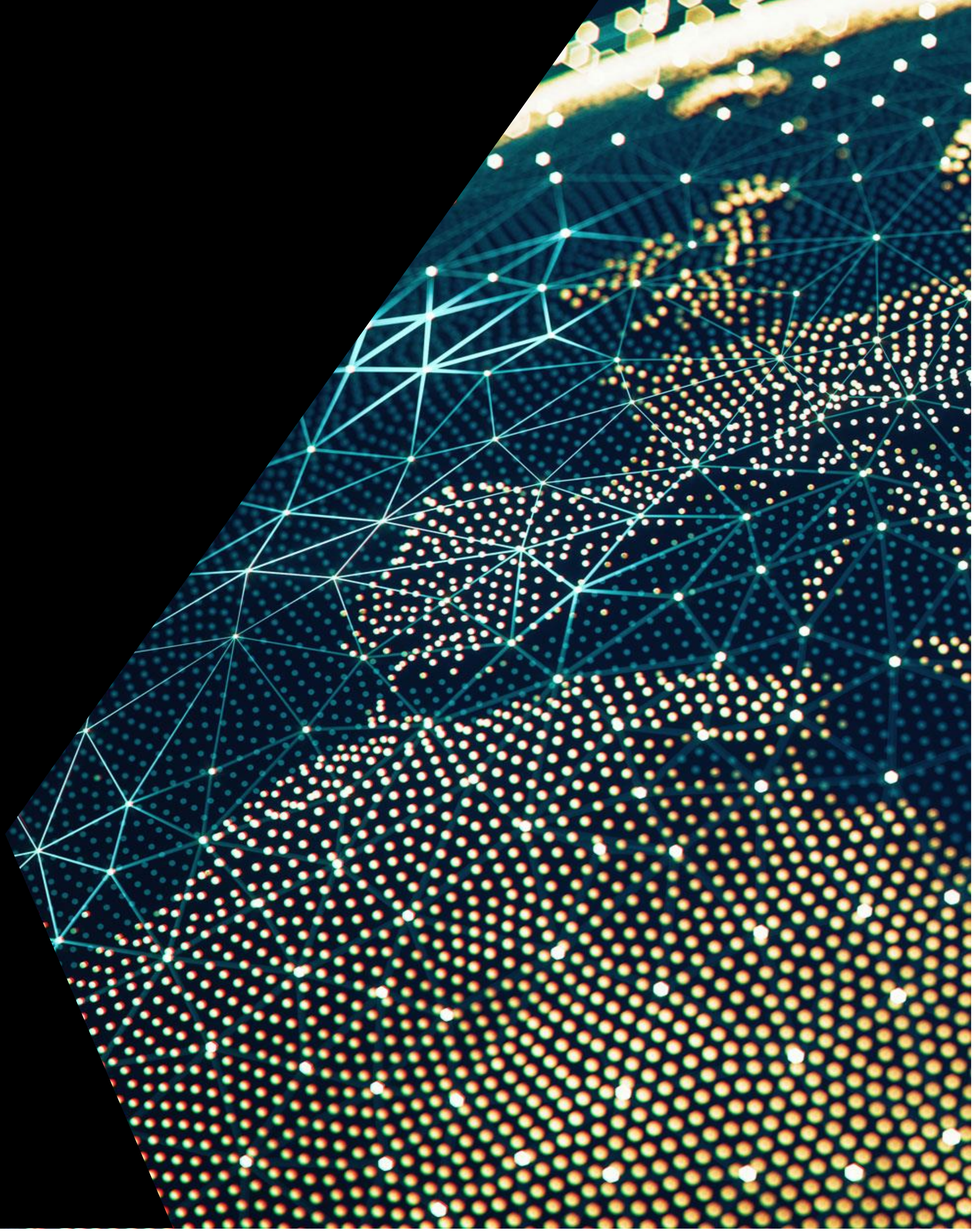
2025 Summary Plan Description (SPD)

for Publicis Dependent Care FSA

January 1, 2025



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Your Dependent Care FSA Coverage

Your Dependent Care Flexible Spending Account (FSA) coverage is an important part of your Publicis Connections Health and Group Benefits Program (the "Program" or the "Plan") sponsored by MMS USA Holdings, Inc. (the "***Company***"). Through the Dependent Care FSA, the ***Company*** offers a way to pay, with pre-tax dollars, certain dependent care expenses. Expenses may be for care for your child or other household member to allow you (and your spouse if you are married) to work. That's why the ***Company*** offers eligible employees the option of participation in the Dependent Care FSA.

This Summary Plan Description (SPD) together with the Administrative Information Summary Plan Description describes the basic features of the Dependent Care FSA, how it operates and how you can get the maximum advantage from it. These documents, together with other SPDs of Plan benefits, together with any plan-related document issued by an insurer, constitute a Plan Document and SPD. This document describes the Plan provisions as they exist as of January 1, 2025, while certain other information related to the Plan may be contained in the Administrative Information Summary Plan Description. If any statement, oral or written, made on behalf of the Plan disagrees with this Plan and SPD, as interpreted in the sole discretion of the Plan Administrator, the Plan Administrator's decision will govern.

Please note that the ***Company*** reserves the right to amend or terminate the plan at any time without notice. Participation in this plan does not constitute a contract of employment between you and the ***Company***.

Note: This Dependent Care FSA is not an employee benefit plan under ERISA and the benefits hereunder are not covered by ERISA.

Eligibility

Employee

You're eligible to participate in the Plan if you meet all of the following:

- You're a U.S.-based employee;
- You're a full-time or part-time employee working a minimum regular schedule of at least 21 hours per week;
- You're an employee of a subsidiary of MMS USA Holdings, Inc. (the "***Company***") that has adopted the Program; and
- Your class of employees has not been excluded from a predecessor plan.

Please see your local HR Representative or the Publicis Re:Sources USA Benefits Department if you're unsure of whether your business unit participates in the Program or if you are a member of an eligible class of employees.

If an individual is not considered to be an "employee" for purposes of employment taxes and wage withholding, a subsequent determination by the employer, any governmental agency or a court that the individual is a common law employee, if such determination is applicable to prior years, will not have a retroactive effect for purposes of eligibility to participate in the Program.

Enrollment

When You First Become Eligible

After your hire date, the Benefits team will upload your information into their system to get you started with enrolling for benefits. You will receive an email or mail notification from bswift—their benefits administrator—when you are able to enroll, and you won't be able to enroll before that notification. You have 45 days from your hire date to enroll. If you don't enroll within this 45-day period (your deadline date is listed on the enrollment worksheet that you receive at your home), you will only receive certain basic coverages provided by the ***Company***, which doesn't include dependent care FSA coverage.

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The amount you elect to contribute to the Dependent Care FSA after you're first hired continues through the remainder of the ***plan year***, unless you:

- Have a qualified change in status and decide to change your election,
- Cease to be eligible under the Program.

Annual Enrollment

Each fall, you can change your coverage for the following ***plan year***. You will receive information and updates about the Plan so that you can make informed benefit elections during each annual enrollment period.

This information is generally available online on the Publicis Connections website (PublicisConnections.com) and includes:

- Important tips on how to enroll for the upcoming ***plan year***;
- Enrollment procedures;
- The benefit options for which you're eligible for the upcoming ***plan year***; and
- Any changes that may have taken place since the last annual enrollment period.

You must enroll at annual enrollment unless notified otherwise by the ***Company***. If you want to participate in the Dependent Care FSA, you need to reenroll each year. Your contribution elections to the Dependent Care FSA do not roll over from one ***plan year*** to the next.

The election you make during the annual enrollment period take effect the following January 1 (or when you are considered ***actively at work*** whichever is later) and continue through the end of the ***plan year*** (unless you have a qualified change in status and decide to change your election).

If You Don't Enroll

If you do not enroll when you are newly eligible or during the annual enrollment period, your benefit elections will not rollover into the following plan year and you will be deemed to have made no Dependent Care FSA election for that plan year.

When Coverage Begins

Coverage begins on the first of the month coinciding with or following your hire date or the date you first become eligible to participate in the plan.

Paying For Your Coverage

You make contributions to your Dependent Care account on a before-tax basis through payroll deductions each pay period. Using before-tax dollars reduces your taxable income for Federal, Social Security and (in most cases) state income taxes. In addition, your income isn't affected when determining your benefit levels for coverage under other ***Company***-sponsored Plans.

The money in your Dependent Care Spending Account must be used to pay for dependent care expenses that allow you and your spouse to work full-time. However, this rule does not apply if your spouse is disabled and incapable of self-care or is a full-time student at an accredited institution for at least five months each year.

If you and your spouse are divorced and you have custody of your child(ren), you may be able to be reimbursed from the Dependent Care Spending Account even if you do not claim the dependent on your federal income tax return. See IRS Publication #503 for more information. A copy of that publication can be obtained at www.irs.gov.

Using before-tax dollars can affect any Social Security benefits you may eventually receive. This is because you don't pay Social Security (FICA) taxes on before-tax dollars. For most people, the Social Security benefit reduction is just a few dollars a month. In addition, the reduction is typically more than offset by the tax savings you experience over the course of your career. If you have any concerns, or if you need additional information, contact your local Social Security Administration office.

Changes in Coverage

Once you enroll for (or decline) coverage, your elections stay in effect for the entire ***plan year***. Because of the tax advantages associated with certain benefits under the Program, the Internal Revenue Service (IRS) limits your ability to make changes to your benefits after initial enrollment to certain circumstances. These rules govern the types of changes that you may make during the ***plan year***.

For example, you may change your coverage if you experience a "qualified change in status" or certain other mid-year changes.

Qualified Changes in Status

You may change certain benefit elections during the year if you experience a qualified change in status that affects your eligibility for dependent care services. Changes may be made to your Dependent Care FSA as long as the changes are consistent, they correspond with the change in status, and they follow the Plan's rules.

You also may begin or increase, decrease or stop contributions to the Dependent Care Flexible Spending Account if the change is consistent with the change in status.

A qualified change in status is any of the following circumstances if the change affects your eligibility for or cost of dependent care expenses:

- You get divorced, legally separated or you have your marriage legally annulled.
- Your ***spouse*** or dependent dies.
- Your dependent is no longer a ***qualifying individual.***
- You get married.
- You have a baby, adopt, or have a child placed with you for adoption.
- You, your ***spouse***, your domestic partner or your dependent experience a change in employment status (e.g., start or end employment, change from part-time to full-time or vice versa strike or lockout, begin or return from an unpaid leave of absence, change work sites or experience a change in employment that affects eligibility or cost of dependent care expenses.

If you experience a qualified change in status and need to change your coverage during the ***plan year***, you must make your change online at PublicisConnections.com within 31 days after the event that necessitates the change. If you don't make the change in time, you can't make a coverage change until the next annual enrollment, unless you once again meet one of the conditions for a mid-year change. Please note that you will be required to provide supporting documentation of your change. The change will be effective on the date of the qualifying event**.**

Important Note: If you initiate a qualifying event change and update your FSA goal, please keep in mind that the qualifying event update is only applicable to services that occur post the effective date of the change (even if you had an FSA election in place prior to the qualifying event update).

Additional Mid-Year Changes

You also may change your benefit elections during the year in the following circumstances.

Cost and Coverage Changes

You may be able to change your benefit elections if you, your ***spouse*** or your dependent experiences a significant change in the cost of dependent care expenses.

Changes to a Dependent's Plan

You may make a mid-year election change that is on account of, and corresponds to, changes made under the plan of your ***spouse***, former ***spouse***, or dependent's employer, or if the other plan has a different ***plan year***, or if the enrollment period is different from the one under this Program.

Special Rule for Rehired Employees

If you terminate employment and are rehired within 30 days of your termination date, the benefit elections that were in effect on the date of your termination will be automatically reinstated. If you are rehired more than 30 days after the date of your termination, you will be allowed to make new benefit elections under the Program.

Procedure for Mid-Year Changes

You must request a change in your benefit elections within 31 days of the date of the change in status. If a change in status has been experienced, you may enroll in, increase or decrease or cease contributions to the Dependent Care FSA. Provided you notify the Program within the required time frames, any changes in your benefit options due to a permissible mid-year event will become effective with the first of the month following your change or date of the qualifying event.

If you experience a qualified change in status and need to change your coverage, you must make the change online at PublicisConnections.com. Your change must be made within 31 days (which includes the day the event occurred) of the event that causes the change. If you don't make the change in time, you can't make a coverage change until the next annual enrollment, unless you once again meet one of the conditions for a mid-year change. If requested, you may have to provide proof of your change in status.

Depending on the reason for the change in status, you may also begin, increase, decrease or stop contributions to the Dependent Care Flexible Spending Account (if the change is consistent with the change in status).

Continuation or Termination of Coverage

Your coverage will continue until the end of the month in which you end your employment, cease to be eligible to participate in the plan, revoke your election to participate in the Plan, or when you retire or die.

Please note: If your Dependent Care FSA coverage ends mid-year you may still claim reimbursement for expenses incurred **after** your end date, as long as the expenses are incurred within the ***plan year*.** Also, you will be reimbursed only up to the amount which has been accrued in your account prior to termination.

If You Die While Employed

If you die while you're still employed, your contributions to the Dependent Care FSA end on the date death occurs.

If You Take a Leave of Absence

You may decide to take either an unpaid personal leave or an unpaid FMLA leave of absence. Amounts paid for dependent care while you are off from work are not considered employment-related, even if the parent continues to be paid and treated as an employee during the absence. However, dependent care expenses incurred during a short, temporary absence from work, such as for minor illness or vacation, to be treated as employment-related if they are paid on a weekly or longer basis. Expenses incurred during longer absences are excluded.

How Your Dependent Care FSA Plan Works

In this document you'll find a brief overview of your coverage option, as well as how the features of your dependent care FSA plan work.

About Your Plan Option

We're all looking for ways to save money. The Dependent Care FSA can provide a savings opportunity. By using before-tax dollars to pay for certain ***eligible dependent care***, you may save significantly on taxes each year.

FSA's let you set aside a predetermined dollar amount to cover allowable unreimbursed expenses. You contribute to the accounts through payroll deduction on a before-tax basis (before federal income taxes and Social Security are deducted). When you incur an ***eligible dependent care expense***, you are reimbursed from your account with tax-free dollars. Thus, the cost of these services may be "discounted" by your applicable income tax rate.

Review the chart below to determine eligible expenses, qualified dependents and maximum annual contribution amounts.

For more information regarding eligible expenses, visit the benefits website: (PublicisConnections.com) and link to the HealthEquity website.

General Information

Here's a snapshot of the Dependent Care FSA.

Benefit/Plan Feature	Dependent Care FSA
<u>Eligible Expenses</u>	• ***Eligible dependent care expenses*** you incur while you and your ***spouse*** (if you're married) are at work, attending school full time or looking for a job.
<u>Qualified Dependents</u>	• A child under age 13 whom you can claim (even if you don't) as a dependent on your income tax return. Also, any other dependent who: • Depends on you for at least half of his or her support; • Lives with you at least for half the year; and • Is physically or mentally unable to care for himself or herself.
<u>Maximum Annual Contribution</u>	• $5,000 per year (or $2,500 if you and your ***spouse*** file separate tax returns). If you and your spouse both enroll in a dependent care, the combined maximum is $5,000 per year

Changing Your Contributions

In general, you can't change your contributions during the year unless you have a qualified change of status that affects your participation. See the "Changes in Coverage" section for more details.

Carryover of Contributions

If you don't use the entire balance in your Health Care FSA by the end of the plan year, up to $640 will automatically carry over into the following year for use on eligible expenses. Any unused funds exceeding this limit will be forfeited, per IRS rules.

Forfeiture of Excess Funds

Funds exceeding the $640 carryover limit cannot be refunded or used for future expenses. To avoid forfeiting excess funds, carefully estimate your contributions during Open Enrollment. The Company uses forfeited funds to offset administrative costs.

Submitting Claims

You have until March 31 of the following year to submit claims for eligible expenses incurred during the plan year (January 1 through December 31). This run-out period allows you additional time to file claims for expenses before the carryover applies.

How to Use the Account

- **Estimate your expenses:** When you enroll, and at each annual enrollment, determine in advance how much you expect to spend on dependent care expenses for the upcoming year. It's important to estimate carefully. Because of the FSA's tax advantages, IRS rules apply. As a result, you forfeit any unused FSA funds at the end of the year. See "Forfeiture of Contributions" for more detail.

  To help estimate your annual expenses and determine your tax savings, visit the benefits website at PublicisConnections.com and HealthEquity.com.

- **Determine how much to contribute:** You then decide how much to contribute to your account for the upcoming year on a before-tax basis. You may contribute a minimum of $120 and up to $5,000 each year into your account.

  After you decide on the dollar amount, divide the amount by 24 pay periods. This amount is deducted (before taxes) in even amounts from your semi-monthly paychecks. These funds are then credited to your account until you file a claim for reimbursement. (Mid-year elections will be calculated based on the remaining pay periods in the calendar year.)

  Remember, you forfeit any contributions that remain in your account for which you do not incur eligible expenses by the end of the year. Also, please note that Dependent Care FSAs are subject to certain nondiscrimination rules under the tax code. Accordingly, highly compensated employees (generally those earning more than $130,000 per year) may be limited in the amount they can contribute to the Dependent Care FSA to satisfy these rules.

- **Incur expenses:** The account reimburses you for eligible expenses incurred during the ***plan year***. Any expense incurred before your enrollment doesn't qualify for reimbursement.

- **Receive reimbursement:** Submit a claim form along with the appropriate supporting documentation. You're reimbursed for the eligible expense with before-tax dollars, up to the amount you have contributed to the account to date. See Applying for Reimbursement for more information.

If you end employment: Your deductions for the Dependent Care FSA will continue through the end of the month in which your employment ends. Reimbursement for expenses incurred post-termination are eligible for reimbursement as long as you meet the definition of eligibility as defined by IRS Publication 503: "Child and Dependent Care Expenses" by visiting www.irs.gov/pub/irs-pdf/p503.pdf.

For more information, refer to the section of this Summary Plan Description titled 'Applying for Reimbursement'.

Eligible Expenses

You can use the Dependent Care FSA to pay for many types of dependent care situations. There may be other expenses that qualify for reimbursement. If you would like to confirm whether an expense is eligible, you can contact **HealthEquity** at 1-877-472-4200or refer to IRS Publication 503: "Child and Dependent Care Expenses" by visiting www.irs.gov/pub/irs-pdf/p503.pdf.

Home Care

Dependent care provided in your home by an ***eligible care provider***, including care provided by a babysitter or housekeeper. The provider may be a relative, provided he or she isn't your child under age 19, your ***spouse,*** or any other person whom you claim as a dependent. **Payments to the employee's spouse or to the child's parent (if not the employee's spouse) also cannot be treated as qualified dependent care expenses.**

Care Provided Outside the Home

Dependent care provided outside your home by an ***eligible care provider***, including care provided in a neighbor's home or in an approved day care center, provided your dependent regularly spends at least eight hours a day in your home. For example, day care centers for children and disabled adults qualify, but 24-hour nursing care facilities do not. Also, facilities that care for six or more individuals must comply with all federal, state, and local regulations governing day care centers. The provider may be a relative if he or she isn't your child under age 19, or any other person whom you claim as a dependent.

- Day camp services for children under age 13, inclusive of expenses for computer, soccer, and other specialized day camps as employment-related expenses, but not overnight camp.
- Before- and after-school programs for children under age 13.

Certain expenses for your child not yet in kindergarten; for example, nursery school and, preschool tuition will qualify. Expenses will qualify for reimbursement under the Dependent Care FSA only if the expenses are primarily for custodial care and not education.

Example: Your 5-year-old child goes to kindergarten in the morning. In the afternoon, she attends an after-school day care program at the same school. Your total cost for sending her to the school is $3,000, of which $1,800 is for the after-school program. Only the $1,800 qualifies for reimbursement under the Dependent Care FSA.

Household Services

Household services, such as housekeeping or maid services, provided they're necessary to run your home for the well-being and protection of your ***eligible dependent***.

Agency and Application Fees

Agency and application fees required to obtain the services of an au pair or other care provider may be employment-related expenses. Also, the costs for a care provider's room and board and employment taxes paid on the provider's behalf may be reimbursed.

Expenses Not Covered

The following items are examples of expenses that aren't eligible for reimbursement under the Dependent Care FSA. There may be other expenses that don't qualify. If you want to confirm whether or not an expense is eligible, you can call **HealthEquity** at 1-877-472-4200 or refer to IRS Publication 503: "Child and Dependent Care Expenses" by visiting www.irs.gov/pub/irs-pdf/p503.pdf.

- Dependent care expenses incurred before your Dependent Care FSA participation begins
- Expenses you claim as an after-tax dependent care tax credit on your federal income tax return, or expenses paid by any other similar reimbursement plan
- Care provided by a round-the-clock nursing home
- Services provided by your ***spouse***, your child under age 19 or someone you or your ***spouse*** claim as a dependent on your tax return
- Educational expenses for a child in kindergarten or higher
- Payments to a housekeeper while you're home from work because of illness, unless of short duration not to exceed two weeks
- Child or dependent care provided while:
  - You're at work, and your ***spouse*** is doing volunteer work, even if a nominal fee is paid (or vice versa);
  - You and your ***spouse*** are doing volunteer work (even if a nominal fee is paid); or
  - You or your ***spouse*** aren't working (such as weekend or evening babysitting fees).
- Transportation expenses to and from the care site, unless provided by the care provider
- Expenses for overnight camp
- Expenses for food, clothing and entertainment of a qualified dependent, unless charges are incidental and can't be separated easily from the overall dependent care cost
- Dependent care expenses incurred in a center that doesn't meet IRS standards
- Expenses for a dependent over the age of 13 who is physically or mentally able to care for himself or herself

Applying for Reimbursement

Reimbursement from your FSA is available only after the service for which you're seeking reimbursement has been performed and you have received reimbursement from all other sources. To obtain reimbursement for your dependent care expenses, you must file a claim for reimbursement.

How to File Claims

You are eligible to submit for reimbursement on the amount currently available in your account at time of submission. If the dependent care services exceed your account balance, you receive a partial reimbursement. You receive the unreimbursed portion of the claim as you make additional contributions to your Dependent Care FSA.

You can file claims online by logging into HealthEquity.com or obtain a paper claim form by visiting the benefits website: (PublicisConnections.com) and link to Forms Library.

For paper claims complete the employee portion of the claim form and make sure you sign it. Be sure to include the following along with the claim form:

- Your provider's bill or itemized receipt; and
- Your dependent care provider's name, address and Social Security or federal tax identification number.

Paper claim forms should be submitted to:

Claims Administrator.
P.O. Box 14053
Lexington, KY 40512

Or faxed to:

1-877-353-9236

If you file a claim online the system will prompt you to either download a scanned PDF of the documents listed above.

Filing Deadline

You may file claims at any time after you incur the expense. You have until March 31 of the following year to submit claims for expenses incurred between January 1 and December 31 of the previous year.

Remember, you forfeit any money that remains in your FSA after March 31 of the following calendar year.

If a Claim is Denied

You may make a request for any benefits to which you may be entitled. Any such request must be made in writing to HealthEquity at the following address:

HealthEquity – Claim Denial Inquiry
P.O. Box 14053
Lexington, KY 40512

Your request for benefits will be considered a claim for benefits.

If your claim is denied, in whole or in part, you will receive a written explanation of the denial from HealthEquity (or its designee) no later than 60 days after receipt of your written claim. This time period may be extended up to an additional 60 days. In that case you will be notified of the extension before the end of the initial 60 day period.

This explanation will include:

1. The reason for the denial
2. The specific reference within the Plan provisions upon which the denial is based
3. A description and explanation of any additional information or material HealthEquity needs to perfect your claim; and
4. Details about the steps you'll need to take if you wish to submit your claim for further review.

Review of Your Claim

You may request a review of the denied claim. Here's how the process works:

1. You request a review of your claim, in writing, to the claims administrator within 60 days after you receive notice of the denial.
2. You (or your representative) can request to review all pertinent documents. Please submit your request in writing to the claims administrator.
3. You may submit issues and argue against the denial in writing to the claims administrator.

Decision on Review of Your Claim

You are entitled to a written decision of your claim review, stating clearly the reasons for the decision as well as specific references to Plan provisions on which this description is based. Normally, this decision should not take longer than 60 days after receipt of your request for a review. If it will take longer than 60 days, you are entitled to receive written notice of such delay and the cause of the delay. In no case shall a decision be rendered later than 180 days after request of review. If the decision on your claim is not furnished to you within the time limitations described above, your claim will be deemed denied.

The Plan Administrator has complete discretionary authority to make all determinations under the Plan, including eligibility for benefits and factual determinations, and to interpret the terms and provisions of the Plan. The Plan Administrator has delegated to the Claims Administrator the discretionary authority to make decisions regarding the interpretation or application of Plan provisions, to make determinations (including factual determinations) as to the rights and benefits of employees and participants under the Plan, to make claims determinations under the Plan, and to decide the appeal of denied claims. Benefits will be paid under the Plan only if the

Plan Administrator or its delegate determines that the claimant is entitled to them.

Assistance with Your Questions

If you have any questions about your plan, you should contact the Plan Administrator at:

Publicis Connections
Attn: Plan Administration Committee
35 West Wacker Drive
Chicago, IL 60601
1-800-933-3622 (Monday-Friday, 8am-8pm ET)

A Word About Taxes

FSA contributions reduce your taxable income – meaning you pay less in taxes. Your FSA contributions are not subject to federal income taxes, Social Security (FICA) taxes, and, in many cases, state and local income taxes. Rules vary, and state and local taxes are subject to frequent change.

Regarding the Tax-Saving Approaches

It's important to note that any tax savings that may result from your participation in the FSAs depends on your own personal situation and income level. Tax information included on this site is only general information. Because tax laws are complicated and subject to frequent change, you should talk with a qualified tax advisor before you decide whether to use the FSAs or to take a tax deduction.

By law, the ***Company*** can't offer you tax advice, or advise you on your FSA-related decisions. This law is designed to protect you be ensuring that you always get the most up-to-date advice, and that advice is only available from a qualified tax advisor.

An Example of the How Dependent Care FSA Helps You Save

This chart illustrates the potential tax savings when using the FSA:

If You Contribute:	Your Tax Savings Could Be:
$500	$125
$1,000	$250
$1,500	$375
$2,500	$625
$5,000	$1,250
These tax savings are based on the combined federal income tax rate and the Social Security (FICA) rate of 25%. If your income tax rate is higher, and/or you also pay state and local taxes, you will save even more in taxes by using the FSA. The example assumes a $50,000 annual pay rate and that the contribution amounts would be spent on eligible expenses regardless whether the employee elected Dependent Care Flexible Spending. Please be advised that this calculation is only an estimate and is not tax advice. Be sure to consult a tax advisor to determine actual savings you may achieve by making pre-tax contributions. Actual tax savings depends on several variables, including local tax rates and your individual tax bracket.	

As you can see, contributing to the Dependent Care FSA can make your spendable pay go further. Consider this: By using the Dependent Care FSA to pay for $5,000 of eligible dependent care expenses, you could save at least $1,250 in taxes for the year. In other words, you spend $3,750 to pay for $5,000 worth of eligible dependent care expenses.

Effect of Before-Tax Contributions on Your Other Benefits

Before-tax contributions reduce the Social Security taxes you pay. Therefore, the eventual Social Security benefit you may be eligible to receive will be reduced. Because Social Security benefits are based on your career earnings, in most cases, this reduction will be minimal. For more information, contact your local Social Security Administration office.

Alternate Tax-Savings Approaches

You may be eligible to take a deduction or tax credit on your income tax return for ***eligible*** health care and/or ***dependent care expenses***.

Dependent Care FSA vs. the Income Tax Credit

An alternative to using the Dependent Care FSA is the tax credit. You may want to consider the tax advantages of both alternatives before you participate.

Under current law, you can pay for eligible dependent care expenses with after-tax dollars. In addition, you can apply some or all of those expenses to the after-tax dependent care tax credit when you file your federal income tax return. Even though you may not apply the same expense to both tax-savings methods, you may apply a portion to the credit and then reimburse yourself from your FSA for any remaining amounts.

Comparison Snapshot

Here's a brief comparison of the tax alternatives:

Dependent Care FSA vs. Income Tax Credit	
Dependent Care FSA	**Income Tax Credit**
Immediate savings using before-tax dollars.	Deferred savings when you file taxes.
Forfeit any funds that remain in your account at the end of the year.	N/A
Reduced federal, Social Security, and many state and local taxes.	Does not reduce Social Security, but reduces federal and many state and local taxes.

Consult your tax advisor to determine which plan is best for you.

Situations Affecting Your Use of the Dependent Care FSA

Because of the tax advantages of using the Dependent Care FSA, there are some situations that will affect your use of the account. Also, see A Word About Taxes for more about how the account interacts with your taxes.

If Both You and Your Spouse Use a Dependent Care FSA

Under federal law, if you participate in the Dependent Care FSA and your ***spouse*** participates in a similar account through his or her own employer, your combined contributions to the account may not exceed $5,000. This limit applies whether you have one or more dependents receiving care. If you and your ***spouse*** file separate income tax returns, the most each of you may contribute is $2,500. In addition, if you're married, your Dependent Care FSA contributions may not exceed the annual income of the lower-paid ***spouse***.

In general, you may not participate in the Dependent Care FSA if your ***spouse*** doesn't work outside the home. There are two exceptions: if your ***spouse*** doesn't work outside the home and is physically or mentally unable to care for himself or herself, or if he or she is a full-time student.

You'll want to consult a tax advisor if you and your ***spouse*** use a Dependent Care FSA. By law, the ***Company*** can't offer you tax advice, or advise you on your FSA-related decisions. This law is designed to protect you by ensuring that you always get the most up-to-date advice, and that advice is only available from a qualified tax advisor.

If You Contribute to the Health Care FSA

When estimating your expenses, you should take into consideration that the Health Care and Dependent Care FSAs are treated separately. This means you can't use money deposited in your Health Care FSA to pay Dependent Care expenses, and vice versa.

Glossary of Terms

Actively at Work

You are considered actively at work if you are:

- Working at the ***Company's*** usual place of business, or on an assignment for the purpose of furthering the ***Company's*** business;
- Performing the material and substantial duties of your regular occupation on a full-time basis; and
- Not receiving severance or salary continuation pay.

You're considered actively at work during a scheduled vacation or a holiday, during an approved leave under FMLA or on an approved personal leave of absence of less than 31 days.

Care

*S*ervices primarily to assure the well-being and protection of at least one Qualifying Individual.

Company

The term "Company" collectively refers to all subsidiaries of MMS USA Holdings, Inc. that have approved participation in the Publicis Connections Health and Group Benefit Programs.

Eligible Care Provider

Your care provider is anyone other than a person whom you claim as a dependent on your federal income tax return (a son or daughter who provides care must be at least age 19). In addition, you must provide your caregiver's name, address and Social Security number or taxpayer identification number when you file for reimbursement. You also must provide this information on your federal income tax return, unless your caregiver is a church or other religious organization.

Employment-related

Means incurred to enable a Covered Employee to be gainfully employed. In the case of a married Covered Employee, to be employment-related, the expense must also enable the Covered Employee's Spouse to: be gainfully employed, actively seek gainful employment, or be a *full- time student*, unless the spouse is.

Full-time Student

A person enrolled at and attending an educational institution during at least part of each of five calendar months of the Covered Employee's tax year for the number of course hours that the institution considers to be a full-time course of study.

Household Services

Services ordinarily necessary to maintain a Covered Employee's home and rendered as part of a

Qualifying Individual's *care*.

Incur
Refers to the date services resulting in employment-related expenses are provided — not the date charged, billed, or paid.

Plan Administrator
The person or committee designated from time to time as the fiduciary responsible for overall administration of the Plan. Except as otherwise designated in the Administrative Information Summary Plan Description or by a notice from the ***Company***, the ***Plan Administrator*** may be contacted as follows:

Publicis Connections
Attn: Plan Administrative Committee
35 W. Wacker Dr., 12th Floor
Chicago, IL 60601
1-800-933-3622

Plan Year
The year starting January 1 and ending December 31.

Qualifying Individual
Qualifying Individual means a dependent who is one of the following:

- under age 13 and can be claimed as a personal exemption deduction on your federal income tax return, or 13 or older who is physically or mentally incapable of caring for him or herself
- a qualifying relative or spouse who resides with you for more than half of the year and depends on you for at least half of his/her support who is physically or mentally incapable of caring for him or herself.

Physically or mentally incapable of caring for him or herself means:

- incapable of caring for one's own hygienic or nutritional needs, or
- requiring another person's full-time attention for one's own safety or the safety of

others. Whether a person is physically or mentally incapable of caring for him or herself is determined on a daily basis.

Spouse
The individual to whom you are legally married under federal law. Note that under federal law a “common law spouse” will be recognized as a spouse only if relevant state law recognizes the person as a spouse despite the lack of a formal marriage.