

## Highlights of the Flexible Spending Account

| Feature                              | How It Works   |
|--------------------------------------|--|
| Who is Eligible                      | Regular, full-time employees and other employees eligible for health care benefits   |
| Who is Not Eligible                  | The IRS prohibits sole proprietors, partners in a partnership and 2% or greater shareholders in an S-corporation from participating  |
| Advantage of Accounts                | Pay eligible expenses with before-tax money;<br>Save money in taxes and increase your take home pay  |
| <b>Amount of Deposit</b>             |  |
| Health Care Account                  | \$250 per year minimum to \$2,500 per year maximum   |
| Dependent Care Account               | \$250 per year minimum to \$5,000 per year maximum<br>(\$2,500 if you are married and file taxes separately)   |
| <b>Examples of Eligible Expenses</b> |  |
| Health Care Spending Account         | Deductibles, co-payments, co-insurance and many expenses not covered by a health care plan   |
| Dependent Care Spending Account      | Dependent care services in or outside your home and summer day camp  |
| Reimbursement:                       | Reimbursements are processed weekly. FSA Reimbursement Request Forms with proof of expense received by 4:00 PM CT Tuesday will be processed on that week's payment schedule. |

### Limited Changes during the Plan Year

It is important that you make your enrollment decisions carefully since you can generally change your elections **only** once a year during the annual open enrollment period. You can make changes at other times during the year only if you have a qualified change in status as defined by the Internal Revenue Code. A change in status is:

- Marriage
- Divorce
- Gain or loss of a dependent
- Change in your employment from full-time to part-time
- Change in spouse's employment or
- Gain or involuntary loss of your spouse's medical coverage

If you qualify for a contribution change as a result of one of the above reasons, you must notify the Human Resources Department **within 30 days** of the event. Failure to notify HR within 30 days of the life event means that you cannot make any changes until the next open enrollment period.

## Important Information

The annual amount you select will be equally divided over the pay periods remaining for the year.

- **Example 1:** For an employee paid semimonthly, a \$1,000 annual election effective January 1 will result in a per pay deduction of \$41.67.
- **Example 2:** For an employee making the same election effective October 1, will result in a per pay deduction of \$166.67.

### Health Care and Dependent Care Spending Accounts

- You have until December 31<sup>st</sup> to incur expenses against the previous plan year.
- You have until March 31<sup>st</sup> to submit claims for the previous plan year.
- If your employment ends, you must submit claims within 90 days of your termination date for expenses incurred prior to your termination date.
- **Any funds for the previous calendar year remaining in your health care or dependent care spending accounts after March 31<sup>st</sup> will be forfeited.**

### All Flexible Spending Account Reimbursement Requests

- You cannot move money between the reimbursement accounts. You must estimate your expenses carefully.
- You must submit a Reimbursement Request Form with proof that the expense(s) has already been incurred in order to be reimbursed. **A bill from your provider just showing a balance due is not enough. Reimbursements are mailed directly to your home.**

#### Submit Claims To:

benefitexpress  
FSA Department  
PO Box 189  
Arlington Heights, IL 60006  
OR  
Fax: 253-793-3766

#### Be Sure Your Proof of Payment Includes:

Date of Service  
Provider's Name  
Receipt for Payment or  
Explanation of Benefits (EOB) from carrier  
For Dependent Care – claim must also  
include the Provider's Social Security Number  
or Taxpayer's Identification Number

If you have questions about your claim, call benefitexpress at 877-837-5017  
or email [help@mybenefitexpress.com](mailto:help@mybenefitexpress.com) .