

## 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; Save money in taxes and increase your take home pay
<b>Amount of Deposit</b>	
Health Care Account	\$0.00 per year minimum to \$2,500.00 per year maximum
Dependent Care Account	\$0 per year minimum to \$5,000.00 per year maximum (\$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 Wednesday 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 February 28<sup>th</sup> to incur expenses against the previous plan year.
- You have until February 28<sup>th</sup> to submit claims for the previous plan year.
- If your employment ends, you must submit claims within 60 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 February 28<sup>th</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).