

CIS Trust

Dependent Care Flexible Spending Account (FSA) Program

Summary Plan Description

Effective January 1, 2026

The Dependent Care Flexible Spending Account Program forms part of a Cafeteria Plan as defined in Section 125 of the Internal Revenue Code. The program is designed to permit an eligible employee to contribute on a pre-tax salary reduction basis to an account for reimbursement of dependent care expenses.

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TAX SAVINGS EXAMPLE

By electing to contribute a portion of your salary to the FSA Program, you essentially use this money to pay for expenses on a TAX-FREE basis that would otherwise be paid out of your take-home pay. This example shows how the FSA Program could save this employee \$840 in taxes!

	Without FSA	With FSA	Savings with FSA
Gross Income (Married – Joint Income)	\$80,000	\$80,000	
Standard Deduction	\$27,700	\$27,700	
FSA Contributions (Available to Reimburse Dependent Care Expenses)		\$3,050	
Federal Taxable Income	\$52,300	\$49,250	
Federal Tax *	\$6,276	\$5,910	\$366
State Income Tax *	\$4,550	\$4,309	\$241
Social Security (FICA) Tax	\$4,001	\$3,768	\$233
Paycheck After Taxes	\$62,963	\$62,123	
Expenses Not Run Through the FSA	\$3,050	\$0	
Employee's Spendable Income	\$62,123	\$62,963	\$840

This employee could increase their spendable income by \$840 by using the FSA!!

*Estimate based on the 2022 IRS and Oregon tax rates for a hypothetical married employee filing jointly and is only offered as an example. If you have questions about your tax situation, contact a tax professional, as this example does not constitute tax advice.

FREQUENTLY ASKED QUESTIONS REGARDING FLEXIBLE SPENDING ACCOUNT PROGRAMS

Q. WHAT IS A FLEXIBLE SPENDING ACCOUNT PROGRAM (FSA)?

The Flexible Spending Account Program (the “FSA Program”) form part of the CIS Employee Benefits Trust Plan (the “Plan”). An FSA Program allows you to voluntarily set aside money to pay for dependent care expenses. Without the FSA Program, you would have to pay for these expenses with after-tax dollars – that is, with money that you have already paid taxes on. The money that you elect to contribute under the FSA Program is automatically deducted from your gross wages before federal, state and Social Security taxes are withheld. The contributions are not considered taxable income, and therefore do not appear on your W-2 Form as taxable income. Since your taxable income is reduced, so are your taxes.

Q. WHAT ARE THE FSA PROGRAMS UNDER THE PLAN?

The Plan makes available one FSA Program.

The Dependent Care Flexible Spending Account Program (the “Dependent Care FSA Program”) will reimburse you for qualified dependent care expenses incurred by you to enable you to work.

Q. WHO CAN PARTICIPATE IN AN FSA PROGRAM?

An employee is eligible to participate in an FSA Program if the employee:

- Is regularly scheduled to work the number of hours required by the employer; and
- Has satisfied the employer’s waiting period.

The following classes of employees and other individuals cannot participate in an FSA Program:

- Contract workers and independent contractors;
- Temporary employees and casual employees (employees hired short-term to meet specific needs of the employer, as determined in the employer’s sole discretion); and
- Individuals paid by a temporary or other employment or staffing agency.

Q. IF I MAKE PRE-TAX CONTRIBUTIONS TO AN FSA PROGRAM, WON’T I MAKE LESS MONEY?

No. Your spendable income will increase by the amount of your tax savings.

Q. HOW MUCH WILL BE DEDUCTED FROM MY PAYCHECK FOR THE BENEFITS I SELECT?

Your salary reduction amount for a pay period is the amount equal to the total annual contribution for the benefits you elected, divided by the number of remaining pay periods in the plan year following your participation effective date.

Q. WHEN CAN I MAKE A CHANGE IN MY ELECTION?

In general, once you have enrolled in (or have chosen not to enroll in) an FSA Program for a plan year, the enrollment election must remain in effect for the rest of the plan year. In other words, you generally will not be able to modify or revoke your FSA Program election until the next open enrollment.

An exception to this general rule applies upon the event of a “qualified status event change.” Under this exception, you may change your election if you, your spouse, or a dependent experience an event (listed below) which results in a gain or loss of eligibility for coverage under an FSA Program, or a similar plan maintained by your spouse’s or dependent’s employer, and your desired election change corresponds with that gain or loss of coverage.

If these events occur, a change may be made to your election.

1. Your legal marital status changes through marriage, divorce, death, legal separation or annulment.
2. The number of your dependents changes by reason of birth, adoption (or placement for adoption), legal guardianship or death.
3. You, your spouse or any of your dependents have a change in employment status that affects eligibility under an employee benefit plan of your employer, or a plan maintained by the employer of your spouse or dependent. If you terminate employment or take a leave of absence, you must wait at least 31 days after termination or leave of absence to qualify.
4. One of your dependents satisfies or ceases to satisfy the requirements for coverage under an employee benefit plan of your employer, or a plan maintained by the employer of your spouse or a dependent, due to attainment of age or any similar circumstances.
5. You changed your election under another employer-sponsored plan, as long as the change made under the other plan was permitted by IRS regulations or was made for a plan year that is different from the plan year of the FSA Program (i.e., the year beginning January 1 and ending December 31).
6. Your child no longer qualifies for dependent care because he or she has turned 13.
7. You change dependent care providers (including school or other free provider) resulting in a change in your dependent care expenses.

8. Your dependent care provider who is not your relative changes your costs significantly. A relative is any person who is a child, parent, stepchild, sibling, aunt, uncle, cousin, or in-law of the plan participant.

The election change request must be filed within 60 days of the date of the qualifying event and becomes effective on the 1st of the month following the event and approval of the request.

If you have questions regarding a change in elections, please call CIS Benefits at 1-855-763-3829.

Q. WHEN DOES PARTICIPATION BEGIN?

If you are an existing employee, you must enroll online during Open Enrollment (unless a “qualified status event change” occurs, as described above). Your participation in the FSA is January 1 through December 31 of the new plan year.

If you are a new employee or are newly eligible, you must enroll online through CIS-Connect (the benefits portal) within 60 days of your date of hire or the date you gained eligibility. If you fail to enroll within the required timelines, you will not be able to participate in an FSA Program until the next open enrollment period (unless a “qualified status event change” occurs, as described above). Enrollment during the plan year is effective the 1st of the month following enrollment.

Q. WHAT IF I’M ALREADY PARTICIPATING IN AN FSA PROGRAM?

Participation in both the Dependent Care FSA Program terminates at the end of each plan year. You **MUST** re-enroll each plan year to continue your participation.

Q. WHAT IS THE “OPEN ENROLLMENT PERIOD” AND THE “PLAN YEAR”?

The open enrollment period is the period prior to the beginning of the plan year during which you have an opportunity to elect to participate in an FSA Program by enrolling online through the benefits portal: www.cisbenefits.org. You will be notified of the timing and duration of the open enrollment period.

The plan year is the 12 months beginning January 1 and ending on December 31.

Q. WHAT IF I DON’T USE ALL OF THE MONEY I ELECT IN AN FSA PROGRAM?

In exchange for the tax advantages associated with the Dependent Care FSA Program, **the IRS generally requires that any money left over in your account at the end of the plan year be forfeited.**

No carryover is permitted for amounts remaining in a Dependent Care FSA Account; however, dependent care expenses incurred during a plan year may be submitted for reimbursement during the runout period in the following plan year, as otherwise described in this Plan.

There is no carryover provision for unused dollars in the Dependent Care Account Program. However, you may continue to file dependent care claims for the remainder of the plan year, but

you can only be reimbursed up to the amount contributed year-to-date. Unused dollars will be forfeited.

By reason of the “use-it-or-lose-it” rule, and the restrictions on mid-year election changes discussed above, it is very important that you carefully estimate your eligible expenses before deciding how much to contribute for expenses incurred during the year. ASI can help you estimate your allowable expenses for the plan year.

Q. ARE THERE ANY NEGATIVES THAT I SHOULD KNOW ABOUT?

Yes, because you are not paying Social Security tax on the portion of your income that you contribute to the Plan, your Social Security benefits may be slightly reduced. However, if you invest your tax savings, in many cases you would have more money available at retirement than the benefit you would have received from the amount not paid into Social Security.

Participation in the Dependent Care FSA Program is an alternative to taking a dependent care “tax credit” allowed with your tax filing each year. You may receive a tax break on your expenses, but you must choose whether to use the dependent care “tax credit” or the Dependent Care FSA Program. The IRS does not permit you to receive two tax breaks on the same expenses.

Q. WHEN WILL MY PARTICIPATION IN AN FSA PROGRAM TERMINATE?

You will cease to be a participant in an FSA Program upon the earliest of the following dates:

- The expiration of the plan year for which you have elected to participate in the FSA Program (unless you elect to continue participating during the open enrollment period for the next plan year);
- The date on which you cease to be eligible to participate in the FSA Program because of retirement, termination of employment, layoff, reduction in hours, or any other reason; or
- The termination of the FSA Program.

If you are an active employee and experience a circumstance that permits a change of election under the terms of the FSA Program and you wish to stop all future contributions to one of the FSA Programs, your future contributions will stop but you will continue to be a participant in the plan. Your annual election will be changed to the amount you contributed to date for the current plan year. You will have the ability to continue to file claims for the remainder of the current plan year.

If you have not spent all the contributed funds by the end of the current plan year, any such remaining funds in the Dependent Care FSA Program will be forfeited.

If you terminate employment during a plan year, you will cease to be eligible to participate in an FSA Program. However, employees participating in the Dependent Care FSA Program may continue to file claims for the remainder of the plan year; you can be reimbursed up to the amount you contributed year-to-date.

Q. WHAT IF I AM CALLED TO ACTIVE DUTY?

Unlike some healthcare flexible spending programs, if you are in the military reserves and are called to active duty for a period that will last at least 180 days (or for an indefinite period), you may not request a distribution of the unspent balance of your account under the Dependent Care FSA Program.

Q. WHAT IF I AM REHIRED AFTER TERMINATING EMPLOYMENT?

If you terminate employment with the employer, but you return to work within 30 days during the same plan year, your participation will be reinstated as it was. You will have the option of reinstating your coverage at the same annual level you had prior to your termination or reinstating your coverage at the same per pay period amount with a reduced annual amount. Should you choose the same annual amount, your per pay period contributions will be adjusted so that your total contributions for the year will equal your annual coverage amount. Should you return to work after 30 days during the same plan year, you may make a new election for the remainder of the plan year.

Q. WHAT IF I GO ON FMLA LEAVE?

If you go on FMLA leave, you cannot continue to participate in the Dependent Care FSA Program. You may re-enter the Dependent Care FSA Program upon return from FMLA on the same basis as you were participating prior to the leave. You will be entitled to elect whether to be reinstated in the Dependent Care FSA Program at the same coverage level as in effect before the FMLA leave (with increased contributions for the remaining period of coverage) or at a coverage level that is reduced pro-rata for the period of FMLA leave during which you did not pay premiums. If you elect a coverage level that is reduced pro-rata for the period of FMLA leave, the amount withheld from your compensation on a payroll-by-payroll basis for the purpose of paying under the Dependent Care FSA Program will be equal to the amount withheld prior to the period of FMLA leave.

Q. HOW CAN I GET ANSWERS TO OTHER QUESTIONS?

Check ASI's website www.asiflex.com. You can email ASI at asi@asiflex.com or call ASI toll free at 1-800-659-3035. A representative is available from 5 a.m. to 5 p.m. Pacific Time, Monday through Friday, and from 7 a.m. to 11 a.m. Pacific Time on Saturday.

Q. HOW QUICKLY WILL MY CLAIMS UNDER AN FSA PROGRAM BE PAID?

ASI will process your claim no later than the first banking day following their receipt of the claim. Valid dependent care claims will be paid on the day processed up to the balance in your account under the Dependent Care FSA Program. Any excess dependent care claim will be paid as contributions are received from payroll. If there is a problem with your claim, ASI will notify you on the day the claim is processed either by U.S. Mail or by email.

Q. IS DIRECT DEPOSIT AVAILABLE?

Yes. You may have your claims payments sent directly to your checking, money market or savings account. ASI will send a notice of each payment to you. ASI can send this notice via email, if you prefer. Email and direct deposit provide you with the fastest, safest payment method, as well as the fastest notification method.

Q. WHAT HAPPENS IF MY CLAIM FOR REIMBURSEMENT IS DENIED?

If your claim is denied, in whole or in part, ASI will notify you in writing within 30 days of the date of receipt of your claim. This time period may be extended for an additional 15 days for matters beyond the control of ASI, including in cases where a claim is incomplete. ASI will provide written notice of any extension, including the reasons for the extension and the date by which a decision by ASI is expected to be made. When a claim is incomplete, the extension notice will also specifically describe the information required. You will have 45 days from receipt of the notice in which to provide the specified information. Decision on your claim will be suspended until the specified information is provided. Notice of a denied claim will include:

- The specific reasons for the denial;
- The specific plan provisions on which the denial is based;
- A description of any additional material or information necessary for you to validate the claim, and an explanation of why such material or information is necessary; and
- Appropriate information on the steps to be taken if you wish to appeal the claim denial.

If your claim is denied, in whole or part, you (or your authorized representative) may request that the claim denial be reviewed. The request must be made in writing to CIS, the Plan Administrator. Your **appeal must be made in writing within 60 days** of your receipt of the notice that the claim was denied. If you do not appeal on time, you will lose the right to appeal the denial and the right to file suit in court. Your written appeal should state the reasons that you feel your claim should not have been denied. It should include any additional facts or documentation that you feel supports your claim. You may review (upon request and at no charge) documents and other information relevant to your appeal.

Your appeal will be reviewed and decided by CIS in a reasonable time (no later than 60 days) after CIS receives your request for review. If the decision on review affirms the initial denial of your claim, you will be furnished with a notice of adverse benefit determination on review setting forth:

- The specific reasons for the decision on review; and
- The specific plan provisions on which the decision is based.

DEPENDENT CARE FSA PROGRAM SUMMARY

The Dependent Care FSA Program is designed to allow you to set aside amounts on a pre-tax basis in an account, and to have qualified dependent care expenses then reimbursed to you tax-free from that account.

STEPS TO PARTICIPATE IN THE DEPENDENT CARE FSA PROGRAM:

1. **Estimate your total dependent care expenses for the plan year.** Include predictable expenses only.
2. **Enroll.** If enrolling during Open Enrollment, you'll enter the amount - divided by the number of paychecks you'll receive during the plan year - online in the Dependent Care FSA section on CIS-Connect. If enrolling mid-year as a New Hire or if newly eligible, enter the amount divided by the number of paychecks you'll receive for the remainder of the plan year online on CIS-Connect within the required timeline.
3. **File claims.** After you have received dependent care services, you may submit a claim for reimbursement of those expenses to ASI.
4. **Receive reimbursements.** ASI will review your claim, and, if approved, will reimburse you within one business day of receipt of your claim up to the amount you have on deposit in your account. If your claim exceeds the balance of your account under the Dependent Care FSA Program, the difference will be recorded and paid as funds become available from payroll.

IMPORTANT DEPENDENT CARE FSA PROGRAM INFORMATION

Annual Maximum: \$7,500

Annual Minimum: There is no minimum.

IRS Contribution Limit

The tax-favored treatment of your contributions to the Dependent Care FSA Program is limited by federal regulations. By reason of these regulations, the maximum that you elect to contribute to the Dependent Care FSA Program during the calendar year should be the **least of**:

- \$7,500, if you are single and file an individual tax return, or married and file a joint tax return;
- \$3,750, if you are married and file a separate tax return; or
- Your taxable income or your spouse's taxable income, whichever is less. (For example, if you earn \$50,000 per year and your spouse earns \$3,000, then your contribution to a Dependent Care FSA Program for the year should be limited to \$3,000.

Contributions to all Dependent Care FSA programs that you and your spouse may participate in should not exceed \$7,500 on a combined basis in any calendar year. Thus, if your spouse's employer also sponsors a Dependent Care FSA program, the most that you and your spouse should contribute under both programs on a combined basis is \$7,500.

If your spouse is a full-time student or cannot care for himself or herself, you may be considered to have an income of \$250 per month if you have one qualified dependent, or \$500 per month if you have two or more qualified dependents.

Alternative Dependent Care Tax Credit

Under the IRS rules, you may claim a dependent care tax credit on your federal income tax return. This credit provides a dollar-for-dollar write-off against your taxes for qualified dependent care expenses, subject to limits. The tax credit cannot be used for expenses paid by the Dependent Care FSA Program. The tax credit amounts may range from 20% to 35% of dependent care costs. The exact percentage is based upon the individual's adjusted gross income. The credit cannot be claimed on more than \$3,000 of dependent care expenses if there is one child, or \$6,000 for two or more children.

The dependent care tax credit may provide you with tax savings to cover the same types of expenses covered by the Dependent Care FSA Program. As a result, you can either participate in the Dependent Care FSA Program or take the tax credit when filing your tax return. If you have questions about which approach is best for you and your family, you should consult a tax advisor.

A Qualifying Individual is your dependent who is under the age of 13 and who lives with you at least one half of the year. It also includes an older dependent who is mentally or physically incapable of self-care who resides with you for more than one half of the year and is a qualifying child or relative. The child of a divorced or separated employee is treated as a qualifying individual

of the custodial parent irrespective of who claims the dependency exemption. The child is treated as having been in the custody of the parent who has custody for the greater portion of that year.

A Qualified Provider can provide care in your home or outside your home. If the care is provided outside your home and the facility cares for more than 5 individuals, then it must be licensed by the state in which the care is provided. The expenses **may not** be paid to your spouse, your child who is under the age of 19 at the end of the year in which the expenses are incurred, or to an individual for whom you or your spouse are entitled to a personal tax exemption as a dependent.

The amount that you contribute to the Dependent Care FSA Program for a calendar year will appear on your W-2 Form. This will inform the IRS that you have received dependent care benefits through the Dependent Care FSA Program. **You will then be required to file a Schedule 2** with your IRS Form 1040A or **Form 2441** with your IRS Form 1040 for the calendar year. Please note that this filing is for informational purposes. You will not pay taxes on your contributions.

Qualifying Dependent Care Expenses

Qualifying dependent care expenses are those that you incur in order for you (and your spouse, if married) to be gainfully employed and which are considered to be employment related expenses to the extent that you or another person (if any) incurring the expense are not reimbursed for the expense through any other plan. Only expenses incurred for care and well-being qualify for this tax break (kindergarten, summer school, and private school expenses do not). Day camp fees incurred in order for you to work are allowable, but overnight camps are not. Refer to IRS Publication 503 for additional information. You can access this publication from ASI's website. The purpose of Publication 503 is to assist people with their income tax filing. It does not specifically address Dependent Care FSA Programs. However, most of the items listed as eligible for the tax credit in Publication 503 can be claimed under the Dependent Care FSA Program. **You can only claim expenses based on the date incurred (not the date paid as stated in Publication 503).** Please contact ASI at asi@asiflex.com, or at (800) 659-3035, if you have any questions regarding particular expenses.

Qualifying Expenses are those that enable you to be gainfully employed, including:

- Day-care centers
- Nannies
- Day camps, including recreational or specialized camps (e.g., soccer or computer)
- Before and after-school care expenses

Non-Qualifying Dependent Care Expenses

This is a partial list of items that do not qualify under the Dependent Care FSA Program. There may be other items that do not qualify that are not listed here.

- Care that is not incurred in order for you to work or look for work
- Care for a child for whom you have 50% or less physical custody

- Kindergarten or other educational expenses
- Care provider compensation paid to your spouse, or to your (or your spouse's) child who is under 19 years old at the end of the year
- Child support payments
- Overnight camps
- Care for a child age 13 or older who is not disabled

FLEXIBLE SPENDING ACCOUNT CLAIMS

ASI, (800) 659-3035

asi@asiflex.com

PO Box 6044

Columbia, MO 65205-6044

Claims processed daily – within 1 day

World Wide Web www.asiflex.com for claim forms and personal account information

Allowable expenses must be incurred during the portion of the plan year that you are a participant. Claims must be filed by March 31 following the end of the plan year. After March 31, your account will be closed and any balance remaining will be forfeited in accordance with federal regulations.

You must submit a completed claim form along with copies of invoices or statements from the provider or other independent third party to serve as proof that you have incurred an allowable expense in order to receive payment. Statements are **required to include**:

- **The provider's name;**
- **The date(s) of service;**
- **A description of the service(s); and**
- **The expense amount.**

You can submit a claim online or download claim forms on the ASI website at www.asiflex.com. You may request paper copies by phone at (800) 659-3035.

You may have the dependent care provider complete the dependent care section of the claim form and sign on the line provided in lieu of providing the above documentation for dependent care claims.

The tax identification number or Social Security Number of the dependent care provider should be listed on each of your claim forms. You must provide this number with your federal income tax return. Please check with your dependent care provider (before enrolling in this category) to be sure that you are able to obtain their tax I.D. number or Social Security Number.

Payment from the Dependent Care FSA Program will be made up to the approved amount of your claim or your current balance, whichever is less. Any portion of your claim which is not paid will be paid automatically as money is contributed from payroll. Total payments for the year are restricted to your annual election.

Direct deposit into the bank account of your choice is available for your claim payments. By using direct deposit, you will not need to wait for a check to arrive to deposit yourself. A notice

that a payment was made will be sent to you. This direct deposit notice is available by U.S. Mail or by email. If you prefer, a check can be mailed to you instead of directly deposited.

Email notice. If you choose direct deposit, ASI can send the notices of claim payments directly to your email account.

INTERNET ACCESS

You can access information regarding your accounts under the Dependent Care FSA Program on the Internet 24 hours a day, 7 days a week by logging into your account, as described below. Information is continually updated. You can find out if a claim has been processed, a payment has been made, or your current balance using Internet access. Information for the current plan year is viewable (the previous plan year until March 31 following the end of that plan year is available as well).

You can also file claims online or by using the mobile app. And, you can purchase FSA eligible items through the FSA Store from your account.

To access your account:

- Go to <http://www.asiflex.com>
- Click on “**Online Access/Account Detail**” and then choose “**Participant/Account Detail**”
 - **For new users:** click on the “**Create an account**” button and follow the directions to set up your account. Be sure to remember your Username, Password and Security Image as you will need these the next time you log in.
 - **For previous users:** type in your Username and Password and click on the “**Sign in**” button. Then click on your Security Image.
- Under **View Available Accounts**, choose the account you wish to view.
- Select the plan year you wish to view.
- All transactions for the plan year are shown. Information is continually updated.
- Be sure to click “**Log out**” when you finish. This closes out your account for security purposes.

GENERAL PLAN INFORMATION

Name of the Plan	CIS Employee Benefits Trust Plan, which includes the component Dependent Care Flexible Spending Account Program
Plan Sponsor	CIS Trust (CIS) 15875 Boones Ferry Road Lake Oswego, OR 97035-3401 (503) 763-3800
Plan Administrator	CIS Trust (CIS) 15875 Boones Ferry Road Lake Oswego, OR 97035-3401 (503) 763-3800
Claims Administrator	ASI PO Box 6044 Columbia, MO 65205-6044 (800) 659-3035 asi@asiflex.com

The plan year is the twelve-month period beginning January 1 and ending December 31.

Dependent Care FSA Program Administration

The FSA Program is not underwritten by an insurance company, and benefits are not guaranteed by a contract of insurance. The maximum contributions that may be made under an FSA Program for a participant is the total of the maximums that may be elected or otherwise designated as contributions for benefits as described in the Dependent Care FSA Program Summary section.

ASI has been hired to perform certain administrative functions for the FSA Program. ASI processes all claims for the Dependent Care FSA Program. If you have any questions concerning claims, please contact ASI by mail at: P.O. Box 6044, Columbia, MO 65205; by phone at 800-659-3035; by email at asi@asiflex.com; or on-line at www.asiflex.com.

Other Information

In preparing this summary of the Dependent Care FSA Program (the “Program”), we have done our best to explain their various features in straightforward, non-technical language. Of course, this information is based on a legal plan document that governs the FSA Program. It is not our intention in summarizing the material features of the Program to change the meaning expressed by the formal plan document. If we have inadvertently indicated anything that disagrees or is inconsistent with the legal plan document, the formal plan document is the one we must follow in the administration of the Program and in determining your rights under the Program. A copy of that plan document is available for your review by contacting CIS. You may be charged reasonable photocopying charges if a hard copy is requested.

ASI and CIS will perform their duties as the Claims Administrator and the Plan Administrator, respectively, and in their sole discretion will determine an appropriate course of action in light of the reason and purpose for which the Program is established and maintained. In particular, ASI and the Plan Administrator will have full, discretionary authority to interpret all plan documents, and make all interpretive and factual determinations as to whether any individual is entitled to receive any benefit under the terms of the Program. Any interpretation of the terms of any plan document, and any determination of fact adopted by ASI or the Plan Administrator, will be final and legally binding on all parties. Any interpretation will be subject to review only if it is arbitrary, capricious, or otherwise an abuse of discretion. Any review of a final decision or action of ASI or the Plan Administrator will be based only on such evidence presented to or considered by ASI or the Plan Administrator at the time of the decision that is the subject of review. Accepting any benefits or making any claim for benefits under the Program constitutes agreement with and consent to any decisions that ASI or the Plan Administrator make in their sole discretion, and further constitutes agreement to the limited standard and scope of review described by this section.

To the extent permitted by law, ASI, the Plan Administrator, and any other party assuming a fiduciary or decision making role will not incur any liability for any act or for failure to act except for their own willful misconduct or willful breach of the Program. The standard will be one of ordinary care.

Benefits Offered:

- Dependent Care Flexible Spending Account (FSA) Program