



INDIANA UNIVERSITY
UNIVERSITY HUMAN RESOURCE SERVICES

IU Tax Saver Benefit Plan

Full-time Academic and Staff Employees
Summary of Plan Provisions

JANUARY 2010

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Effective January 1, 2010

This booklet describes the pre-tax benefit coverages provided by Indiana University through the IU Tax Saver Benefit Plan. Material in this booklet is intended for informational purposes only and is not intended to serve as a legal representation of these benefits. Although the booklet is intended to be accurate, if there is any difference between this summary and other documents and regulations, those documents and regulations will govern.

This booklet should be read in its entirety since many of the provisions are interrelated.

While Indiana University intends to continue this plan, it reserves the right to change or terminate it at any time.

Indiana University does not give tax advice to employees. Neither the Plan Administrator nor the Employer makes any commitment or guarantee that any amounts paid to or for the benefit of the Participant under this plan, or that any amounts which represent salary reduction contributions under this plan will be excludable from the Participant's gross income for federal, state or local income tax purposes, or that any other special federal, state or local tax treatment will apply to or be available to any Participant. It is the obligation of each Participant to determine the tax consequences of his or her participation in this plan.

Plan Highlights

Plan Type/Provisions	Eligibility	Participation
<p>The plan is established under Section 125 of the Internal Revenue Code.</p> <p>Eligible employees can elect to reduce a portion of their salary to purchase certain benefits with pre-tax dollars. The plan is voluntary and there are no fees to participate. Under the plan, certain medical, dental, vision expenses, and Dependent care expenses that allow the employee to work are exempted from federal, state, local and FICA taxes.</p> <p>Three distinct plan provisions:</p> <ul style="list-style-type: none"> • Premium Conversion • Health Care Expense Reimbursement • Dependent Care Expense Reimbursement 	<p>All full-time Academic and Staff employees are eligible to participate in the TSB Plan. Employees do not need to be enrolled in an IU-sponsored medical or dental plan to participate in a health or Dependent care reimbursement account.</p> <p>Individuals eligible to incur claims for reimbursement under TSB are defined in the corresponding sections of this booklet.</p> <p>An employee who terminates or loses eligibility during the year is generally not eligible to participate during the remainder of the Plan Year. Exceptions are:</p> <ul style="list-style-type: none"> • Rehired employees are eligible to resume elections in effect at the time of termination. • Health care expense reimbursement may be continued under the terms of COBRA. 	<p>Pre-tax premium contributions are automatic for an IU-sponsored medical or dental care plan and/or Personal Accident Insurance.</p> <p>Eligible employees may elect to participate in one, both, or neither of the expense reimbursement accounts each year.</p> <p>Participation in either reimbursement account is initiated by submitting a Benefit Program Enrollment Form. Enrollment must be renewed each year prior to the beginning of the calendar year during Open Enrollment with an effective date of January 1.</p> <p>IRC Section 125 regulations limit mid-year changes in plan elections to certain IRC-defined Change in Status.</p>
Contributions	Administration	Time Restrictions
<p>Employee contributions to IU-sponsored medical or dental plans are automatically deducted from paychecks on a pre-tax basis.</p> <p>The employee submits a Benefit Program Enrollment Form for contributions to cover IRS-qualified health and Dependent care expenses anticipated during the Plan Year. The pre-tax "salary reduction" is then transferred to an account for use by the employee for eligible expenses.</p> <p>There are maximum annual limits on the amount the employee may contribute to expense accounts.</p> <p>Unused pre-tax expense reimbursement account balances cannot be returned to the employee for any reason, nor can they be moved between accounts*.</p> <p>*A one-time rollover to an IU-sponsored HSA may be available under IRS regulations.</p>	<p>Pre-tax premium contribution benefits are administered through the IU payroll system.</p> <p>Claims for health expenses and Dependent care expenses are administered on behalf of Indiana University by The Nyhart Company. Claims eligible for reimbursement under expense accounts are explicitly defined by the IRS. In addition, they must be incurred during defined time periods and submitted within allowed time restrictions.</p> <p>The entire amount of the Plan Year salary reduction is available for reimbursement beginning January 1. Claims can be reimbursed in advance of actual salary reductions, but reimbursement cannot be made until the service is provided.</p> <p>TSB Participants also enrolled in an HSA may have additional IRS restrictions on eligible expenses.</p>	<p>The plan is governed by several time restrictions:</p> <ul style="list-style-type: none"> • For new employees, eligibility begins on the date of hire so long as the employee enrolls within 30 days of the date of hire (new enrollment is not allowed during November and December of the current year); • There are specific time periods during which claims can be incurred; • Eligible claims incurred during the Plan Year (or the following two-month Grace Period, if applicable) must be submitted by April 15 of the following year; • Mid-year changes must be made within 30 days of a Change in Status, for example, within 30 days of birth for adding a newborn or within 30 days of a Dependent child's marriage to drop the child and initiate a premium reduction.

Plan provision details are in the following sections of this booklet.

Plan Provisions

Summary

The IU Tax Saver Benefit (TSB) Plan is a program that allows reduction of the employee's salary to purchase certain benefits with pre-tax dollars. The plan is offered in three distinct provisions: a pre-tax Premium Conversion provision and two optional pre-tax reimbursement account provisions.

Pre-Tax Premium Conversion Provision

Employee contributions for their IU-sponsored medical and/or dental plan and Personal Accident Insurance are automatically taken from the employee's salary on a pre-tax basis.

Optional Pre-Tax Reimbursement Account Provisions

Health (Medical, Prescription, Dental and Vision) Expenses. An employee may elect to set aside pre-tax dollars in a reimbursement account to pay for IRS-qualified medical, dental and vision expenses that are not covered by any type of insurance program. This includes health plan deductibles, copays, prescription copays, vision exams, prescription glasses, orthodontia, and other health services not covered under a health plan. Certain services, for example, cosmetic surgery, are not IRS-qualified expenses.

Note: Employees enrolled in Indiana University's sponsored High Deductible Health Plan and Health Savings Account may only be reimbursed for dental and vision expenses until their deductible is met. All medical expenses as defined above, incurred after the date the deductible is met, may be reimbursed from the account.

Dependent Day/Evening Care Expenses. An employee may elect to set aside pre-tax dollars in a reimbursement account to pay for IRS-qualified child or elder day/evening care that is required to allow the employee or employee's spouse to work.

Each year Eligible Employees may participate in one or both of these two reimbursement accounts, or may elect not to participate in either.

Plan Year

The Plan Year is the tax year, January 1 through December 31.

How the Reimbursement Accounts Work

Normally, the employee would pay for non-covered health and Dependent care expenses with after-tax income. By contributing pre-tax income to TSB Reimbursement Accounts, it is like getting a discount on these bills since the employee doesn't have to earn as much money to pay for them. The money contributed to reimbursement accounts by automatic payroll deductions is not subject to federal, state, local, or FICA taxes.

The employee is responsible for estimating the IRS-qualified expenses that are anticipated during the Plan Year. Indiana University will reduce the employee's taxable salary by the specified amount divided equally by the number of regular paychecks issued during the year. The pre-tax money is transferred to an account for use by the employee for eligible expenses. After incurring IRS-qualified expenses, the employee submits receipts for reimbursement from the associated account, or in the case of the health expense account, the IU TSB-HRA

Card can be used to pay expenses if a card has been requested. Some expenses paid using the TSB-HRA Card require substantiation. In this case, the employee will receive an email request for receipts.

How Tax Saver Benefit Saves Money

When an employee contributes money to a Tax Saver Benefit (TSB) Plan reimbursement account, the contribution is not subject to federal, state, local, or FICA taxes. These tax savings really do add up. The amount of the savings depends on income, marital filing status, withholding allowances, and resulting tax rate. For example, a married employee with an annual salary of \$34,000 with no allowances and no other deductions could save approximately 26 percent in taxes.

The following is an example only and is based on an annual salary of \$34,000. Tax savings will depend on the employee's tax rate.

EXAMPLE:	Not using TSB	Using TSB
Contribution to reimbursement account	\$0	\$780
Cost of prescription copays and eye glasses	\$780	\$780
Income taxes paid to take home \$780	\$271	\$0
Amount you must earn to pay copays and glasses	\$1,051	\$780
Amount saved	\$0	\$271

Eligible Employees

All full-time Academic and Staff employees are eligible to participate in the Tax Saver Benefit Plan (TSB).

Employees do not need to be enrolled in an IU-sponsored medical or dental plan to participate in expense reimbursement accounts.

New employees are not eligible to enroll in reimbursement accounts during November and December of the current year. They may enroll for the following January 1.

If an employee terminates coverage in the TSB plan during the year for a reason other than termination of employment, the employee is not eligible to participate during the remainder of the Plan Year. An employee who terminates employment and is re-hired during the same Plan Year may resume the TSB elections that were in place at the time of termination.

Plan Design

The plan is a Cafeteria Benefits Plan, established by Indiana University for the exclusive benefit of Eligible Employees. It is intended to qualify as a Cafeteria Benefits Plan under Section 125 of the Internal Revenue Code of 1986, as amended. It is administered in accordance with the provisions of the Internal Revenue Code and associated regulations, which apply to such benefit plans.

In order to receive the preferential tax benefits afforded by IRC 125, the plan must be administered within very specific IRS regulations. For example:

- Mid-year changes in contributions are limited to those consistent with an IRS-defined Change in Status, such as, marriage, birth of a child, or change in Dependent care provider rates.
- IRS regulations determine which expenses are allowable, that is, qualified for pre-tax benefits.
- Unused pre-tax expense reimbursement account balances cannot be returned to the employee for any reason, nor can they be moved between accounts.

Administration

Pre-taxation Premium Conversion benefits are administered through the IU payroll system. Reimbursement accounts and associated claims under TSB are administered by The Nyhart Company.

Commencement of Participation

The effective date of participation is important because it determines when the employee may begin to make pre-tax contributions and the date on which incurred claims may be eligible for reimbursement under a Pre-Tax Reimbursement Account.

Participation in the Tax Saver Benefit Plan begins on the following date:

- ***Open Enrollment:*** The first day of the Plan Year if coverage is elected during Open Enrollment; or
- ***Newly Eligible Employees:*** On the date of hire, so long as coverage is elected within 30 days of becoming eligible; or
- ***Other Mid-year Elections:*** With respect to a mid-year Change in Status, on the date of the event, so long as coverage is consistent with the event and coverage is elected within 30 days of the Change in Status.

Termination of Participation

The termination date of participation is important because it defines the point at which pre-tax contributions can no longer be made and, with respect to a Health Expense Reimbursement Account, the date after which incurred expenses are no longer eligible unless the Participant elects to continue contributions under COBRA.

Irrevocable Election. Once participation is elected, participation is irrevocable for the remainder of the Plan Year except under certain IRS-defined circumstances. Participation continues to the end of the Plan Year unless it terminates on one of the following dates:

- The date that the Participant's employment terminates or the Participant is no longer an Eligible Employee (no longer employed in a full-time appointed position) except with respect to a Health Expense Reimbursement Account if the Participant elects to continue after-tax contributions under COBRA; or
- The date of a Change in Status, if termination is on account of and consistent with a Change in Status and is requested by the employee in writing within 30 days of the event; or
- With respect to the Health Expense Reimbursement Account or the Dependent Care Reimbursement Account, the last day of the Plan Year in which the employee has elected participation in the account (i.e., the employee must affirmatively elect participation each Plan Year); or

- With respect to the pre-tax Premium Conversion provision, on the last day of the Plan Year in which the employee elects, during Open Enrollment, to terminate IU-sponsored health care coverage or Personal Accident Insurance; or
- The date on which the Participant fails to make required contributions; or
- The date that the University terminates the plan.

COBRA Participation. A Participant will not be eligible to make any further contributions as of the date participation terminates (except as described in the COBRA section below). However, a terminated Participant may continue to submit claims for payment from their Health Expense Reimbursement Account if the claims were incurred while participating, as long as they are submitted within specified time frames.

Mid-year Changes in Enrollment

Once an employee has declined or elected participation, mid-year changes are only allowed under certain IRS-qualified circumstances that are referred to as *Changes in Status*. A mid-year change must be requested in writing within 30 days of the event. The change in election must be consistent with and on account of the event.

Changes in Status are detailed on pages 16-17 of this booklet.

About Taxes

FICA taxes are not deducted from the pre-tax contributions made under the provisions of this plan. This will slightly lower the employee's contributions to Social Security. The federal, state, and local tax advantages gained through participation may offset any possible reduction in Social Security.

Employee Responsibilities

For TSB Health Care and Dependent Care Reimbursement Accounts, the employee is responsible each year for:

- Estimating the IRS-qualified expenses anticipated during the next calendar year.
- Notifying a campus Human Resources office in writing of any mid-year Change in Status and requesting corresponding changes to TSB plan contributions and health plan enrollment in writing within 30 days of the event.
- Completing and returning a Benefit Program Enrollment Form to a campus Human Resources office prior to the beginning of the Plan Year or within 30 days of becoming an Eligible Employee.
- Submitting IRS-qualified expenses for reimbursement during the Plan Year (or the following two-month Grace Period, when applicable) and no later than April 15 following the end of the Plan Year (or the next business day if April 15 falls on a weekend).
- Verifying payroll deductions and notifying a campus Human Resources office of any error within 30 days of the date the Benefit Program Enrollment Form is accepted by a campus Human Resources office.
- In the case of disputed claims, it is the employee's responsibility to provide proof that claims were submitted in a timely manner to the Claims Administrator, Nyhart.
- In the case of disputes as to the timely submission of a written request to make a mid-year change to IU-sponsored health care coverage and/or to make a change to a reimbursement account, it is the employee's responsibility to provide proof that the required written documentation was submitted in a timely manner to the Plan Administrator, Indiana University.

Leave Without Pay

Commencement of, or return from a Leave Without Pay is an IRS-defined Change in Status that allows an employee to suspend and then resume IU-sponsored health care coverage and/or suspend and resume participation in an expense reimbursement account. Requests to make such changes must be made in writing within 30 days of the Change in Status. When suspending and resuming participation in the same year, the employee must resume the elections in place at the time that participation was terminated.

If the employee does not request a change in participation at the commencement of an unpaid leave, the employee is responsible for making arrangements to pay the employee contributions during the unpaid leave of absence. Failure to make contributions will result in termination of participation in the associated parts of the TSB Plan. Claims incurred after participation ends will not be eligible for reimbursement. Upon return from the unpaid leave, the employee may request to reinstate the plan contributions elections in place at the time they were discontinued, so long as the request is made in writing within 30 days of the Change in Status.

Privacy of Personal Health Information

In order to administer the benefits described in this plan booklet, personal health information is exchanged between plan members, their health care providers, the Plan Administrator, and, in some cases, the plan sponsor. The types of uses of health information are described below. Indiana University has a longstanding policy of maintaining the confidentiality of such health information. Beginning April 14, 2003, the University, as the health plan sponsor, is also required by the Health Insurance Portability and Accountability Act of 1996 (HIPAA), to protect the confidentiality of private health information. A complete description of employee rights under HIPAA can be found in the plan's Notice of Privacy Practices located in the back of this booklet, and is also available to plan Participants at the University Human Resource Service's Web site; and from the Health Care Data Administrator.

With respect to Protected Health Information, Indiana University, as plan sponsor, will:

- not use or disclose information other than as described by the plan documents or as required by law;
- ensure that anyone who receives information in the course of operating the health plan agrees to the same conditions that apply to the plan sponsor with respect to such information;
- ensure reasonable separation between the health plan and the plan sponsor such that health information is not used for employment-related actions and decisions, nor disclosed in connection with any other employee benefit plan without authorization;
- report to the plan's designee any use of information that it becomes aware is inconsistent with permitted uses;
- make such information available to an individual for review or amendment and provide an accounting of disclosures as required by HIPAA;
- cooperate with the Secretary of the U.S. Department of Health and Human Services as needed to determine the plan's compliance with HIPAA; and
- if feasible, return or destroy all protected health information received from the health plan when no longer needed; and if not feasible, limit further uses and disclosures consistent with HIPAA.

Within the University, only employees designated as having responsibility for benefit administration functions within Human Resources offices will be given access to HIPAA Protected Health Information. These individuals may only obtain and use Protected Health Information to carry out administrative functions needed to support the benefit plan. If these persons do not comply with the University's privacy practices, the University provides a procedure for resolving issues of noncompliance, including corrective sanctions.

Under HIPAA, a health plan member has certain rights with respect to Protected Health Information, including certain rights to see and copy the information, receive an accounting of certain disclosures of the information and, under certain circumstances, amend the information. Members also have the right to file a complaint with the University or with the Secretary of the U.S. Department of Health and Human Services if there is a concern that rights have been violated.

How Your Health Information May Be Used by This Plan. Indiana University, as the plan sponsor of the Tax Saver Benefit Plan, engages a third party to administer these benefits on behalf of the plan. The plan uses and discloses personal health information for the purposes of carrying out plan operations. This includes such activities as processing applications for enrollment; customer service; detecting and preventing fraud or misrepresentations; internal and external audits; administration of claims; appeal and grievance review; and coordination of benefits. The health plan also uses and discloses personal health information as required by law and government oversight agencies.

The TSB plan does not use personal health information for purposes other than HIPAA permitted uses without the written authorization of the member.

The TSB Plan Administrator mails claim payment explanations for the employee, spouse, and children (adult and minor) to the address of record for the person in whose name the coverage is held, the employee. The health plan also discloses information about the payment of claims by the plan for the spouse and children covered upon inquiry by the person in whose name the coverage is held. If the spouse and or Dependent child over age 18 does not want such information disclosed in this manner or wishes to have the plan communicate with them in a different manner, the spouse or child must make a written request to the Plan Administrator stating where and how communication should take place. The Plan Administrator will make every effort to honor reasonable requests for special communications. A member who has a question about the privacy of health information or wishes to file a complaint, may contact the ***Health Care Data Administrator, University Human Resource Services, Poplars E165, Bloomington, IN, 47405.***

Premium Conversion

Pre-tax Premiums

Preferential tax treatment is applied to employee contributions for IU-sponsored medical and dental plans and Personal Accident Insurance. When the employee completes an enrollment form for IU-sponsored health plan benefits or Personal Accident Insurance, the employee is authorizing contributions to be automatically taken from the employee's salary on a pre-tax basis.

Participation is automatic with election of an IU-sponsored medical and/or dental plan and Personal Accident Insurance enrollment.

Premiums paid for coverage for domestic partners and/or the partner's child(ren) are not eligible for this preferential tax treatment, unless the employee is eligible to claim the domestic partner and/or the partner's child(ren) as tax Dependents under IRS Code. As a result, premium contributions associated with domestic partner benefits will be reported on the employee's annual W-2 Form and will increase the employee's taxable gross income, unless the employee submits to IU a *Certification of Tax-Qualified Dependents* form.

Restrictions on Mid-year Changes

Because the employee's health care premiums receive preferential tax treatment under this plan, IRS regulations state that the employee's health plan selection is in effect for the entire Plan Year and cannot be changed until the next Open Enrollment except under special circumstances defined by IRC Section 125 and by HIPAA special enrollment provisions. These special circumstances are called Changes in Status by this plan and are listed in a separate section of this booklet. This plan also limits the time during which an employee can request changes to a health plan selection:

- The employee has 30 days from the Change in Status to request a change in writing.
- After 30 days, the employee must wait until the next Open Enrollment for changes to be effective the following January 1.

Mid-year changes are made by submitting a Change in Status form and a new Benefit Program Enrollment Form to a campus Human Resources office.

Duty to Notify of Ineligibility

From time to time, changes in eligibility will occur. For instance, a Dependent child becomes ineligible for health coverage due to marriage. The employee is responsible for notifying the University within 30 days of any changes that affect the employee's Dependents' eligibility. A Dependent ceases to be a covered Dependent on the date that the individual no longer meets the University's eligibility criteria.

Failure to provide timely notice will result in the employee being responsible for reimbursing the plan for the Employer contributions for the ineligible individual.

Health Care Reimbursement Account

Summary

Medical, prescription, dental and vision expenses that may be reimbursed from the employee's TSB health expense reimbursement account are those that are:

1. Allowed by the IRS;
2. Incurred by the employee or IRS-qualified Dependent of the employee;
3. Not covered by any type of insurance or government program;
4. Incurred during the Plan Year* (or while participating, if participation begins or ends during the year);
5. Submitted on or before April 15 following the Plan Year;
6. Expenses that the employee is responsible for paying;
7. Expenses the employee has not taken as itemized deductions against Federal Income Taxes; and
8. Limited to dental and vision expenses for those enrolled in the IU High Deductible Health Plan (HDHP) PPO & Medical Savings Plan who have not yet met their deductible. (All other IRS-allowed expenses incurred after the deductible are met are eligible.)

* A two-month Grace Period for incurring expenses applies to individuals participating in the plan on December 31. In this case, year-end health reimbursement account balances can be used to reimburse eligible expenses incurred in January and February immediately following the end of the Plan Year.

Contribution Limits

Eligible employees may contribute up to \$6,000 annually to be reimbursed for IRS-qualified medical, prescription, dental and vision expenses. There is no minimum contribution.

Availability of Funds

The entire amount of the employee's Plan Year salary reduction commitment is available for reimbursement beginning January 1st. This means that claims can be reimbursed in advance of actual salary reductions.

Eligible Expenses

The IRS allows many medical, dental and vision expenses to be eligible for reimbursement. These services include health expenses applied to plan deductibles and copayments, amounts over plan maximums, and other expenses that may not be covered under the employee's health plan.

In order to be eligible, an expense must be incurred by the employee, the employee's spouse or Dependent child. For the purpose of determining eligible TSB Health expenses, Dependent means an individual that the employee is entitled to claim as an exemption under Section 151(c) of the IRS Code. The IRS does not consider reimbursement of a domestic partner or partner's child(ren) as eligible expenses, unless the domestic partner or partner's child(ren) qualifies as an income tax Dependent of the employee. For those employees enrolled in the IU HDHP PPO & Medical Savings Plan, the IRS allows only dental and vision expenses to be reimbursed before the HDHP deductible is met. Once the HDHP deductible is met, all IRS eligible medical, dental and vision expenses incurred after that date are reimbursable.

Examples of eligible expenses are:

- Medical and dental deductibles and copays¹
- Prescription eye glasses, frames, and contacts
- Transportation and parking required for medical services²
- Hearing aids and related expenses²
- Routine care and physical exams²
- Prescription drugs²
- Weight loss programs prescribed by a physician to treat diagnosed obesity (BMI=30 or greater)²
- Stop-smoking programs²
- Radial keratotomy and LASIK
- Certain over-the-counter medications (check with Nyhart or the IRS)¹

¹ Only expenses associated with dental care are eligible expenses when enrolled in an HDHP and the deductible has not been met.

² These expenses are not eligible expenses when enrolled in an HDHP and the deductible has not been met.

Ineligible Expenses

Examples of expenses that are not allowed are:

- Any individual or group medical premium
- Cosmetic procedures
- Retin-A (unless for a specific medical diagnosis)
- Rogaine, or any other medicine prescribed for cosmetic purposes or over-the-counter medicines (even when prescribed by a physician)
- Vitamins and other dietary supplements that do not require a physician prescription, unless prescribed to treat a specific medical diagnosis.

The above are only examples. The IRS modifies its definition of eligible expenses from time to time. Contact Nyhart or your tax advisor if you have questions about whether specific expenses are eligible.

Qualified HSA Distribution

An employee who has an eligible Health Savings Account (HSA) through the IU HDHP PPO & Medical Savings Plan can request a one-time qualified HSA Distribution of the remaining balance in the employee's TSB Health account as of the last day of the Plan Year, no later than December 31.

The maximum distribution that can be requested is the lesser of:

- the employee's TSB balance as of September 21, 2006; or
- the employee's TSB Health balance as of the last day of the Plan Year for which the distribution is being requested

The University will make the distribution directly to the employee's HSA custodian. Qualified HSA distributions are not taken into account in applying the annual limits for the HSA contributions.

Internal Revenue Code requires:

- The employee requesting the distribution must have been employed at the University on Sept. 21, 2006;
- The qualified HSA distribution must be transferred directly to the employee's Health Savings Account by the last day of the second month following the end of the Plan Year and cannot be requested in cash;
- The qualified HSA distribution must be elected by the last day of the Plan Year;
- The amount of the qualified HSA distribution option is determined on a "cash basis";
- The qualified HSA distribution is offered to all employees who have an eligible Health Savings Account and are covered by the IU HDHP PPO & Medical Savings Plan.

COBRA Continuation Coverage

If an employee terminates (including retirement) or loses eligibility during the year, participation in TSB ends on the date of termination. Health expenses incurred prior to the end of participation can be submitted for reimbursement through April 15 of the following year.

Health expenses incurred after participation ends are not eligible for reimbursement unless the Participant elects to continue participation in TSB under COBRA and continues to make contributions on an after-tax basis.

Leave Without Pay

During FMLA leave (or other approved leave of absence) or when laid off during the Plan Year, the employee may either continue or suspend participation in the plan. If participation is suspended, the employee may either increase the per pay contribution upon return, so the total contribution will equal the annual election pledge, or the employee may reduce the annual election pledge and continue the original per pay contribution. If participation is suspended, the employee may not be reimbursed for expenses incurred during the leave or layoff. If participation is continued, the employee must make arrangements to continue contributions during the leave on an after-tax basis. Failure to make contributions during the leave will result in coverage being suspended, and expenses during the suspended period may not be reimbursed.

TSB Comparison to Income Tax Credit

The expenses qualified under TSB Health Care Reimbursement Account are also qualified to be taken as itemized deductions against Federal Income Taxes. However, both methods cannot be used for the same expenses. Therefore, each employee must decide which method best meets their need.

Federal Itemization. The deduction is permitted only for those amounts of expense that exceed 7^{1/2} percent of adjusted gross income. A 1040 Long form and Schedule A must be filed. The exclusion is only on Federal Income Tax (FICA, state and local income taxes must still be paid). The benefit is received only after filing tax report forms at the end of the year.

TSB Method. The plan permits exemption of the first dollar of expense up to \$6,000. This method reduces federal, FICA, state, and local income taxes. The tax benefits are received each pay check throughout the year. The employee must positively elect to participate in the TSB plan to obtain the preferential tax treatment for eligible expenses.

IU TSB-HRA Card Option

TSB health care reimbursement account Participants have two options for reimbursement:

- Pay for services out-of-pocket and submit claims to Nyhart to receive reimbursement by check or electronic fund transfer, or
- Pay using the TSB-HRA Card option.

Below is an overview of the TSB-HRA Card option. Detailed information is available at www.hr.iu.edu/benefits/tsb.html.

How the Card Option Works. The TSB-HRA Card is a MasterCard issued by M&I Bank that allows Participants to pay for services from their HRA or TSB health care reimbursement accounts. Participants use the card to pay at the time of service, keeping their receipts. While most purchases do not require substantiation, when the TSB-HRA Card is used, the Participant may receive a request (by means of e-mail or U.S. mail) from Nyhart to substantiate certain purchases with receipts. The Participant must submit their receipts with a copy of Nyhart's request. If purchases are not substantiated within 30 days, the card will be deactivated until receipts are submitted.

Using the Card for Services and Purchases. The card does not change any of the TSB plan rules for eligible expenses. The expenses must be IRS-eligible medical expenses incurred by the Participant, the Participant's spouse, or tax Dependent during the tax year, and not covered by insurance.

The card may be used at health-related businesses such as hospitals, physician and dental offices, and vision providers. Effective January 1, 2008, the TSB-HRA card can only be used at businesses that have registered with credit card vendors as a healthcare-related business, or that have implemented an IRS-approved inventory system for restricting TSB-HRA Card use to eligible items.

Always select the credit option rather than debit when using the card as there is no PIN needed to use the card.

If the card is inadvertently used to purchase ineligible items, the Participant must repay their account. The Participant will be notified by Nyhart if ineligible expenses are detected from the receipts. Participants may also use the card to pay for eligible expenses for which they receive bills (e.g., physician visits and hospital services).

Just like a credit card, lost or stolen cards must be promptly reported and deactivated.

How to Obtain the Card. It is important to understand how the card option works before requesting one. Some employees may find the card desirable, while others may not. The card is voluntary and only issued upon request. The card can be requested by positively electing to receive a card during Open Enrollment. Only newly hired employees making a new election can obtain the TSB-HRA Card outside of this request period. The card will be issued by M&I Bank by the end of January. The TSB-HRA Card has an expiration date that is typically 3 years from the date of initial issue. The Participant does not need to obtain a new card each year.

Dependent Care Reimbursement Account

Summary

An employee may elect to set aside pre-tax dollars in a reimbursement account to pay for IRS-qualified child or elder day/evening care. Allowable Dependent day/evening care expenses are those that are:

1. Allowed by the IRS;
2. Incurred* during the Plan Year;
3. Paid to a qualified individual;
4. Submitted on or before April 15 following the Plan Year;
5. Expenses that the employee is responsible for paying; and
6. Expenses the employee has not taken as itemized deductions against Federal income taxes.

* The IRS defines *incurred* as when the service is provided, not when the services are billed or paid. For example, prepayment of summer day care camp registration is not incurred until the child has been to camp.

Contribution Limits

An employee may contribute up to \$5,000 annually (\$2,500 for married employees who file separately). However, the maximum allowable expense cannot exceed the amount of earned income of the lesser-paid of the employee or spouse. There is no minimum contribution.

Availability of Funds

The amount of the employee's Plan Year salary reduction commitment is available for reimbursement beginning January 1. However, claims will be reimbursed after services are rendered.

Eligible Expenses

Generally, expenses are eligible for the following Dependents: children less than age 13; totally disabled Dependents; or Dependents otherwise eligible for Federal Income Tax purposes, if all of the following conditions are met:

1. The employee is unmarried, or if married, both the employee and spouse work or the spouse is a full-time student or is totally disabled; and
2. The Dependent care expense is incurred within the Plan Year to enable the employee and spouse to work; and
3. The expenses are paid to someone who is not also the employee's Dependent for federal income tax purposes and the caregiver reports the income for tax purposes; and
4. If divorced, the employee or spouse is the custodial parent; and
5. The services are not provided free of charge or for a period of time when the employee or spouse is providing the care, i.e., on vacation or leave; and
6. If provided by a day care facility, the facility meets all State and Local regulations; and
7. If for elder care, the elder Dependent lives in the employee's home at least 8 hours per day; and
8. The charges will not be claimed as a Federal Child Care Credit against Federal income taxes.

Ineligible Expenses

Examples of expenses that are not allowed are:

- Kindergarten;
- Expenses for services not yet received, even if the expense has been paid;
- Expenses that are not required for the employee to be at work (or for both the employee and spouse to be at work in the case of a married employee); and
- Expenses for care at a camp where the Dependent stays overnight.

Contact Nyhart or your tax advisor if you have questions about whether specific expenses are eligible.

TSB Comparison to Income Tax Credit

The expenses qualified under a TSB Dependent Care Reimbursement account are also qualified to be taken as itemized deductions against Federal Income Taxes. However, both methods cannot be used for the same expenses. Therefore, each employee must decide which method best meets their need.

Federal Itemization. The tax credit permits exemption only on expenses up to \$3,000 for one Dependent, or \$6,000 for two or more Dependents. The exclusion is only on Federal Income Tax (FICA, state and local income taxes must still be paid). The benefit is received only after filing tax report forms at the end of the year.

TSB Method. Tax exemption is allowed for 100% of expenses up to \$5,000 (\$2,500 for married employees filing income taxes separately). This method reduces federal, FICA, state, and local income taxes. The tax benefits are received each pay check throughout the year. The employee must positively elect to participate in the TSB plan to obtain the preferential tax treatment for eligible expenses.

Required Information

Employees are required to report the name, address, and Social Security Number (or Federal Tax ID #) of the person or organization that provides the Dependent or child care services. Space for this information is provided on the Claim Form - Reimbursement of Payment Request (also required on Federal Tax Return).

Customer Service

Claims Administrator

TSB expense reimbursement account questions concerning IRS-qualified expenses, claims, and account balances may be directed to:

The Nyhart Company
8415 Allison Pointe Boulevard, Suite 300
Indianapolis, IN 46250-4201
Phone: (800) 284-8412
Fax: (888) 887-9961
Web: <http://iutbsb.nyhart.com>

Accessing Accounts

Employees may access their reimbursement accounts in three ways; by filing paper claims, by filing claims online at <http://iutbsb.nyhart.com>, and in the case of a health reimbursement account, by using a TSB-HRA Card.

Filing Paper Claims. Complete a claim form and include receipts, health claim summaries, bills or checks (photocopies are acceptable) supporting the claim amount and date of service. The claim form must include the name of the provider, type of service provided, date of service, and charge of each service. The claim form must be signed and dated. Mail or fax claims to:

Attn: Claim Reimbursement
The Nyhart Company, Inc.
8415 Allison Pointe Boulevard, Suite 300
Indianapolis, IN 46250-4201
Fax: (888) 887-9961

Claim forms are available at www.hr.iu.edu/pubs/forms/tsbclaim.pdf, from Nyhart, or at each campus Human Resources office.

Filing claims online. NOTE: The online claim submission webpage is only for Participants who have a scanned image of their receipt. If you do not have an electronic copy of your receipt then please follow paper form process to submit your claim. If you have an electronic copy of your receipt, log on to <http://iutbsb.nyhart.com> and click on the Online Claim Submission link.

TSB-HRA Card. Individuals who have requested an IU TSB-HRA Card may pay for eligible health care expenses directly with the card. (The card cannot be used for Dependent care reimbursements.) The card is a MasterCard that allows Participants to pay for services from their HRA and TSB health care reimbursement accounts. Participants use the card to pay at the time of service, keeping their receipts. Although most TSB-HRA Card purchases do not require substantiation, the Participant may receive a request (e-mail or U.S. mail) from Nyhart to substantiate certain purchases with receipts. The Participant mails, e-mails, or faxes their receipts with a copy of Nyhart's request. If purchases are not substantiated within 30 days, the card will be deactivated until receipts are submitted.

Direct Deposit. Employees may elect to have their claim reimbursement directly deposited to a bank account by completing an election form available on the Nyhart Web site (<http://iutbsb.nyhart.com>). This form is also available on the University Human Resource Services Web site (www.hr.iu.edu/pubs/forms/tsb_deposit.pdf). The use of direct deposit is optional. Reimbursement checks (or direct deposits for those who have requested them) are issued by Nyhart within 7-10 days of their receipt of a complete claim for eligible expenses.

Claims For Grace Period Expenses. Employees can use any remaining health reimbursement account balances to pay for IRS-qualified expenses incurred in January and February following the Plan Year. Please note that claims and TSB-HRA Card card purchases will deduct from the remaining balance of the Plan Year first. In order to be eligible for this Grace Period, you must have been participating in the plan on December 31 of the Plan Year. The Grace Period does not apply to Dependent care reimbursement accounts.

Account Reporting

All Participants who have a balance at the end of the Plan Year will receive notification reminding them of the remaining balance. During the year, account balances may be viewed on the Nyhart Web site (<http://iutsb.nyhart.com>). Participants may also contact Nyhart directly to obtain account information.

Appeals

A Participant may, in writing, request a review of a wholly or partially denied claim within 90 days of the denial. Within 60 days of receipt of the request, the Plan Administrator will review the claim and inform the Participant in writing of its final and binding decision. The written decision will contain the reason for the denial and references to the section of the plan that supports the denial. The written request for review should be directed to:

**University Human Resource Services
Attn: Tax Saver Benefit Plan
400 East 7th Street, Poplars E165
Bloomington, IN 47405**

Change in Status

Provisions

Because the employee's health care premiums and TSB reimbursement accounts receive preferential tax treatment under this plan, IRS regulations state that the employee's IU-sponsored health plan selection and TSB account elections are in effect for the entire Plan Year and cannot be changed until the next Open Enrollment except under special circumstances defined by IRC Section 125 and HIPAA. These special circumstances are called *Changes in Status* by this plan. The changes in elections must be consistent with the Change in Status and made within 30 days as described in this section.

Changes in Status include:

Change in legal marital status — including marriage, death of spouse, divorce, legal separation, or annulment;

Change in number of Dependents — as defined in IRC Section 152 with respect to the Health Care Reimbursement Account Provision; or as defined in the Indiana University guidelines for health plan eligibility with respect to the Premiums Conversion Provision including birth, adoption, placement for adoption, or death;

Change in employment status — termination or commencement of employment by the employee or a Dependent;

Change in work schedule — including a reduction or increase in hours of employment by the employee, the employee's spouse, or a Dependent child (i.e., a switch between part-time and full-time that makes the individual eligible or ineligible for coverage), or commencement or return from an unpaid leave of absence;

Change in Dependent status — Dependent satisfying or ceasing to satisfy the requirements related to marriage status, attainment of age, or similar circumstances under the plan that qualifies or disqualifies an individual for Dependent coverage;

Change in the place of residence or work of the employee or Dependent, that affects eligibility for coverage;

Special enrollment in a health plan — pursuant to HIPAA;

Qualified court order — adding coverage for a child if the employee is required to provide health coverage for a child under a court order, or deleting coverage for a child if a court order requires the former spouse to provide coverage and that coverage actually is provided by the former spouse;

Change in Medicaid or Medicare status — cancellation of coverage for the employee, the employee's spouse, and/or Dependent child if the individual becomes covered under Medicaid or under any part of Medicare or CHIP, or adding coverage if the individual becomes ineligible for Medicare, Medicaid or CHIP;

Significant change in the scope of coverage or cost of coverage provided under this plan or the group health plan which covers the Participant's spouse or Dependent child, but only with respect to Premium Conversion;

Loss of coverage under the group health plan which covers the Participant's spouse or Dependent child;

Loss of COBRA continuation coverage under prior employment due to exhausted benefits;

Or relative to Dependent day/evening care services:

Change in the care fee charged by the Dependent care service provider, unless an increase from a relative;

Change in the need for Dependent care, including a change in the number of Dependents needing care.

Consistency Requirement

A change in election is considered consistent with a Change in Status only if:

1. The employee or Dependent gains or loses eligibility for coverage under this plan or health plan of the individual's Employer; and
2. The change in election under this plan corresponds with that gain or loss of coverage.

An employee may make a mid-year change to annual TSB plan elections by requesting the change in writing. Changes are requested by submitting a Change in Status Form and Benefit Program Enrollment Form to a campus Human Resources office.

The employee has 30 days from the Change in Status to request a change in writing. After 30 days, the employee must wait until the next Open Enrollment for changes to be effective the following January 1.

Definitions

Benefit Program Enrollment Form	The form that is used by an employee to elect IU-sponsored health care coverage and that authorizes such premiums to be paid with pre-tax salary with respect to the Premium Conversion Account under this plan.
Cafeteria Benefits Plan	A tax program authorized under Section 125 of the Internal Revenue Code of 1986, as amended, under which an Employer may set up a program that allows employees to pay certain premiums (health plans and accident insurance premiums) and to be reimbursed for other health care expenses and Dependent care expenses with tax-exempt income.
Change in Status	Any of the events that IRC Section 125, HIPAA and this plan recognize as an allowable circumstance for an employee to make a mid-year election change in an account under one of the provisions under this plan. This includes IRC-defined Changes in Status, such as, marriage, divorce, birth of a child, and certain changes in employment status. The change must be reported in writing within 30 days of the event in order for it to be a Change in Status, under this plan.
Claim Deadline	Claims for reimbursement for a given Plan Year must be submitted by April 15 following the end of the Plan Year.
Coverage Period	The Plan Year, except if a Participant's initial year of eligibility begins or ends during a Plan Year, Coverage Period means the period during the Plan Year in which coverage was effective.
Dependent	<p>Premium Conversion. With respect to pre-tax Premium Conversion provided under Part A of this plan, Dependent has the same meaning as in any accident or health insurance policy sponsored by the Employer and under which the Participant is covered.</p> <p>Health Care Reimbursement Account. With respect to Health Care Reimbursement benefits provided under Part B of this plan, Dependent means an individual for whom the Participant is entitled to claim an exemption under Section 151(c) of the Internal Revenue Code.</p> <p>Dependent Care Reimbursement Account. With respect to Dependent Care Reimbursement benefits provided under Part C of this plan, Dependent means, a) a Dependent of the Participant who is under the age of 13 and with respect to whom the Participant is entitled to an exemption under Section 151(c) of the Internal Revenue Code (and with respect to whom the Participant is the custodial parent if the Participant is divorced); or b) a Dependent or spouse of the Participant who is physically or mentally incapable of caring for himself or herself.</p>

Eligible Employee	A full-time appointed Academic or Staff employee of Indiana University.
Employer	Indiana University, and any successor which may adopt the plan.
Grace Period	For individuals participating in a health reimbursement account on December 31, the following two month period (January and February) may be used to incur eligible expenses.
Health Savings Account	An account established pursuant to Internal Revenue Code Section 223 with a trustee or custodian contracted by Indiana University for use by its employees.
High Deductible Health Plan	Health insurance plan with IRS regulated design including deductible and out-of-pocket maximums. Enrollment in an HDHP is required to open and contribute to a Health Savings Account.
HIPAA	Health Insurance Portability and Accountability Act of 1996.
Medical Savings Plan	See <i>Health Savings Account</i> .
Open Enrollment	The annual period specified by Indiana University, generally corresponding to the month of November, during which the employee may elect or change pre-tax benefits under this plan effective for the following Plan Year (calendar year) beginning January 1.
Participant	Any Employee who has elected to participate in any provision of the IU Tax Saver Benefit Plan.
Plan	The Indiana University Tax Saver Benefit (TSB) Plan, as amended from time to time.
Plan Administrator	The person(s) or entity designated by the plan as being responsible for the administration of the plan pursuant to plan provisions. The Plan Administrator is Indiana University. Indiana University contracts with The Nyhart Company to administer claim payment and customer service aspects of the Health Care Reimbursement Account and the Dependent Care Reimbursement Account.
Plan Year	The one (1) year period beginning each January 1, that is, the calendar year.
Premium Conversion	Cash compensation to the employee is converted to non-cash, untaxed benefits in the amount of the employee's IU-sponsored health care plan premium and/or Personal Accident Insurance premium. Premium conversion is automatically invoked when an employee completes a Health Care Plan Enrollment Form to enroll in an IU-sponsored health care plan or Personal Accident Insurance.

Qualified Benefit	Any benefit which is not includable in the gross income of the Participant by reason of an express provision of Chapter 1 of the Code (other than as provided under Section 117, 124, 127 or 132). Qualified benefit does not include long-term care insurance or expenses.
Qualifying Event	Term used previously to represent Changes in Status. See Change in Status.
Reimbursement Account	An account maintained by or under the direction of Indiana University to account for the contributions and reimbursement of IRS-qualified expenses attributable to each Participant in the Health Care Reimbursement Account and/or the Dependent Care Reimbursement Account of the IU Tax Saver Benefit Plan. These accounts are for accounting purposes only and will reflect the balances available to the Participant for purchase of Qualified Benefits under this plan. Unused balances in these accounts are forfeited by the employee. Balances cannot be moved between accounts.
Section 125 Plan	A Cafeteria Benefits Plan program authorized under Section 125 of the Internal Revenue Code of 1986, as amended, for which an Employer may set up a program that allows employees to pay certain premiums (health plans and accident insurance premiums) and to be reimbursed for other health care expenses and Dependent care expenses with tax-exempt income.
University	Indiana University.

Notice of Privacy Practices

Effective Date: April 14, 2003

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

As the Plan Sponsor of employee health care plans, Indiana University considers personal health information to be confidential. We protect the privacy of that information in accordance with federal and state privacy laws, as well as the University's policy. We are required to give you notice of our legal duties and privacy practices, and to follow the terms of this notice currently in effect.

Who Should Read This Notice

This notice applies to all employees covered under an IU-sponsored health plan, but particularly to employees enrolled in IU self-funded plans including the IU HDHP PPO & Medical Savings Plan, IU \$900 Deductible, IU PPO Blue Access, and the IU Employee Assistance Program. Employees enrolled in insured plans, like HMOs, will also receive a "Notice of Privacy Practices" directly from those plans.

How The Plan May Use and Disclose Protected Health Information about Members

Protected Health Information (PHI) is health information that relates to an identified person's physical or mental health, provision of health care, or payment for provision of health care, whether past, present or future and regardless of the form or medium, that is received or created by the plan in the course of providing benefits under these plans.

The following categories describe different ways in which Indiana University uses and discloses health information. For each of the categories Indiana University has provided an explanation and an example of how the information is used. Not every use or disclosure in a category will be listed. However, all of the ways Indiana University is permitted to use and disclose information will fall within one of the categories.

Treatment

Health information may be reviewed to provide authorization of coverage for certain medical services or shared with providers involved in a member's treatment. For example, the plan may obtain medical information from or give medical information to a hospital that asks the plan for authorization of services on the member's behalf.

Payment

Medical information may be used and disclosed to providers so that they may bill and receive payment for a member's treatment and services. For example, a member's provider may give a medical diagnosis and procedure description

on a request for payment made to the plan's claim administrator; and the claim administrator may request clinical notes to determine if the service is covered. Medical information may also be shared with other covered entities for business purposes, such as determining the plan's share of payment when a member is covered under more than one health plan. Explanations of payments are also mailed to the address of record for the employee, the primary insured.

Health Care Operations

Health information may be used or disclosed when information is needed to administer the plan. For example, medical information may be reviewed by the manager of the provider network to evaluate provider performance with respect to network credentialing. Other examples of plan administration may include activities such as quality management, underwriting, detection and investigation of fraud, data and information system management; and coordination of health care operations between health plan Business Associates.

Individuals Involved in Your Care or Payment of Care

Unless otherwise specified, the plan may communicate health information in connection with the treatment, payment, and healthcare operations to the employee and/or any enrolled individual who is responsible for either the payment or care of an individual covered under the plan. Also, when a member authorizes another party in writing to be involved in their care or payment of care, the plan may share health information with that party. For example, when an employee signs an authorization allowing a close friend to make medical decisions on his or her behalf, the plan may disclose medical information to that friend.

Legal Proceedings, Government Oversight, or Disputes

Health information may be used or disclosed to an entity with health oversight responsibilities authorized by law, including HHS oversight of HIPAA compliance. For example, monitoring of government programs or compliance with civil rights laws. Health information may also be disclosed in response to a subpoena, court or administrative order, or other lawful request by someone involved in a dispute or legal proceeding.

Health – Related Services and Research

Medical information may be used to inform members about an upcoming health-related service or program to help members better manage a chronic condition. For example, a diabetes or asthma management program.

Uses and Disclosures Requiring Your Written Authorization

In all situations, other than the categories described above, we will ask for your written authorization before using or disclosing personal information about you. If you have given us an authorization, you may revoke it at any time, if we have not already acted on it.

Member Rights Regarding Protected Health Information

Right to Inspect and Copy

Members have the right to inspect and obtain a copy of the Protected Health Information maintained by the plan including medical records and billing records. To inspect and copy PHI, members must submit in writing a request to the Plan Administrator. Requests to inspect and copy PHI may be denied under certain circumstances. If a member's request to inspect and copy has been denied written documentation stating the reason for the denial will be sent to the member.

Right to Amend

Members have the right to request an amendment to PHI if they feel the medical information is incorrect for as long as the information is maintained. To request an amendment members must submit requests, along with a reason that supports the request, in writing to the Plan Administrator. The plan may deny a member's request for an amendment if it is not in writing or does not include a reason to support the request. Additionally, the plan may deny a member's request to amend information that:

- Is not part of the information in which the member would be permitted to inspect or copy;
- Is not part of the information maintained by the plan;
- Is accurate and complete.

Right to an Accounting of Disclosures

Members have the right to an accounting of PHI disclosures during the six years prior to the date of a request. To request an accounting of disclosures, members must submit requests in writing to the Plan Administrator. Requests may not include permitted PHI disclosures made to carry out treatment, payment or healthcare operations included in the six categories listed above. The members written request must include a date or range of dates and may not include any dates before the April 14, 2003, compliance date.

Right to Request Restrictions

Members have the right to request restrictions on certain uses and disclosures of Protected Health Information to carry out treatment, payment or healthcare operations. Members also have the right to request a limit on the information the plan discloses to someone who is involved in the payment of your care; for example: a family member covered under the plan.

The Plan is Not Required to Agree to Your Request.

To request restrictions, members must submit requests in writing to the plan. Requests must include the following: (1) information the member wants to limit; (2) whether the member wants to limit our use, disclosure or both; and (3) to whom the member wants the limit to apply, for example, disclosures to a spouse.

Right to Request Confidential Communications

Members have the right to request that the plan communicate with them about health information in a certain way or at a certain location. For example, asking that the plan to contact members only at work. To request confidential communications, members must submit requests in writing to Anthem, the Health Plan Administrator and must include where and how members wish to be contacted. The plan will accommodate all reasonable requests.

Right to a Paper Copy of This Notice

Members have the right to a paper copy of this Notice. To obtain a copy please contact the Privacy Administrator.

Changes Made to This Notice

The plan reserves the right to change this Notice. The plan reserves the right to make the revised or changed notice effective for Protected Health Information the plan already has about members as well as any information received in the future. The plan will make the notice available to members at all times.

How to File Complaints

If a member believes that their privacy rights have been violated, they may file a complaint to the Privacy Administrator at the following address: 400 E. Seventh St., Poplars E165, Bloomington, Indiana 47405-3085, Phone (812) 855-6709.

Members may file a complaint with the Secretary of the U.S. Department of Health and Human Services at the following address: Hubert H. Humphrey Building 200 Independence Avenue S.W., Washington D.C. 20201.

Indiana University will not retaliate against any member for filing a complaint.

A Note About Personal Representatives

Members may exercise their rights through a personal representative. This person will be required to produce evidence of his/her authority to act on a member's behalf before they will be given access to PHI or allowed to take any action for a member. Proof of this authority may be one of the following forms:

- A power of attorney notarized by a notary public;
- A court order of appointment of the person as the conservator or guardian of the individual; or
- An individual who is the parent of a minor child.

University Human Resource Services
400 E. Seventh St., Poplars E165
Bloomington, IN 47405-3085