



FLEXFACTS
a company of grant benefit solutions

Flexible Spending Account Plan
Enrollment Materials

It is time to enroll in your company's flexible spending account plan.
Please fill out the enclosed enrollment form and return it to your employer.

This Plan Administered by Flex Facts
Phone: (877)94-FACTS(32287) Fax: (877)747-8564
Email: support@flexfacts.com Website: www.flexfacts.com

Take control of your healthcare finances.

What is a Healthcare FSA?

An FSA is an employer-sponsored benefit account that allows you to set aside pre-tax funds to help pay for eligible healthcare expenses. An FSA is a great spending vehicle to help pay for healthcare costs not covered by your health plan.

What happens if I don't spend all the money in my account?

Up to \$500 in unused funds in your health care reimbursement account are now eligible for rollover into the next plan year. Any amounts remaining in your account over this amount will be forfeited. Only elect what you know you can use.

How does a Healthcare FSA Work?

1. The IRS sets the maximum annual limit you can contribute to an FSA plan. Currently that limit is \$2,650. Please note that your employer may limit the maximum annual limit to a lesser amount. Please confirm with your employer your plan's annual maximum limit.
2. Your annual election gets deducted evenly from your paychecks and put in your FSA – on a tax-free basis.
3. Your annual election is available on day 1 of the plan year. You can use FSA funds to pay for eligible healthcare expenses.

Why Participate in an FSA?

The bottom line: FSAs save you money. The contributions you make to an FSA are deducted from your pay check on a pre-tax basis – before federal income, social security, and most state taxes. The end result of your FSA contributions is a lower taxable income, and a tax advantaged vehicle to pay for out-of-pocket healthcare expenses. There's really no reason to forgo an FSA. Everyone has some type of out-of-pocket healthcare expenditures – thus, an opportunity to save! FSAs help you:

- Reduce taxable income – Contributions lower your reported annual income, resulting in lower taxable wages
- Save on healthcare expenses – Using pre-tax funds to pay out-of-pocket healthcare expenses can save you hundreds
- Offset rising healthcare costs and individual financial responsibilities

Get Empowered: Tools to Manage Your FSA

1. Benefit debit cards – Debit cards make accessing your FSA funds a breeze! Similar to standard debit cards, FSA cards give you immediate access to your funds, and can be used anywhere debit cards are accepted. Debit cards also eliminate manual paperwork and expedite your claims reimbursement process.
2. Online & mobile access – Managing your FSA has never been easier. Logon, click, tap, or swipe. Everything you need to get engaged and successfully manage your FSA is at your fingertips:
 - a. Check your available balance
 - b. View transaction history
 - c. Photograph receipts & submit claims
 - d. And more!

What's Covered

A complete list of expenses eligible under the medical FSA is available at www.flexfacts.com. Click on the FSA Eligible Expense Table link at the bottom of the page and enter in Access Code "flex2011". Examples of eligible expenses include:

Acne treatments**	Cold medicine**	Diabetic supplies	Pain relievers**
Allergy medicine**	Condoms	Eyeglasses	Pregnancy tests
Antacids**	Contact lenses & cleaners	Hearing aids	Prescription drugs
Bandages	Copays, co-insurance & deductibles	Laser eye surgery	Smoking cessation programs**
Chiropractic care	Dental care	Orthodontia	Sunscreen

***Over-the-counter (OTC) drugs and medicines (except insulin) are only eligible for reimbursement when prescribed by a physician.*

Participating in a dependent care flexible spending account is like receiving a 30% discount from your care provider. Enroll today to start saving.

What is a dependent care flexible spending account (DCA)?

A DCA is a flexible spending account that allows you to set aside pre-tax dollars for dependent care expenses. Since DCA contributions are deducted from your paycheck pre-tax, your taxable income is reduced. Participants enjoy a 30% average tax savings on their annual DCA contribution.

Why should I enroll in a DCA?

Child and dependent care is a large expense for many American families. Millions of people rely on child care to be able to work, while others are responsible for older parents or disabled family members. If you pay for care of dependents in order to work, you'll want to take advantage of the savings this plan offers. Money contributed to a DCA is free from federal income, Social Security, and Medicare taxes and remains tax-free when it is spent.

The chart below illustrates potential savings at various contribution levels:

Tax Status	DCA Contribution	Annual Savings*
Single	\$2,500	\$691
Married	\$3,500	\$968
Married	\$5,000	\$1,383

**For illustrative purposes only. Based on a typical tax situation of 15% federal tax, 7.65% FICA, and 5% state income tax. Your tax situation may be different. Consult a tax advisor.*

Qualifying Dependents

- Your qualifying child under the age of 13, who shares the same residence with you, or
- Your spouse or qualifying child or qualifying relative who is physically or mentally unable to care for him/herself who shares the same residence with you and has income less than the Federal exemption amount.

Annual Contribution Limits

The IRS limits annual contributions to \$5,000 on income tax returns for single or married filing jointly, and \$2,500 for married filing separately.

How It Works

With a DCA you can only spend up to the amount that has been deducted from your paycheck. If you have a benefits debit card, then you can access your funds with the swipe of a card, otherwise, you can submit claims for reimbursement.

Eligible Expenses DCA funds cover care costs for your eligible dependents while you are at work:	Ineligible Expenses These items are never eligible for tax-free purchase with DCA funds:
Before school or after school care (other than tuition)	Expenses for children 13 and older
Custodial care for dependent adults	Care provided by a relative that lives in your household or your dependent under age 19
Licensed day care centers	Educational expenses including kindergarten or private school tuition fees
Nursery schools or pre-schools	Amounts paid for food, clothing, sports lessons, field trips, and entertainment
Placement fees for a provider, such as an au pair	Care for dependent while sick employee stays home
Day camp, nursery school, or a private sitter	Overnight camp expenses
Late pick-up fees	Registration fees
Summer or holiday day camps	Transportation expenses
	Late payment fees
	Advanced payments



Please return this form to your human resources representative.

Flexible Spending Account Enrollment Form

Personal Information

Employer: _____

Full Name: _____
Last *First* *M.I.*

Address: _____
Street Address *Apartment/Unit #*

City *State* *ZIP Code*

Phone: () _____ Alternate Phone: () _____

E-mail Address: _____

Social Security Number: _____

Birth Date: _____ Effective Date: _____

Signature: _____

Date: _____ Plan Year Start: _____

Benefit Election

Date of First Deduction: _____ Number of Remaining Pays _____

Medical FSA Annual Election: _____ Per Pay: _____

Dependent Care Annual Election: _____ Per Pay: _____

Direct Deposit Information (Optional)

Bank Name: _____

Routing Number: _____

Account Number _____

Type of Account (Checking or Savings): _____

Signature: _____

- By signing this form I agree that my cash compensation will be redirected by the amounts set forth above.
- If you do not return this form to your employer by your effective date you will not be able to participate in the plan until the following plan year.
- You must sign a new election form each year at open enrollment, your accounts will not automatically renew.
- You cannot change this election during the plan year unless you have an eligible change in status.
- This agreement is subject to the terms of the company's Flexible Benefits Plan.
- By completing the Direct Deposit Section and signing I authorize Flex Facts to initiate credits to my bank account indicated above.



Please send this form along with all applicable receipts to:

1200 River Ave, Suite 5C, Lakewood, NJ 08701

Fax: 877-747-8564 E-Mail: Claims@flexfacts.com

Spending Account Claim Form

Personal Information

Full Name: _____
Last First M.I.

Employer: _____

Last Four Digits of Your Social Security Number _____

Phone: () _____ E-mail: _____

If your address has changed please list the new address below.

New Address: _____

City, State, Zip _____

Claim Information

Please enter in Medical FSA or Dependent Care FSA as the "Type of Expense" below.

Type of Expense: _____ Amount: _____

Type of Expense: _____ Amount: _____

Type of Expense: _____ Amount: _____

Type of Expense: _____ Amount: _____

Type of Expense: _____ Amount: _____

Type of Expense: _____ Amount: _____

Dependent Care or Transit Certification

Please complete the following information if you are not able to get a receipt from your transit or daycare provider.

Provider Name Service Start Date Service End Date

Dependent Care Only: _____
Provider Tax ID # Provider Signature

Employee Signature: _____

Date: _____

- By signing this form I agree to have my account reduced by the amount requested.
- This claim for reimbursement is only for expenses incurred by eligible plan participants during the plan year.
- These expenses have not been reimbursed nor will I seek reimbursement for these expenses from any other source.
- If additional information is required you will receive a denial letter letting you know what additional information is needed.
- Claims incurred during a grace period will be paid out of the prior year first.
- Orthodontia expenses are paid based on the employer's interpretation of the regulations. Please contact your employer to see if advance payments for orthodontia expenses are allowed.