

Important Information About Your Flexible Benefits Plan

Dear Flexible Benefit Participant,

This letter is to advise you that your employer and Aflac, the administrator of your Flexible Benefits plan, have teamed up with WageWorks, Inc. to take over the administration of your Flexible Benefits program. WageWorks is a leading provider of tax-advantaged programs for consumer-directed spending solutions and services. **This change does not, in any way, affect the insurance policies or services you may currently have with Aflac.** This change will take effect on March 1, 2013 with your current Flexible Spending Account.

It is important for you to read the information in this letter. It will provide you with critical dates that you should be aware of in addition to the details of how this change will impact you.

Important Transition Dates

On March 1, 2013 your account information and balance will transfer from Aflac to WageWorks. **No action is required from you for this transition to take place.** The transition period will be approximately two weeks. During this period, you will not be able to access the funds in your account. However, you can continue to submit claims to WageWorks between March 1 and March 13. Beginning March 14, all claims submitted between March 1 and March 13 will be processed by WageWorks and you will have access to the funds in your account.

New take care[®] Card

If your current plan includes the Aflac Now Card[®], **the last day you can use your Now Card is February 28, 2013.** It will be deactivated at 12:01 a.m. on March 1, 2013, regardless of the expiration date on your Card. During the first week of March, WageWorks will mail you a new flexible benefits debit card - the take care[®] Card - to your home address on record. Your card will arrive in time for you to begin using it on March 14.

During the transition period, you can pay for qualified expenses using personal funds and then submit claims to WageWorks.

Flexible benefits debit card use verification requirements

Using your take care[®] Flexible Benefits Debit Card to pay health care and/or dependent day care expenses is so convenient! Just swipe your take care[®] Card at qualified locations and the retailer or service provider will be paid directly from your Flex account(s).

However, if WageWorks is unable to approve a Card transaction automatically as an eligible expense, WageWorks will notify you by email - or postal letter if a current email address is not on record - to submit verification of the expense. If we request verification of a transaction, you will need to take action to resolve the matter.

You can submit a detailed receipt or documentation for the transaction, submit a substitute receipt for the same or greater amount for an eligible expense that you paid for out-of-pocket and have yet to submit for reimbursement, or you will need to submit repayment for the amount of the unverified transaction.

Five ways to submit claims to WageWorks

After February 28, 2013, send all flexible benefits claims to WageWorks:

- Online claims:** www.takecareWageWorks.com (click on "express login")
- Smartphone claims:** iPhone[®] and Android[®] (search for "MyFlex" at the App Store or Android Market)
- Email claims:** claims@takecareclaims.com
- Fax claims:** 877-782-8889
- Mail claims:** take care by WageWorks
PO Box 14054, Lexington KY 40512

WageWorks Automated Claims Notifications

Participant convenience is a priority at WageWorks. As a result, we have automated claims processing notifications that are available via text and email. No more wondering if your claim was received and processed. To get set up to receive these notifications, go to www.takecareWageWorks.com and set up your user account. After you've set-up your account click on the "User Info" tab, then click on the "Notifications" tab, which is where you will be able to choose how you want to be notified about your claims status.

Letter of Medical Necessity (LOMN)

When submitting claims to WageWorks that require a Letter of Medical Necessity (LOMN) that you had previously submitted to Aflac, you will need to send that LOMN to WageWorks with your first claim, for our records.

Direct Deposit

If you had elected direct deposit for reimbursements from your Aflac Flex account(s), WageWorks will continue to have your claim reimbursements directly deposited into your designated checking or savings account.

WageWorks gives you account access anytime, anywhere!

When your account is "live" on the WageWorks system, make sure to go to www.takecareWageWorks.com to establish your User ID and Password. Once you've done that, you'll be able to access online claim forms, Letter of Medical Necessity (LOMN) form, review your account balance, check claim status, receive electronic account updates and much more, 24/7! And you'll be able to access your account on the go with the MyFlexSMMobile website and upload claims on the go with the MyFlexSMMobile app.

Need help?

Prior to February 28, 2013, please call the Aflac customer service center at 800-323-5391 for questions regarding your Aflac account.

After February 28, 2013 visit www.takecareWageWorks.com or call WageWorks at 800-950-0105. Customer service hours are weekdays, 8 a.m. to 8 p.m. EST.

Required information when submitting claims to WageWorks

The IRS requires specific information be captured in order for a claim to be approved or when verifying a purchase made with the take care[®] Card. Along with a completed claim form, the supporting documentation must include five key pieces of information:

- ▶ Provider name or where service was purchased
- ▶ Service or purchase date
- ▶ Detailed description of the item purchased or the service provided
- ▶ Amount you paid and/or the portion not reimbursed through an insurance plan
- ▶ Name of person who received the service (may be excluded for retail purchases)

Acceptable receipts for proof of service for reimbursement from your health FSA:

- ▶ Itemized bill (a medical provider or retailer's detailed receipt), or
- ▶ Explanation of benefits (EOB), or
- ▶ Other documentation from your health care provider or health plan

Note: With the exception of most pharmacy receipts, the information included on debit or credit card receipts or cancelled checks does not meet IRS requirements. Therefore, they cannot be accepted as support documentation for a claim.