01/01/2026 Town of Manchester

Flexible Spending Plan Highlights and Enrollment Instructions

Start Date:	• January 1, 2026
Plan Year:	• January 1 to December 31
Eligibility:	• 20 hours per week (regularly scheduled) • First of the month following 30 days of employment.

You do not have to enroll in your employer's group health plan to enroll in this Flex Spending plan.

Annual Elections:	• Health Care (FSA): $250.00 minimum/ $3,400.00 maximum • Dependent Care (DCA): $250.00 minimum/ $7,500.00 maximum
2 ½ Month Grace Period: **The 2 ½ Month Grace Period & Year End Run-off Period Run Concurrently**	• Eligible FSA & DCA expenses can be incurred up to 2 ½ months following the end of the plan year and applied to any remaining account balance in the prior plan year.
Year End 90 Day Run-off Period:	• Reimbursements can be submitted up to 90 days following the end of the plan year.
Claim Reimbursement:	• Processed weekly ($20.00 minimum reimbursement)
Reimbursement Type(s):	• Check / Direct Deposit /Debit
Plan Year Payroll Deductions:	• 26
Date of 1st Deduction:	• January 9, 2026
Your ABS Account Manager is:	• Pam at ext. 452 (pam@abs125.com)

Here's How to Enroll in Your Flexible Spending (FSA) Plan

1. If you meet the eligibility requirements, please complete the Enrollment Form.
2. If you use the Dependent Care Auto-Affidavit a new form must be completed for the new Plan Year.

Send completed enrollment form to Cindy McConaha by December 1, 2025

Questions? Visit us at www.abs125.com, or call 1-860-675-2261 from 9:00am to 5:00pm E.S.T. M-F