Sumter County Board of County Commissioners Flexible Spending Account and Section 125 Plan Administration Effective January 1, 2011

Robert A. Washick, Chief Executive Officer
Angelia J. Kirkland, Vice President
PROFESSIONAL BENEFIT ADMINISTRATORS, INC.
1265 S. Semoran Blvd. Suite 1213 Winter Park, FL 32792
Phone: (407) 671-7331 Phone: (800) 762-4130
Fax: (407) 671-1580 email: pba@pba-fl.com
Federal Tax ID# 59-2966135

Table of Contents

PBA Response to Questionnaire

PBA List of Clients and Pricing

PBA Insurance Binder

Sample Forms and Reports

Exhibit A

QUESTIONNAIRE

All interested parties must complete the following questions in this exhibit and return with your response. If a particular question does not apply, type "NA" after restating the question.

1. What is the full name of your company? Professional Benefit Administrators, Inc.

2. How long has your organization been providing FSA Administration? 21 years

3. How long in the State of Florida? 21 years

4. How many clients have you provided FSA Administration for the following lengths of time?

   a. 1 – 2 Years n/a
   b. 2 – 3 Years n/a
   c. 4 or more Years 42

5. For how many employers do you contract this service? 21

6. Describe your requirements for spending account funding. We prefer a deposit enough to fund a month of claims. Then the funds are replenished as used.

7. How many representatives are assigned to communicate with client benefit staff and respond to problems and where are their offices located? 2

8. Does your company provide 24 hour online access to account information, claims status and activity for client and participants? Yes

9. Briefly describe your processes for reimbursing eligible out of pocket expenses. We require a signed form and appropriate receipts/proof. If further information is required, the claim is mailed back to claimant with note explaining what is needed. If all information is complete, the claim is processed and mailed.

10. Does your company accept faxed copies of claims? yes

11. What claims documentation will your company require from a participant in order to pay a claim? Signed form, for otc a necessity form from a doctor, and receipts/eobs

12. How are participants notified when a claim has been denied or a card usage is disputed? Information is mailed to them.

13. Please explain how your company's system will adjudicate claims. Include the following:

    a. Does your company have a minimum claim reimbursement amount? no
    b. Is there a system check for duplicate claims? yes
    c. How are incomplete claims communicated? We request missing information

14. Will participants have the option to receive their reimbursements via check or direct deposit? Direct deposit is available for an extra fee

15. Does your company process and disburse claim payments on a daily basis? Are claims paid within 10 business days with most of the claims being paid within 2-5 business days? If not, please explain the time period for your company's reimbursements. Claims paid within 10 days, debit claims are immediate

16. Does your company resolve all servicing issues related to FSA's including check issuance and/or direct deposit? Explain this process. Yes we handle all service issues

17. What customer service standard of time is used for responding to participant inquiries? Same day, next business day, within 24 hours, etc. Usually the same day but no later than within 24 hours

18. Where are your company's customer service and claims departments located? Winter Park, FL

19. Do you offer a debit card? If yes, describe how you comply with IRS guidance and regulations regarding electronic payment cards. Yes, debit vendor coordinates with IRS acceptable codes

20. Is there an extra fee for the debit card? Yes

21. Does a minimum participation requirement apply? No

22. Will you have staff be available to attend Open Enrollment Question and Answer sessions even though we have an online enrollment process and is there a fee for this service? Yes

23. Describe you company's compliance with HIPAA. Fully compliant, all employee information is stored securely and information is only shared with HIPAA qualified individuals

24. How will employee data be maintained in your company's system? Does your company use the participants' social security number or another unique ID number? SS# typically, but can use unique ID number instead

25. What are your company's control standards for payment accuracy (frequency and dollar amount)? How is performance monitored? Copies of reimbursements are compared to and attached to claim forms and information.

26. Does your company provide balance information such as quarterly statements for the 1st, 2nd, 3rd, and 4th quarters during the plan year for all enrolled participants? Yes quarterly

27. Does your company provide reports summarizing number/percent of claims that are reimbursed within the contract time frame? How frequently is this report supplied? Reports are provided with every claim run

28. Following the end of the plan year, how and when does your company provide notification regarding any forfeiture? Notices are sent quarterly and prior to plan year end. Reports are sent to client.

29. Does your company administer the FSA accounts directly or do your hire a sub contractor for the administration? Directly

30. Does your company develop with the employer the data exchange layout for the transmission of payroll deduction and eligibility information? Does your company receive and process payroll deduction and eligibility data from the employer via FTP, Secure Email, or hard copy listing? We can receive in any format.

31. Provide a copy of the detailed written disaster and recovery plan for your company. All claims are entered into a web based claim system provided by Metavante. In the event of disaster, we would have virtually no delay.

32. Describe how your company ensures the security of information passed over the Internet or through other electronic transmissions between the vendor, the Client/Employer, and/or participants. We can provide numerous levels of security, from password protected excel files to deep password encrypted compressed files.

33. Does your company accept a file transfer of ongoing enrollments? Yes

34. How does your company communicate enrollment problems to the plan sponsor (via fax, email, or telephone)? What is the standard timeframe for resolving enrollment issues? Typically phone or email. Once we attain corrected information from client we will update immediately.

35. In what format (i.e. electronic, paper, fax, etc.) will your company receive notifications of terminated participants? Any

36. Does your company provide pre-printed copies of the claim reimbursement forms? Yes and word format is available.

37. How does your company handle claims that are appealed? We review the claim along with any additional information and clarification. We then determine if the claim qualifies according to IRS guidelines.

38. What is the average time frame of the appeals process? Does your company have an appeal's committee? Are the number of appeals along with the appeals outcome reported to the plan sponsor? If so how often? Appeal will be handled in next claim processing. Yes, we have an appeal committee. In most cases appeals are not shared with plan sponsor, unless they were involved in the process.

39. Please list the standard FSA services included in your company's administrative fee. Claim processing, verbal and data communications with plan sponsor

40. Does your company provide COBRA notification of rights to employees who have "qualifying events" including which coverage can be continued, premium rates, provider lists (if applicable), and rights under the COBRA laws? It is available

41. Does your company send acknowledgement letters (for all COBRA eligible benefits) to employees who have elected continuation of coverage under COBRA, and advise continuants of their coverage eligibility period? If COBRA services are requested

42. Does your company send billings to employees for all eligible benefits, upon receipt of application for continuation of coverage, and terminate as appropriate based on the applicable COBRA benefit eligibility period? Yes

43. Our goal is for FSA Open Enrollment to run from **December 1 through December 17, 2010 f**or an effective date of **January 1, 2011**. The proposals will go to the Board of County Commissioners for approval on **November 23, 2010**. if your company's quote is approved on November 23, 2010, can you operate within these timelines and have the accounts active by January 1, 2011? Yes

SUMTER COUNTY BOARD OF COUNTY COMMISSIONERS
QUOTE FOR FSA AND SECTION 125 PLAN ADMINISTRATION
EFFECTIVE DATE: JANUARY 1, 2011

THREE FORMER CLIENTS

(1) City of Eustis
P. O. Drawer 68
Eustis, FL 32727
Attn: HR Manager
Ph: 352-483-5472

(2) City of Boca Raton
201 West Palmetto Park Rd.
Boca Raton, FL 33432
Attn: HR Manager
Ph: 561-393-7805

(3) South Lake Hospital
1900 Don Wickham Dr.
Clermont, FL 34711
Attn: HR Manager
Ph: 352-394-4071

THREE CURRENT CLIENTS

(1) City of Titusville
555 S. Washington Ave.
Titusville, FL 32781
Attn: Julie Enright
Ph: 321-269-4400

(2) Community Publishers, Inc.
P. O. Box 1049
Bentonville, AR 72712
Attn: Karen Reynolds
Ph: 479-271-3788

(3) Crane Rental Corporation
(Effective Jan. 1, 2011)
170 N. Goldenrod Rd.
Orlando, FL 32807
Attn: Martha Kirby
Ph: 407-277-5000

PRICING (PEPM=Per Participating Employee Per Month)

$4.36 PEPM for FSA and Section 125 Administration

$2.18 PEPM for Debit Card

$10.00 Replacement fee if Debit Card is lost or stolen

Capitol Special Risks

ATTN: Bonnie Shelton

CONFIRMATION OF BINDING

WE ARE PLEASED TO PROVIDE THE FOLLOWING CONFIRMATION OF BINDING. PLEASE REVIEW THIS NOTICE CAREFULLY TO MAKE SURE WE HAVE FOLLOWED YOUR INSTRUCTIONS.

INSURED: Professional Benefit Administrators, Inc.

COMPANY: Westchester Fire Insurance Company (ADMITTED)

COVERAGE: Professional Liability

PROFESSIONAL SERVICES: Solely in the performance as a third party benefit administrator and life/health insurance agent for others.

POLICY NUMBER: G24167343 001

POLICY PERIOD: 10/10/2010 to 10/10/2011

RETROACTIVE DATE: 10/10/91 for claims /incidents with no prior knowledge of.

LIMITS OF LIABILITY		RETENTION/ SIR	PREMIUM	FL CAT FUND (1%)	FL FIGA (.8%)	TOTAL COST OF POLICY
Per Loss	Aggregate	Each/Every Claim				
$1,000,000	$1,000,000	$10,000				

Disciplinary Proceeding Claims Expenses Aggregate Limit (in addition to the Each Claim and Aggregate limit set forth above is $5,000.

MINIMUM PREMIUM APPLYING: 25% (If Insured Cancels) or Short Rate

ENDORSEMENTS:

Signature Endorsement
FL Amendatory
Fungi Exclusion
Third Party Administrator Endorsement
OFAC Advisory Notice
Defense and Settlement Endorsement
Spousal Coverage Endorsement
Unsolicited Dissemination Exclusion
Professional Services Exclusion (P&C Agent)
Insured Definition Amended-Leased, Part Time & Seasonal Employees
Additional Insured Pursuant to Contract
Privacy Liability, ID Theft Expense & Network Operations Endorsement

THIS INDICATION IS SUBJECT TO THE RECEIPT OF THE FOLLOWING INFORMATION *PRIOR TO BINDING*:

⇒ Written request to bind coverage

TERMS ARE SUBJECT TO CHANGE UPON RECEIPT OF THE REQUESTED INFORMATION

THIS CONFIRMATION OF BINDING IS VALID FOR NINETY (90) DAYS. ANY COVERAGE BOUND HEREWITH SHALL BE ADJUSTED TO ALL TERMS AND CONDITIONS OF THE POLICY TO BE ISSUED WHICH, WHEN DELIVERED, REPLACES THIS BINDER.

BROKER: Rachel Coughlin-Account Executive DATE: October 12, 2010

Enrollee Account Balance

Plan Date Range: 1/1/2010 - 12/31/2010

Professional Benefit Administrators, Inc.-T00931
Sumter County BOCC-PBA0343

Total Employer Contributions To Date: $3,373.91

Employee Name	Employee ID	Effective/ Termination Date	Employee Status	Payroll Cycle	Annual Election	Employee Deposits	Employer Deposits	Deposits	Other Deposits	Total Disbursed	Forfeiture Balance	Available Balance	Balance Due
Account Type : DCP (Payroll)													
Plan ID : DCA0343													
	XXX-XX-6494	1/1/2010 - N/A	New	Bi-Weekly	$4,500.00	$3,288.52	$0.00	$3,288.52	$0.00	$3,288.52	$0.00	$0.00	$0.00
	XXX-XX-2209	N/A - 3/26/2010	Active	Bi-Weekly	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Account Type : FSA (Prefunded)													
Plan ID : 0343													
	XXX-XX-0328	N/A	Active	Bi-Weekly	$2,600.00	$1,900.00	$0.00	$1,900.00	$0.00	$2,592.66	($692.66)	$7.34	$0.00
	XXX-XX-1024	N/A	Active	Bi-Weekly	$500.00	$365.37	$0.00	$365.37	$0.00	$343.15	$22.22	$156.85	$0.00
	XXX-XX-9687	N/A	Active	Bi-Weekly	$2,210.00	$1,615.00	$0.00	$1,615.00	$0.00	$2,000.00	($385.00)	$210.00	$0.00
	XXX-XX-8445	N/A	Active	Bi-Weekly	$300.00	$219.26	$0.00	$219.26	$0.00	$0.75	$218.51	$299.25	$0.00
	XXX-XX-4954	1/1/2010 - N/A	Active	Bi-Weekly	$3,000.00	$2,192.22	$0.00	$2,192.22	$0.00	$2,975.04	($782.82)	$24.96	$0.00
	XXX-XX-1811	1/1/2010 - N/A	Active	Bi-Weekly	$850.00	$621.11	$0.00	$621.11	$0.00	$846.66	($225.55)	$3.34	$0.00
	XXX-XX-9539	1/1/2010 - N/A	Active	Bi-Weekly	$1,400.00	$1,023.15	$0.00	$1,023.15	$0.00	$1,400.00	($376.85)	$0.00	$0.00
	XXX-XX-4764	N/A	Active	Bi-Weekly	$3,000.00	$2,192.22	$0.00	$2,192.22	$0.00	$2,998.99	($806.77)	$1.01	$0.00
	XXX-XX-2505	1/1/2010 - N/A	Active	Bi-Weekly	$650.00	$475.00	$0.00	$475.00	$0.00	$551.12	($76.12)	$98.88	$0.00
	XXX-XX-6585	N/A	Active	Bi-Weekly	$1,560.00	$1,140.00	$0.00	$1,140.00	$0.00	$1,559.12	($419.12)	$0.88	$0.00
	XXX-XX-0484	N/A	Active	Bi-Weekly	$3,000.00	$2,192.22	$0.00	$2,192.22	$0.00	$984.92	$1,207.30	$2,015.08	$0.00
	XXX-XX-3025	1/1/2010 - N/A	Active	Bi-Weekly	$500.00	$0.00	$365.37	$365.37	$0.00	$440.75	($75.38)	$59.25	$0.00
	XXX-XX-4755	8/1/2010 - N/A	New	Bi-Weekly	$250.00	$75.00	$0.00	$75.00	$0.00	$0.75	$74.25	$249.25	$0.00
	XXX-XX-1469	N/A	Active	Bi-Weekly	$1,820.00	$1,330.00	$0.00	$1,330.00	$0.00	$1,637.15	($307.15)	$182.85	$0.00
	XXX-XX-7463	1/1/2010 - N/A	Active	Bi-Weekly	$1,200.00	$876.85	$0.00	$876.85	$0.00	$1,122.13	($245.28)	$77.87	$0.00
	XXX-XX-6373	N/A	Active	Bi-Weekly	$1,300.00	$950.00	$0.00	$950.00	$0.00	$1,300.00	($350.00)	$0.00	$0.00

Enrollee Account Balance

Plan Date Range: 1/1/2010 - 12/31/2010

Employee Name	Employee ID	Effective/ Termination Date	Employee Status	Payroll Cycle	Annual Election	Employee Deposits	Employer Deposits	Deposits	Other Deposits	Total Disbursed	Forfeiture Balance	Available Balance	Balance Due
	XXX-XX-9195	N/A	New	Bi-Weekly	$1,000.00	$730.74	$0.00	$730.74	$0.00	$0.75	$729.99	$999.25	$0.00
	XXX-XX-0450	N/A	New	Bi-Weekly	$3,000.00	$2,192.22	$0.00	$2,192.22	$0.00	$0.00	$2,192.22	$3,000.00	$0.00
	XXX-XX-8670	N/A	Active	Bi-Weekly	$600.00	$438.52	$0.00	$438.52	$0.00	$600.00	($161.48)	$0.00	$0.00
	XXX-XX-1726	N/A	Active	Bi-Weekly	$600.00	$438.52	$0.00	$438.52	$0.00	$484.36	($45.84)	$115.64	$0.00
	XXX-XX-9298	1/1/2010 - N/A	Active	Bi-Weekly	$600.00	$438.52	$0.00	$438.52	$0.00	$302.51	$136.01	$297.49	$0.00
	XXX-XX-9707	1/1/2010 - N/A	Active	Bi-Weekly	$2,600.00	$1,900.00	$0.00	$1,900.00	$0.00	$2,389.57	($489.57)	$210.43	$0.00
	XXX-XX-9426	1/1/2010 - N/A	Active	Bi-Weekly	$1,300.00	$950.00	$0.00	$950.00	$0.00	$503.42	$446.58	$796.58	$0.00
	XXX-XX-8089	1/1/2010 - N/A	Active	Bi-Weekly	$3,000.00	$2,192.22	$0.00	$2,192.22	$0.00	$3,000.00	($807.78)	$0.00	$0.00
	XXX-XX-2167	N/A	Active	Bi-Weekly	$500.00	$365.37	$0.00	$365.37	$0.00	$404.70	($39.33)	$95.30	$0.00
	XXX-XX-2853	1/1/2010 - N/A	Active	Bi-Weekly	$650.00	$475.00	$0.00	$475.00	$0.00	$518.72	($43.72)	$131.28	$0.00
	XXX-XX-9983	N/A	Active	Bi-Weekly	$1,000.00	$730.74	$0.00	$730.74	$0.00	$998.53	($267.79)	$1.47	$0.00
	XXX-XX-9652	1/1/2010 - N/A	Active	Bi-Weekly	$480.00	$350.74	$0.00	$350.74	$0.00	$458.42	($107.68)	$21.58	$0.00
	XXX-XX-3520	1/1/2010 - N/A	Active	Bi-Weekly	$1,000.00	$730.74	$0.00	$730.74	$0.00	$853.93	($123.19)	$146.07	$0.00
	XXX-XX-3283	1/1/2010 - N/A	Active	Bi-Weekly	$2,600.00	$1,900.00	$0.00	$1,900.00	$0.00	$2,318.54	($418.54)	$281.46	$0.00
	XXX-XX-8659	N/A	Active	Bi-Weekly	$520.00	$380.00	$0.00	$380.00	$0.00	$494.00	($114.00)	$26.00	$0.00
	XXX-XX-3678	N/A	Active	Bi-Weekly	$1,500.00	$1,096.11	$0.00	$1,096.11	$0.00	$1,209.12	($113.01)	$290.88	$0.00
	XXX-XX-2472	1/1/2010 - N/A	Active	Bi-Weekly	$900.00	$657.78	$0.00	$657.78	$0.00	$588.34	$69.44	$311.66	$0.00
	XXX-XX-8903	1/1/2010 - N/A	Active	Bi-Weekly	$1,500.00	$1,096.11	$0.00	$1,096.11	$0.00	$1,400.75	($304.64)	$99.25	$0.00
	XXX-XX-6569	N/A	Active	Bi-Weekly	$2,000.00	$1,461.48	$0.00	$1,461.48	$0.00	$1,964.91	($503.43)	$35.09	$0.00
Totals For Sumter County BOCC				**Total: DCP**	**$4,500.00**	**$3,288.52**	**$0.00**	**$3,288.52**	**$0.00**	**$3,288.52**	**$0.00**	**$0.00**	**$0.00**
				Total Enrollees:	**2**								
				Total: FSA	**$159,310.06**	**$110,699.16**	**$3,373.91**	**$114,073.07**	**$0.00**	**$125,789.15**	**($11,716.08)**	**$33,520.91**	**$0.00**
				Total Enrollees:	**128**								
Totals For Professional Benefit Administrators, Inc.				**Total:**	**$163,810.06**	**$113,987.68**	**$3,373.91**	**$117,361.59**	**$0.00**	**$129,077.67**	**($11,716.08)**	**$33,520.91**	**$0.00**

Transactions

10/16/2010 - 10/31/2010

Professional Benefit Administrators, Inc. - T00931

Employer Name: Sumter County BOCC

Name

Account Type FSA

Division:

	Transaction Date	Claim Type	Description	Total Claim Amount	Eligible Amount	Approved Amount	Ineligible Amount	Pended Amount	Denied Amount	Denied Reason	Reimb Method	Claim Number	SCC/MCC
Approved													
	10/29/2010	MAN	CLERMONT PEDIATRICS	$20.00	$20.00	$20.00	$0.00	$0.00	$0.00	N/A		20101029-1	8011
			Total Approved:	**$20.00**	**$20.00**	**$20.00**	**$0.00**	**$0.00**	**$0.00**				

Name

Account Type FSA

Division:

	Transaction Date	Claim Type	Description	Total Claim Amount	Eligible Amount	Approved Amount	Ineligible Amount	Pended Amount	Denied Amount	Denied Reason	Reimb Method	Claim Number	SCC/MCC
Approved													
	10/16/2010	POS	THE BRACE PLACE	$105.00	$105.00	$105.00	$0.00	$0.00	$0.00	N/A		N/A	8021
			Total Approved:	**$105.00**	**$105.00**	**$105.00**	**$0.00**	**$0.00**	**$0.00**				

Name

Account Type FSA

Division:

	Transaction Date	Claim Type	Description	Total Claim Amount	Eligible Amount	Approved Amount	Ineligible Amount	Pended Amount	Denied Amount	Denied Reason	Reimb Method	Claim Number	SCC/MCC
Approved													
	10/21/2010	POS	PRIME MAIL ABQ	$10.00	$10.00	$10.00	$0.00	$0.00	$0.00	N/A		N/A	5912
			Total Approved:	**$10.00**	**$10.00**	**$10.00**	**$0.00**	**$0.00**	**$0.00**				

Name

Account Type FSA

Division:

	Transaction Date	Claim Type	Description	Total Claim Amount	Eligible Amount	Approved Amount	Ineligible Amount	Pended Amount	Denied Amount	Denied Reason	Reimb Method	Claim Number	SCC/MCC
Approved													
	*10/16/2010	POS	FLORIDA MED CLINIC PA	$40.00	$40.00	$40.00	$0.00	$0.00	$0.00	N/A		N/A	8011
	*10/22/2010	POS	ALEX M USON MD PA QPS	$20.00	$20.00	$20.00	$0.00	$0.00	$0.00	N/A		N/A	8011
	*10/30/2010	POS	WAL-MART #0959	$29.32	$29.32	$29.32	$0.00	$0.00	$0.00	N/A		N/A	5411
			Total Approved:	**$89.32**	**$89.32**	**$89.32**	**$0.00**	**$0.00**	**$0.00**				

Transactions

10/16/2010 - 10/31/2010

Professional Benefit Administrators, Inc. - T00931

Name

Account Type FSA

Division:

	Transaction Date	Claim Type	Description	Total Claim Amount	Eligible Amount	Approved Amount	Ineligible Amount	Pended Amount	Denied Amount	Denied Reason	Reimb Method	Claim Number	SCC/MCC
Approved													
	10/19/2010	POS	BUSHNELL FAMILY PRACTI	$20.00	$20.00	$20.00	$0.00	$0.00	$0.00	N/A		N/A	8099
	10/19/2010	POS	CVSPHAR MACY #3639 Q03	$25.00	$25.00	$25.00	$0.00	$0.00	$0.00	N/A		N/A	5912
			Total Approved:	**$45.00**	**$45.00**	**$45.00**	**$0.00**	**$0.00**	**$0.00**				

Name

Account Type FSA

Division:

	Transaction Date	Claim Type	Description	Total Claim Amount	Eligible Amount	Approved Amount	Ineligible Amount	Pended Amount	Denied Amount	Denied Reason	Reimb Method	Claim Number	SCC/MCC
Approved													
	10/28/2010	POS	CVSPHAR MACY #3639 Q03	$10.00	$10.00	$10.00	$0.00	$0.00	$0.00	N/A		N/A	5912
			Total Approved:	**$10.00**	**$10.00**	**$10.00**	**$0.00**	**$0.00**	**$0.00**				

Employer Name: Sumter County BOCC

	Count	POS	MANUAL ADMIN	MANUAL PARTICIPANT	Total
Total Approved :	73	69	4	0	$2,758.87
Total Denied :	0	0	0	0	$0.00
Total Pending :	0	0	0	0	$0.00
Total Resolved :	0	0	0	0	$0.00
Total New :	0	0	0	0	$0.00
Total Ineligible :	0	0	0	0	$0.00
Total Ineligible Partially Offset :	0	0	0	0	$0.00
Total Resolved Offset :	0	0	0	0	$0.00
Total Insufficient Documentation :	0	0	0	0	$0.00
Total Entered - Not Reviewed :	0	0	0	0	$0.00
Total Reviewed Receipt Required :	0	0	0	0	$0.00
Total Reviewed Insufficient Documentation:	0	0	0	0	$0.00
Total Reviewed Pending Approval :	0	0	0	0	$0.00

Transactions

10/16/2010 - 10/31/2010

Professional Benefit Administrators, Inc. - T00931

Administrator Name: Professional Benefit Administrators, Inc.

	Count	POS	MANUAL ADMIN	MANUAL PARTICIPANT	Total
Total Approved :	73	69	4	0	$2,758.87
Total Denied :	0	0	0	0	$0.00
Total Pending :	0	0	0	0	$0.00
Total Resolved :	0	0	0	0	$0.00
Total New :	0	0	0	0	$0.00
Total Ineligible :	0	0	0	0	$0.00
Total Ineligible Partially Offset :	0	0	0	0	$0.00
Total Resolved Offset :	0	0	0	0	$0.00
Total Insufficient Documentation :	0	0	0	0	$0.00
Total Entered - Not Reviewed :	0	0	0	0	$0.00
Total Reviewed Receipt Required :	0	0	0	0	$0.00
Total Reviewed Insufficient Documentation :	0	0	0	0	$0.00
Total Reviewed Pending Approval :	0	0	0	0	$0.00

* indicates dependent transactions

PROFESSIONAL BENEFIT ADMINISTRATORS, INC.
1265 S. SEMORAN BLVD. SUITE 1213
WINTER PARK, FL 32792

Dependent Care
Reimbursement Claim Form

Employer: SUMTER COUNTY BOARD OF COUNTY COMMISSIONERS Group Number 0343

Employee Name: _____ SS# ___-___-____

Dependent Name: _____

Dependent Age: _____

_____

Day Care Provider: _____ SS# ___-___-____

Address: _____

_____

_____

Dates of Service: _____ Through: _____

Charges for Service: _____ Per Hr. _____ Per Day _____ Per Week _____

Total Charges: _____

_____
(Day Care Provider Signature)

Employee Certification

I hereby certify that all items requested to be reimbursed comply with the Sumter County BOCC's Flexible Benefits Plan and such items have not and will not be covered by any other plan or program of any employer or other person. I further certify that such items will not be deducted or taken as tax credits on my personal, federal and state (if applicable) income tax returns for any year. I agree to file IRS Form 2441 with my tax return and provide any taxpayer ID number required thereon. The amount of reimbursement requested in this Form, added to the reimbursements to date (from any plan) does not exceed the statutory limits described in the Summary Plan Description. Sumter County BOCC, through P.B.A.,Inc. (administrator of the Plan), does not accept responsibility for direct payment to any individuals other than the employee.

_____ _____
Employee Signature Date

PROFESSIONAL BENEFIT ADMINISTRATORS, INC.
1265 S. SEMORAN BLVD. SUITE 1213, WINTER PARK, FL 32792
Fax 407-671-1580 or email admin@pba-fl.com

Health Flexible Spending Arrangement
Reimbursement Claim Form

Employer: SUMTER COUNTY BOARD OF COUNTY COMMISSIONERS Group Number PBA0343

Employee Name: _____ SS# ___-___-___

Address: _____ Day Time Contact Number

_____ _____

_____

Instructions

(CLAIMS WITH INCOMPLETE FORMS WILL BE RETURNED WITHOUT PROCESSING)

1. For medical/dental expense claims that were submitted to a medical plan or an insurance company but not paid by that carrier, attach copies of other insurance carrier claim and/or payment forms (explanation of benefits forms) to establish amounts not covered under the medical/dental plan. **Charges or date of service must be incurred within the plan year 01/01/xx - 12/31/xx.**
2. For all other reimbursable expenses, copies of all bills/receipts must be attached which show who (name and address) rendered the service, reason for charge and date and amount of charge. **Canceled checks are not acceptable receipts.**
3. Multiple items on *one receipt* may be listed as *one line item*. **All others should be listed individually. Items not listed will not be processed. DO NOT USE "SEE ATTACHED".**
4. Submit requests for reimbursement to PBA. **Retain a copy for your records.**

Expenses

Item	Claimant	Dates of Service	Provider/ Pharmacy/ Store Name	Amount
1.				
2.				
3.				
4.				
5.				
6.				

Employee Certification

I certify that all items requested to be reimbursed comply with Sumter County BOCC's Flexible Benefits Plan and such items have not and will not be covered by any other plan or program of any employer or other person. I understand that the expenses reimbursed may not be used to claim any federal income tax deduction or credit or to claim reimbursement under another medical or other plan. Sumter County BOCC, through P.B.A., Inc. (administrator of the Plan) does not accept responsibility for direct payment to any individuals other than the employee.

_____ _____

Employee Signature Date

Updated: 12/16/2009

000014458

One Hundred Forty One Dollars and Fifty Cents 10/15/2010 $*******141.50

LAKE PANASOFFKEE, FL 33538

umter County BOCC Check Date: 10/15/2010 000014458

Benefit	Tracking #	Claim #	Service Date	Description	Claim Amount	Prior Payments	Applied to Deductible	Offset Amount	Check Amount
SA		20101015-2	9/28/2010	MARKLAND CHIROPRACT	$25.00	$0.00	$0.00	$0.00	$25.00
FSA		20101015-4	10/1/2010	SUMTER-FLU SHOT	$10.00	$0.00	$0.00	$0.00	$10.00
SA		20101015-5	10/6/2010	CVS	$19.99	$0.00	$0.00	$0.00	$19.99
SA		20101015-6	1/22/2010	SAM' CLUB OTC	$27.86	$0.00	$0.00	$0.00	$8.98
FSA		20101015-7	2/13/2010	WALMART OTC	$2.64	$0.00	$0.00	$0.00	$2.64
SA		20101015-8	5/4/2010	CVS OTC	$6.49	$0.00	$0.00	$0.00	$6.49
FSA		20101015-9	5/13/2010	BUSHNELL FAM. DENT	$18.40	$0.00	$0.00	$0.00	$18.40
SA		20101015-10	8/4/2010	MARKLAND CHIROPRACT	$25.00	$0.00	$0.00	$0.00	$25.00
FSA		20101015-11	9/1/2010	MARKLAND CHIROPRACT	$25.00	$0.00	$0.00	$0.00	$25.00

YEAR-TO-DATE STATUS

Benefit Description	Plan End	Annual Election/Maximum	Claims Submitted	Claims Paid	Contributions YTD	Account Balance	Available Balance
Flexible Spending Account	12/31/2010	$1,500.00	$1,374.61	$1,374.61	$1,211.49	$125.39	$125.39

SAMPLE OF EXPLANATION OF BENEFITS FOR EMPLOYEE WITH CHECK ATTACHED

000014455

Two Hundred Seventy Five Dollars and Ninety Nine Cents 10/15/2010 $*******275.99

WESLEY CHAPEL, FL 33544

Sumter County BOCC Check Date: 10/15/2010 000014455

Benefit	Tracking #	Claim #	Service Date	Description	Claim Amount	Prior Payments	Applied to Deductible	Offset Amount	Check Amount
FSA		20101015-1	9/8/2010	CVS RX	$275.99	$0.00	$0.00	$0.00	$275.99

YEAR-TO-DATE STATUS

Benefit Description	Plan End	Annual Election/Maximum	Claims Submitted	Claims Paid	Contributions YTD	Account Balance	Available Balance
Flexible Spending Account	12/31/2010	$2,000.00	$1,508.45	$1,508.45	$1,615.32	$491.55	$491.55

SAMPLE OF EXPLANATION OF BENEFITS FOR EMPLOYEE WITH CHECK ATTACHED