January 27, 2023

Dear Participant:

RE: YOUR BALANCE AT RISK OF FORFEITURE IS \$_____

One of the convenient features of the AGMA Health Fund Reimbursement Plan is that you have three (3) years to submit medical reimbursements to avoid the forfeiture fees. The AGMA Health Fund Reimbursement Plan Forfeiture Provision requires that contributions be used within three fiscal years (September 1 - August 31) of receipt(s). If contributions in your Individual Account remain unused for three (3) full fiscal years (September 1 through August 31) after employer contributions were added to your account, a portion of those monies are forfeited from your Individual Account and revert back to the general fund to help defray administrative expenses.

Your balance currently at risk of forfeiture, stated above, represents contributions on your behalf received before **September 1, 2019** and that were still unused and in your account on **August 31, 2022**. However, there is a six-month claim filing grace period; in the context of the forthcoming forfeiture. Any qualified claims incurred by August 31, 2022 will be processed and applied to limit any potential forfeiture from your account if submitted to Administrator Services Only (ASO) by **February 28, 2023**.

We urge you to take advantage of the grace period and to apply for reimbursable expenses incurred by August 31, 2022 without delay. However, the prompt filing of all claims will help you get the most out of your Individual Account and the plan and avoid or limit the possibility of forfeiture in the future.

You Can Now Use Direct Deposit

ASO has rolled out a new feature in 2022 so you can receive your reimbursements faster. You can elect to have your reimbursement(s) money deposited directly into your bank account. To elect to have your reimbursement checks directly deposited into your account, log onto asonet.com, enter your user name and password, and on the left banner under "Account" select "Update Direct Deposit" and enter your bank routing number, account number and account type.

Welcome Alan	ID#: ASO9456673			
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305 7TH Ave, Suite 2B, New York, NY 10001 – Email info@agmafunds.org – Office (212) 765-3664

How to Create or Retrieve Your Login Profile

- Click on "Click to Create/Retrieve Profile" button
- You will be prompted to enter the last four digits of your Social Security Number, your Zip Code and your birthdate
- If you do not have a profile setup in <u>asonet.com</u>, you will be prompted to create one
- If you have a profile, you will be asked to answer the security questions you set up.
- A password reset link will be emailed to you.

If you run into any difficulties, please call ASO at (800) 537-1238 or via email at <u>memberservices@asonet.com</u>.

EXAMPLES OF FORFEITURE FEES

Example 1:

	o Submit Medical Rela Paid Out of Your Pock	Annual Employer Contributions	Participant Submitting Medical Related Reimbursements	
Fiscal Year 1	September 1, 2019	August 31, 2020	\$13,000	\$0
Fiscal Year 2	September 1, 2020	August 31, 2021	\$13,000	\$0
Fiscal Year 3	September 1, 2021	August 31, 2022	\$13,000	\$0
Additional Period to Submit for Reimbursement	September 1, 2022	February 20, 2023	N/A	\$0
Total Submitt	\$0			
	\$500			

Example 2:

3 Fiscal Years to	Participant Submitting Medical Related Reimbursements			
Fiscal Year 1	September 1, 2019	August 31, 2020	\$13,000	\$200
Fiscal Year 2	September 1, 2020	August 31, 2021	\$13,000	\$0
Fiscal Year 3	September 1, 2021	August 31, 2022	\$13,000	\$100
Additional Period to Submit for Reimbursement	September 1, 2022	February 20, 2023	N/A	\$0
Total Submit	\$300			
	\$200			

Example 3:

3 Fiscal Years to	Participant Submitting Medical Related Reimbursements			
Fiscal Year 1	September 1, 2019	August 31, 2020	\$13,000	\$5,000
Fiscal Year 2	September 1, 2020	August 31, 2021	\$13,000	\$7,000
Fiscal Year 3	September 1, 2021	August 31, 2022	\$13,000	\$10,000
Additional Period to Submit for Reimbursement	September 1, 2022	February 20, 2023	N/A	\$0
Total Submi	\$22,000			
	\$0			

Enclosed for your convenience is a claim form to apply for your benefits. The claim form provides a partial list of Medical Expenses that qualify for reimbursement and instructions on how to submit this form. If you need additional claims forms or need to see what you have already submitted go to <u>www.aso.net</u> and use your user ID and password.

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How To Appeal

In addition, if you can demonstrate that you suffered a forfeiture because the Fund had an incorrect address for you, you may apply within 24 months of the forfeiture for reinstatement of such amounts. Please send you appeal via email at <u>info@agmafunds.org</u>, to apply for such a reinstatement. Allow a month to review. After the review you will receive a decision via email.

If you have any questions regarding the Forfeiture Provisions, your Individual Account or the Medical Reimbursement Program, please contact the Third-Party Administrator. Administrative Services Only, Inc. Post Office Box 9010 303 Merrick Road, Suite 300 Lynbrook, NY 11563 Toll Free 1-866-263-1185

Sincerely,

AGMA Health Fund