependent care expenses you expect to incur during the year before you enroll in an FSA.

No Withdrawals or Interest

Once contributions have been taken from your paycheck, they are credited to your account(s) and can be used only to reimburse you for eligible expenses. You may withdraw deposited FSA contributions only for eligible expenses. The money in your account does not earn interest.

No Transfers Between Health Care and Dependent Care Accounts

The IRS also requires that money directed to one account be used for the purposes of that account only. If you participate in both a Health Care FSA and a Dependent Care FSA, you may not transfer money from one account to the other. However, if you make a change to your Medical Plan election, you may be able to change your General Purpose Health Care FSA to a Limited Purpose Health Care FSA (and vice versa).

Health Care FSAs

Many kinds of expenses may be reimbursed through a Health Care FSA, but they all must be:

- Medically necessary,
- Deductible for federal income tax purposes,

- Incurred by you or an eligible dependent while you are participating in the FSA, and incurred during the plan year in which your FSA contributions are made or incurred during the two and one-half month grace period immediately thereafter, and
- Not reimbursable by any other benefit plan or health care plan (such as your or your spouse's medical or dental care plan).

CONTRIBUTIONS

You may contribute between $125 and $2,650 per year to the Health Care FSA on a pre-tax basis.

ELIGIBLE DEPENDENTS

For the Health Care FSA, your eligible dependents include anyone that qualifies as a dependent under the IRS guidelines, without regard to their gross income or earnings. Eligible dependents do not include a domestic partner (even if recognized by state law) unless you can declare the person as a dependent on your federal tax return.

ELIGIBLE HEALTH CARE EXPENSES

Examples of eligible health care expenses under current law include:

- Deductibles, copayments and coinsurance
- Acupuncture (if prescribed by a physician for the treatment of a specific medical condition; maintenance or wellness treatments are not covered)
- Alcohol/drug rehabilitation
- Ambulance fees
- Annual physicals
- Braille books and magazines
- Car controls for handicapped drivers
- Childbirth classes
- Chiropractors' services for medical care
- Christian Science practitioner services
- Contraceptives that require a prescription
- Dental expenses, including orthodontia
- Doctors' fees above plan limits
- Eye exams, eyeglasses, contact lenses and contact lens cleaning solutions
- Guide dogs
- Hearing exams and hearing aids, including batteries
- Home modifications for medical reasons (e.g., installing a wheelchair ramp for an eligible dependent)
- Inpatient alcohol and drug treatment
- Laboratory fees
- Lead paint removal—to prevent a child at home from eating lead paint
- Learning-disability tutoring by a licensed school or therapist for a child with a severe learning disability
- Medical appliances (e.g., crutches, wheelchairs, braces)
- Non-prescribed (over-the-counter) insulin
- Nurse—private duty
- Nursing services supplied at home
- Oxygen
- Physical therapy
- Prescribed medicines
- Prescribed medicine and drugs purchased to alleviate or treat personal injuries or sickness (e.g., allergy and cold medications, pain relievers and antacids, bandages, Band-Aids, blood pressure kits, carpal tunnel wrist supports, pregnancy test kits, reading glasses, thermometers)
- Psychiatric treatment
- Routine physical exams
- Smoking-cessation programs and drugs
- Special education devices for visual disability

- Special equipment needed for hearing disabilities (includes visual display equipment of audio broadcast or television programs)
- Surgery (when not covered by a medical plan), such as radial keratotomy or laser eye surgery
- Syringes, needles and injections
- Transplants
- Transportation—automobile mileage, parking fees and tolls incurred when traveling for health care services
- Vaccinations and immunizations (when not covered by a medical or dental plan)
- Weight-loss programs to treat a specific ailment (such as hypertension) or to treat obesity, for those individuals who have been diagnosed as obese by a physician

Ineligible Expenses

The IRS determines what expenses are eligible for reimbursement from a health care FSA. In general, expenses that do not qualify as a deduction for federal tax purposes or that are fully covered under a health insurance plan are not eligible for reimbursement from a health care FSA.

Some examples of expenses that are not eligible for reimbursement under current law include:

- Cosmetic expenses (other than those required to correct a deformity or injury), including plastic surgery, hair transplants and treatments for baldness (such as Rogaine), Retin-A treatments (unless prescribed by a physician for the treatment of acne) and cosmetic dentistry (such as tooth bleaching)
- Expenses paid by any other health care plan
- Expenses that you claim as a deduction on your income tax return
- Health club memberships (these expenses may qualify if prescribed by a physician for the treatment of obesity)
- Maternity clothes or diaper services
- Non-prescription drugs and medicines that are merely beneficial to general health (such as vitamins and other dietary supplements) and over-the-counter drugs without a prescription from a physician
- Toiletries, such as shampoo, soap, shaving cream, deodorant or toothpaste
- Premiums you or your spouse pay for medical, dental, vision, COBRA or long-term care coverage (These may be deductible for income tax purposes but are not eligible FSA expenses.)
- Long-term care expenses
- Reduced-calorie diet foods

More Information about Eligible and Ineligible Health Care Expenses

- Claims Administrator: The FSA claims administrator maintains a list of health care expenses (and lots of other useful FSA information). Visit www.connectyourcare.com or call 877-292-4040.
- IRS: The Internal Revenue Service publishes a booklet, Publication 502, Medical Expenses that provides guidelines for claiming health care expenses on your taxes. This booklet is available from the IRS Web site at www.irs.gov or by calling the IRS at 800-829-3676.

Note: Use caution when referring to Publication 502, because it is meant only to help taxpayers determine their tax deductions, not to describe the expenses that are reimbursable under a Health Care FSA. For example, the publication states that you may get a deduction for expenses paid during the year. For purposes of your Health Care FSA, you may be reimbursed for expenses you incur during the year—no matter when you pay for them. As another example, health insurance premiums, long-term care contracts and long-term care services are listed as deductible expenses in the publication; however, they generally are not reimbursable from your Health Care FSA. In addition, non-prescription drugs used to treat a medical condition may be reimbursable under a Health Care FSA but are not listed as deductible expenses.

Federal Tax Deduction for Health Care Expenses

Under current IRS regulations, you may deduct uninsured health care expenses that exceed 10% of your adjusted gross income from your federal income taxes if you itemize deductions. If your out-of-pocket health care costs are less than your applicable threshold, you cannot deduct those expenses.

Because these threshold limits do not apply to FSAs, you may save taxes on those same expenses by participating in a Health Care FSA—but you can't use the same expenses for both types of tax savings. If you expect your health care expenses to exceed 10% of your adjusted gross income, you will need to choose between a tax deduction and participating in a Health Care FSA. You may either take a tax deduction or submit the expenses for reimbursement from your Health Care FSA. You cannot take advantage of both.

You may wish to consult a tax advisor to help you decide which approach is best for your personal situation.

Dependent Care Flexible Spending Account

The Dependent Care FSA helps you pay for child care services that make it possible for you and your spouse (if you are married) to work—or that allow you to work if your spouse is a full-time student or is physically or mentally unable to care for himself or herself. Under certain circumstances, the Dependent Care FSA also may be used to pay for the care of elderly parents, or a disabled spouse or dependent. To be eligible, you must be at work during the time your eligible dependent receives care.

Contributions

You may contribute from $125 to $5,000 per year to a Dependent Care FSA if you are single and file as head of household or if you are married and file a joint return. If you are married and file separately, you may contribute up to $2,500 a year. If either you or your spouse earns less than the above maximums, your maximum annual contribution would be limited to the amount of your earned income or that of your spouse, whichever is less.

Generally, if your spouse is not employed, your dependent care expenses will be eligible for reimbursement only if your spouse is a full-time student or physically or mentally unable to care for himself or herself. In this case, the IRS assumes your spouse's income to be $250 per month ($3,000 annually) if you have one dependent and $500 per month ($6,000 annually) if you have two or more dependents.

Eligible Dependents

For purposes of the Dependent Care FSA, eligible dependents include:

- A child under age 13 who lives with you for more than half the year and for whom you can claim an exemption, on your federal income tax return.
- A child under the age of 13 for whom you have custody if you are divorced or legally separated
- Your spouse who is physically or mentally incapable of self-care
- A dependent of any age, such as an elderly parent or other adult dependent, who meets all of the following criteria:
  - Is physically or mentally incapable of caring for himself or herself;
  - Receives over half his or her support from you;
  - Lives with you for more than half the year; and
  - Is your sibling, step-sibling or any of their descendants; a parent or step-parent or any of their ancestors; an aunt, uncle, niece, or nephew; child- or parents-in-law; or an unrelated individual who shares your residence as a member of the household.

Eligible Expenses

Examples of eligible dependent care expenses under current law include:

- Dependent day care provided at a facility that complies with local laws (including expenses for day-care centers and most expenses for nursery schools and preschools) and that provides care for at least six individuals
- Wages paid to a babysitter or companion in or outside your home during working hours (provided the person providing care is not someone you claim as a dependent on your income taxes)
- In-home care for a dependent (child or adult) incapable of self-care (feeding, bathing, dressing and administration of medicine, etc.)
- Day camp fees (if not primarily for educational purposes)
- Costs for care at facilities away from home, such as family day-care or adult day-care centers, as long as your dependent spends at least eight hours a day at home

- Wages paid to a housekeeper for providing care for an eligible dependent

INELIGIBLE EXPENSES

Some examples of expenses that are not eligible for reimbursement under current law include:

- Dependent care provided by a relative under age 19
- Dependent care provided by someone you can claim as an exemption on your tax return
- Dependent care that your provider does not report as taxable income
- Babysitting for social occasions
- Tuition expenses
- Kindergarten expenses
- Dependent health care expenses (these expenses, however, may be reimbursable under the Health Care FSA)
- Overnight camp
- Expenses in excess of your taxable income or that of your spouse, whichever is less
- Food, clothing or entertainment expenses
- Dependent care expenses claimed as a deduction or credit for federal tax purposes
- Amounts paid for the care of a person in a nursing home or convalescent facility

More Information about Eligible and Ineligible Dependent Care Expenses

- Claims Administrator: The FSA claims administrator maintains a list of dependent care expenses (and lots of other useful FSA information). Visit www.connectyourcare.com.com or call 877-292-4040.
- IRS: The Internal Revenue Service publishes a booklet, Publication 503, Child and Dependent Care Expenses that provides guidelines for claiming dependent care expenses on your taxes. This booklet is available from the IRS Web site at www.irs.gov or by calling the IRS at 800-829-3676.

Note: Use caution when referring to Publication 503, because it is meant only to help taxpayers determine their tax deductions, not to describe the expenses that are reimbursable under a Dependent Care FSA. For example, the publication states that you may get a deduction for expenses paid during the year. For purposes of your Dependent Care FSA, you may be reimbursed for expenses you incur during the year—no matter when you pay for them.

REPORTING REQUIREMENTS FOR DEPENDENT CARE

If you use the Dependent Care FSA, the IRS requires that:

- People's United Bank report any pre-tax Dependent Care FSA contributions on your W-2 each year; and
- You file the name, address and taxpayer identification number or Social Security number of your dependent care provider with your federal income tax return.

FEDERAL DEPENDENT CARE TAX CREDIT

A Dependent Care FSA is not the only way you can save on your taxes when you pay dependent care costs. Expenses you incur that are eligible for reimbursement from a Dependent Care FSA are the same expenses that are eligible for a credit on your federal income tax return—but you can't use the same expenses for both types of tax savings. In fact, the IRS requires that expenses you claim for the federal tax credit be reduced, dollar for dollar, by any reimbursements you receive from a Dependent Care FSA. Any eligible expenses not applied toward one method may be applied toward the other.

Some people will save more using the tax credit. Others will find greater savings using a Dependent Care FSA. Which is better for you? That depends on your individual tax situation. People's United Bank cannot give personal financial advice or guarantee that an FSA will save you money. To find out if an FSA is the right choice for you, talk with a tax advisor before making your election. It's the best way to ensure that you get the most up-to-date, personalized tax advice.

Under current law, the maximum amount of dependent care expenses eligible for a tax credit is $3,000 for one dependent. If you have more than one dependent, the maximum amount of dependent care expenses eligible for a tax credit is $6,000. The actual credit you can take varies from 20% to 35% of eligible expenses, depending on your income. The tax credit is reduced by any expenses that are reimbursed through the Dependent Care FSA. Example: If you have one dependent and use your Dependent Care FSA to reimburse $1,000 of eligible expenses, the $3,000 tax credit would be reduced by $1,000. You could still take a tax credit based on $2,000 of expenses.

Contribution Limits for Highly Compensated Employees

The IRS may require that People's United Bank limit contributions made to a Dependent Care FSA by certain highly compensated employees. You will be notified if this limitation affects you.

Obtaining Reimbursement

Health Care FSAs

You have the choice as to how to submit your eligible claims. You can use either the manual claims approach or payment card. If you elect not to use the payment card, you may also submit claims under the manual claims approach. Claims for which the payment card has been used cannot be submitted as manual claims.

Manual Claims

If you pay for a claim out-of-pocket, you can file a manual claim online through the participant portal, using the mobile application, or via mail or fax. The ConnectYourCare system will flag manual claims that have the same date of service and claim amount as an existing claim or debit card swipe, prompting you to review for duplicate claims. You can modify your claim or indicate that it is not a duplicate, and it will be sent for review and processing.

Payment Card

You will receive a ConnectYourCare payment card that may be used for all Health Care FSA eligible expenses. The card should only be used to pay for eligible expenses, and you should always save your receipts. If enrolled in the General Purpose or Limited Purpose Health Care FSA and the HSA, you will receive one payment card in the initial mailing. Additional or replacement cards will be provided free of charge.

The payment card allows you to pay for eligible expenses and expenses at the time that you incur the expense. Your card has been programmed to work only at approved merchant locations that are designated as health care merchants based on their Merchant Category Code (MCC) or are IIAS compliant. Examples of approved merchants include doctor's offices, hospitals and many groceries, pharmacies and other stores that are IIAS compliant. Visit www.connectyourcare.com/stores for a list of certified IIAS stores. For purchases at locations that are not approved, you can pay with other means, and then submit a request for reimbursement through your online or mobile account.

Additional functionality to be aware of:

- Payment cards will be mailed activated to participants with PIN instructions.
- Payment cards may not be used at ATMs.
- Payment cards may not be used internationally (including Canada and Mexico).
- Payment cards do not have a line of credit.
- Payment cards are limited to 15 authorizations per day and a maximum of $5,000 per transaction.
- If your FSA has insufficient funds, the entire card transaction is declined, unless the merchant has the ability to accept partial authorizations.
- Payment card remains active even after funds for the plan year have been depleted. Funds for subsequent plan years are added to the original card until it expires, at which time the card is automatically reissued.
- When a payment card is reported as lost or stolen, the account is flagged and the payment card is de-activated. ConnectYourCare will initiate the process for a replacement card to be sent to you within two weeks.
- Payment cards may only be used at merchant locations that are designated as healthcare merchants based on their Merchant Category Code. Qualified Merchant Category Codes are listed in the table below.
- When coverage terminates for the Health Care FSA, the card is deactivated on the termination date or when ConnectYourCare receives the retroactive termination. If you are rehired, the card is reactivated.

Eligible Merchant Category Codes (MCCs) for Payment Cards

MCC	MCC Description
Doctor's Office	
7277	Counseling Services
8011	Doctor's Physicians
8031	Osteopaths
8041	Chiropractors
8049	Chiropodists, Podiatrists
8099	Medical Services/Health Practices
Hospital	
8062	Hospitals
Pharmacy	
5122	Drugs, drug proprietaries, and druggist sundries
5310	Discount Store Pharmacy
5411	Grocery Store Pharmacy
5912	Drug Stores/Pharmacy
5960	Mail-Order Pharmacy
Dental	
8021	Dentists, Orthodontists
Vision	
8042	Optometrists
8043	Opticians
Other	
4119	Ambulance Services
5047	Medical/Dental/Hospital Equipment and Supplies
5975	Hearing Aids Sales and Service
5976	Orthopedic Goods
8050	Nursing, Personal Care
8071	Medical/Dental Laboratory

Auto-Substantiation of Claims

The IRS has established specific guidelines that require all FSA transactions — even those made using a payment card — to be substantiated (verified that the purchase was an eligible medical expense). The substantiation process is performed by ConnectYourCare.

When you use your payment card to access account funds, many of these transactions are automatically substantiated as qualified medical expenses without requiring you to submit supporting documentation. Purchases may be auto-substantiated in compliance with IRS requirements through the following methods:

- Real-time substantiation through IIAS
- Match to medical plan claims from health plan claims feeds
- Copay/Coinsurance Minimums and Maximums Match
- Recurring claims
- Manual Substantiation of Claims

Most card transactions can be auto-substantiated; however some require additional documentation. Since not all services from a medical provider or pharmacy are eligible medical expenses, receipts are required to verify eligibility. For example, a dentist may perform teeth whitening, which is not eligible to be reimbursed under an FSA.

If a receipt is needed, you will be notified by email or a reminder letter. You can also see if a claim requires receipts by logging into your online accounts. Claims needing receipts are displayed through messages in both the Claim Center and the Communication Center.

For point-of-service charges requiring documentation and for manual requests for reimbursement, you can send in the documentation with a cover sheet via fax or U.S. Mail. With all account claims, ConnectYourCare requires the following details in order to substantiate:

- Date of Service
- Patient Name
- Provider
- Amount of Funds Requested
- Description of service

Explanations of Benefits (EOBs) contain all the required information and are excellent sources of documentation. Credit card receipts and cancelled checks are not acceptable! Receipts for over-the-counter (OTC) and prescription items do not need to include the person's name, but must display the name of the item (e.g. Band-Aid bandages).

If required documentation is not received within 45 days of the first substantiation request notification, the transaction is considered ineligible and needs to be repaid.

CLAIM SUBMISSION DEADLINE

All documentation must be received by the claim center on or before April 15. Claims postmarked on the last day of run-out will not be processed.

If the payment card has been used for an ineligible purchase, you are required to reimburse the Plan for the ineligible amount. ConnectYourCare will try to contact you three times via letter/e-mail to notify you of the request for more information.

The standard timeline for claim follow-up for unsubstantiated claims is:

1. 45 days after card swipe, an email is sent (or letter is sent if no email on file).
2. 60 days after the first email, a second email (or letter if no email) is sent.
3. 60 days after the second email (or letter), a third email (or letter if no email) is sent. It states that if documentation is not received within 15 days of the date of this final email (or letter if no email), the payment card will be suspended.

If documentation is received or the transaction is repaid and there are no other ineligible claims, the payment card will be automatically reactivated.

If the information is not provided, the payment card will be shut off until you provide the information for the claim or the funds are re-paid. Future claims will be approved, but reduced by the amount deemed ineligible. If documentation is never received, the Plan may recoup the amount as an erroneous reimbursement.

For information about claim review and appeal procedures, see the *Rules, Regulations and Plan Administration* section.

ERRONEOUS OR EXCESSIVE REIMBURSEMENT

If it is determined that you have received payments under a Flexible Spending Account that exceed the amount of Eligible Expenses that have been properly substantiated during the Plan Year as set forth in this SPD or reimbursements have been made in error (e.g. reimbursements were made for expenses incurred for the care of an individual who was not a qualifying dependent), the Plan Administrator may recoup the excess reimbursements in one or more of the following ways:

(i) The Plan Administrator will notify you of any such excess amount, and you will be required to repay the excess amount to People's United immediately after receipt of such notification
(ii) The Plan Administrator may offset the excess reimbursement against any other eligible expenses submitted for reimbursement (in accordance with applicable law) or
(iii) Withhold such amounts from your pay (to the extent permitted under applicable law).

If the Plan Administrator is unable to recoup the excess reimbursement by the means set forth in (i) – (iii), the Plan Administrator will notify People's United that the funds could not be recouped and People's United will treat the excess reimbursement as it would any other bad business debt. This could result in adverse income tax consequences to you as the amount may be added to your W-2 in the year the debt is written off.

Leaves of Absence

FMLA Leaves of Absence

If you go on a qualifying leave under the Family and Medical Leave Act ("FMLA"), then to the extent required by the FMLA, you will continue to maintain the FSA on the same terms and conditions as if you were still an active employee.

If you are on paid FMLA leave, your contributions shall continue to be made on a pre-tax contribution basis. In the event of unpaid FMLA leave, you may elect to continue your FSA during the leave and shall pay your contributions in one of the following ways:

- on an after-tax basis, by sending monthly payments to People's United via ACH debit from your checking or savings account;
- with pre-tax contributions by pre-paying all or a portion of the contributions for the expected duration of the leave of pre-leave compensation (pre-tax dollars may not be used for fund coverage during the next plan year); or
- under another arrangement agreed upon between you and People's United Bank.

If your FSA coverage ceases while on FMLA leave (e.g., for non-payment of required contributions), you are entitled to start the FSA, as applicable, upon return from such leave, or as required by FMLA. You may elect whether to be reinstated in the FSA at the same coverage level as in effect before the leave (with increased contributions for the rest of the plan year) or a coverage amount reduced pro rata for the period of FMLA leave in which you did not make contributions. However, the reduced annual election cannot be less than the amount reimbursed to date.

Note: If coverage is terminated during the FMLA leave, you are not entitled to receive reimbursement for claims incurred during the period when coverage was terminated.

Non-FMLA Leaves of Absence

If you go on an unpaid non-FMLA leave of absence that does not affect eligibility, you will continue to participate and contributions due will be paid by after-tax contributions by sending monthly payments to People's United via ACH debit from your checking or savings account. If you go on an unpaid leave that affects eligibility, the election change rules will apply. See *Changing Your Elections During the Year* for more information.

When Your Participation Ends

Your participation in the FSA(s) ends when any of the following happens:

- Your employment terminates;
- You retire;
- You die;
- You experience a permitted election change event that causes you to end your participation;
- You do not make a new election during Open Enrollment to participate during the following plan year; or
- You go on certain types of leave.

Participation continues until the last day of the month in which coverage termination event (other than death) occurs. You can still file claims against the balance (if any) in your account(s); however, claims will be reimbursed only for expenses incurred on or before the date your plan participation ended. Any money left in your account(s), at the end of the plan year, will be forfeited unless you submit a reimbursement claim for expenses incurred during that year. You may submit your forms until April 15 of the following plan year.

Continuation of Health Care FSA Participation

After your employment ends, you can continue participating in the Health Care FSA under the Consolidated Omnibus Budget Reconciliation Act of 1986 (COBRA). Under COBRA continuation, you will have to pay your monthly contributions, plus an additional 2% of the monthly contribution as an administrative fee each month. Your contributions under COBRA would be on an after-tax basis. Refer to the Plan Administration section for more information on COBRA continuation of coverage.

Important Note: The Dependent Care FSA is not available for COBRA continuation.

For More Information

Participant Portal

Participants can access the ConnectYourCare website directly at www.connectyourcare.com. Participants will need to register and create a distinct username and password the first time they login. The portal is available 24 hours a day, 365 days a year and is maintained in real-time.

All active employee demographic changes (i.e. address, phone number) should be entered via my-peoples, not the ConnectYourCare portal. Email address and preferences may be updated directly in the portal.

Through the portal, you can:

- Receive real-time updates to account balances
- View claims status and the claims reimbursement schedule
- Submit manual requests for reimbursement
- Review Frequently Asked Questions (FAQs), including eligible expenses
- Access a robust suite of health education and wellness tools
- Sign up for direct deposit
- Read messages regarding your r account in the Communications Center
- Request additional healthcare payment cards
- Reset a password
- Review year-to-date contributions, account balance and transactions information
- View payment card charges
- View HSA interest payments
- View and submit HSA withdrawal requests (including those for non-medical purposes)
- Make additional HSA contributions
- Access HSA Investments
- Elect e-statements
- Elect mobile alerts

A Mobile Application is available to iPhone and Android device users. Features and capabilities include:

- View account balance, account alerts and transaction history
- Submit a new claim
- View FAQs
- Receive text message alerts
- Click to call customer service
- Upload claim documentation immediately, submitting a photo of the claim receipt

24 Hour Participant Call Center

Representatives are available 24 hours per day, seven days per week at 877-292-4040. You will need to enter your nine-digit social security number for all options except speaking with a customer service rep, who will ask for member name and last four digits of SSN.