



# Flexible Spending Account (FSA) *Enrollment Kit*

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## *Contact Us Today!*

[www.myflexlogin.com](http://www.myflexlogin.com)  
p: 866-472-5351 // f: 847-636-9295  
[dcinfo@flexiblebenefit.com](mailto:dcinfo@flexiblebenefit.com)



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## What is a Flexible Spending Account (FSA)?

A Flexible Spending Account (FSA) offers you the opportunity to reduce your taxable income by using tax-free dollars to pay for health care and dependent care expenses.



### What is a Health Care FSA?

A Healthcare FSA allows you to increase your take-home pay by using pre-tax dollars for your out-of-pocket health care expenses. When you participate in a Health Care FSA, you should decide beforehand what your expected health care expenses will be for the coming year. As you

plan your FSA expenses for the year, it is important that you make accurate, conservative estimates. The benefit is not portable; expenses must be incurred during the plan year or you will lose the money in the account.

### Why Should I Enroll in the Health Care FSA?

You can save up to 30% on your eligible health care expenses, simply by enrolling in the FSA. On your federal income tax form, you can deduct healthcare expenses only if they exceed 7.5 percent of your adjusted gross income. With the Health Care FSA, you save taxes on all qualifying health care expenses immediately because those expenses are paid for with tax free dollars that are not subject to payroll taxes. The only restriction is that you cannot use these health care expenses for both the Health Care FSA and for a federal tax deduction.

### When Do I Receive Reimbursements?

You will be reimbursed with tax-free dollars from your account after you submit a request for reimbursement. You may submit your request online at [www.myflexlogin.com](http://www.myflexlogin.com) or download and print out a reimbursement form and fax or e-mail it to our office for processing. The request must be accompanied by a paid receipt for services or an Explanation of Benefits (EOB) which you receive from your health insurance provider. You will have a period of time after the plan year ends (determined by your employer) to submit claims for expenses incurred during this plan year.

### What Expenses Can I Pay for With My Health Care FSA?

You may use this account to pay for unreimbursed healthcare expenses that are defined by the the Internal Revenue Service (IRS), including:

- Medical Plan Deductibles and Co-Pays
- Prescription Drugs
- Dental Expenses, Including Orthodontics
- Eye Exams, Glasses and Contact Lenses
- Lasik Eye Surgery
- Diabetic Supplies and Insulin
- Hearing Aids and Batteries
- Chiropractors
- Acupuncture
- Durable Medical Equipment
- Eligible Over-the-Counter Items\*\*
- And More!

\*\*Effective January 1, 2011, Over-the-Counter medicine and drugs will require a prescription in order to be considered an eligible expense under the FSA.



### Go Paperless!

You can login to your account at [www.myflexlogin.com](http://www.myflexlogin.com) and submit your claims online without the need to complete any paper forms.

You can also sign up for E-Communications and receive e-mail updates on the status of your claims and reimbursements, electronic account statements and more. Get started today!



## Health Care FSA Eligible Over-the Counter (OTC) Items

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### Examples of Eligible OTC Items: Without a Prescription

- Band Aids & First Aid Dressings
- Contact Lens Solution
- Durable Medical Equipment
- Diabetes Testing Supplies
- Insulin



### Examples of Eligible OTC Items: That Require a Prescription\*

- Allergy & Sinus Medicines
- Antibiotic Products
- Cough, Cold and Flu Medicines
- Pain Relief Medicines
- Acid Control Medicines



### Examples of Non-Eligible OTC Items

- Cosmetics
- Toiletries
- Diapers
- Toothpaste/Toothbrush



\*Effective January 1, 2011, as part of the Healthcare Reform changes, Over-the-Counter (OTC) medicine and drugs will require a prescription in order to be considered an eligible expense for the FSA.

**NOTE: The above lists are partial lists of typical eligible and non-eligible items and do not include all eligible or non-eligible expenses. The above lists are subject to IRS rules and regulations under Code Section 213(d).**

For more information regarding OTC medication and drug changes effective January 1, 2011, please call Flex at 866-472-5351.



## What is a Dependent Care FSA?

A Dependent Care Flexible Spending Account (FSA) allows you to pay for child or elder care expenses with tax-free dollars.



Using tax-free dollars will increase your take-home pay by reducing taxable income. These expenses must be incurred while you are employed, and must be for the care of a qualifying dependent. A qualifying dependent is a child under the age of 13 who is claimed as a dependent on your federal income tax return or any other tax dependent who lives in your home and is incapable of self-care.

When you participate in a Dependent Care FSA, you should conservatively determine what your dependent care expenses will be during the coming year. The benefit is not portable; expenses must be incurred within the plan year or you will lose the money in the account.

### Why Should I Enroll in The Dependent Care FSA?

In many cases, Dependent Care FSAs can provide greater reimbursement than the Federal Dependent Child Tax Credit Program (DCTC). You should check with your tax professional to verify your maximum credit. Additionally, it can reimburse custodial expenses for adult dependents that are incapable of self-care. The Dependent Care FSA provides benefit throughout the year, unlike the DCTC, which provides benefit only when your taxes are filed.

### How Much Can You Contribute to Your Account?

If you are married, and you and your spouse file taxes on an individual basis, you may contribute up to \$2,500 a year. If you are single or married and file taxes jointly, you may contribute up to \$5,000 a year.

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### What Expenses Can I Pay For With My Tax-Free Dollars?

Eligible Expenses Include:

- Preschool charges
- Before- and after-school care
- In and out of home care for children or the elderly
- Summer day camp
- Day care centers / providers

### When Do I Receive Reimbursements?

You will be reimbursed from your Dependent Care FSA when you submit a request for reimbursement along with a receipt showing the following:

- Amount of the expense
- Type of service
- Dependent's name and date of birth
- Span Dates
- Social Security number or Tax ID number of the provider

At the end of the year, you will be required to provide the name, address and Social Security number or Tax ID number of your dependent care provider on your income tax return.

**Please note:** You cannot be reimbursed more than the amount you have contributed to your account.

### Go Paperless!

You can login to your account at [www.myflexlogin.com](http://www.myflexlogin.com) and submit your claims online without the need to complete any paper forms.

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## How Much Can I Save?

By lowering your taxable income, you are increasing your take-home pay. You are actually paying less in payroll taxes when you participate in the FSA plan. Each person is different, but savings can be up to 30%.

The following example illustrates the savings of a typical employee who chooses FlexFSA.

|  | Without FlexFSA    | With FlexFSA    |
|--|--------------------|-----------------|
| Annual Income (before taxes)                                   | \$35,000           | \$35,000        |
| Pre-tax Health Care Expenses                                   |                    | \$2,000         |
| Pre-tax Dependent Care Expenses                                |                    | \$5,000         |
| <b>Gross Taxable Income</b>                                    | <b>\$35,000</b>    | <b>\$28,000</b> |
| <b>Less Taxes</b>  |                    |                 |
| Federal Income tax at 20%                                      | \$7,000            | \$5,600         |
| State Income tax at 10%  | \$3,500            | \$2,800         |
| Social Security tax at 7.65%                                   | \$2,677.50         | \$2,142         |
| <b>Less After- Tax Health Care and Dependent Care Expenses</b> |                    |                 |
| Health Care Expenses   | \$2,000            |                 |
| Dependent Care Expenses  | \$5,000            |                 |
| <b>Spendable Income</b>  | <b>\$14,822.50</b> | <b>\$17,458</b> |
| <b>Estimated Annual Savings: \$2,635.50</b>                    |                    |                 |

These savings represent a 30% increase in this employee's take-home pay, which translates into a substantial pay increase. Just think about what you could do with all of the extra money!

## Estimate Your Annual Expenses

You can maximize your FSA benefit and avoid leaving any money behind by using the Estimated Expenses Worksheet. Some items to consider are listed below:

| Health Care Expenses                        | Estimated Annual Expenses |
|---|---------------------------|
| Deductibles, Co-Pays and Co-insurance       | \$                        |
| Prescription Drugs                          | \$                        |
| Eye Exams, Glass and Contact Lenses         | \$                        |
| Dental Expenses                             | \$                        |
| Orthodontics                                | \$                        |
| Hearing Aids and Batteries                  | \$                        |
| Eligible Over-the-Counter Items             | \$                        |
| Other                                       | \$                        |
| <b>Total Estimated Health Care Expenses</b> | <b>\$</b>                 |

| Dependent Care Expenses                            | Estimated Annual Expenses |
|--|---------------------------|
| Day Care Center / Provider                         | \$                        |
| Preschool  | \$                        |
| Before- and After-School Care                      | \$                        |
| Summer Day Camp                                    | \$                        |
| Home Health Care Worker                            | \$                        |
| <b>Total Estimated Dependent Care FSA Expenses</b> | <b>\$</b>                 |

|   |           |
|---|-----------|
| <b>Total Health Care + Dependent Care</b> | <b>\$</b> |
|---|-----------|



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Election Form

Please follow the steps below to thoroughly and accurately complete this form.

Date:
Fax- # of Pages:

Step 1: Personal Information (\*Required)

\*Company Name:
\*Effective Date of Election:
\*Employee Name:
\*Gender:
Date of Hire:
\*SSN:
\*Date of Birth:
\*Address:
\*City:
\*State:
\*Zip Code:
Phone Number:
Fax Number:
Email Address:

Step 2: Enter Annual Election

Table with 4 columns: FSA Elections, Annual Election Amount, Pay Period Frequency, First Payroll Date Affected. Rows include Health Care FSA, Limited Scope FSA, and Dependent Care FSA.

Table with 4 columns: Insurance Premium Elections (For Employer Records/Information Only), Pre-Tax Amount Per Pay Period, Pay Period Frequency, First Payroll Date Affected. Rows include Health, Dental, Vision, and Other.

Remember, when your needs change, FlexFSA does too! You can change your premium elections any time you have a qualifying event that would change the status and/or premium amount of your employee insurance (i.e. marriage, divorce, birth or death of a child, death of a spouse, adoption or change of employment by spouse).

\*Pay Period Frequency: W = Weekly; B = Biweekly; S = Semi-monthly; M = Monthly

\*\*If you have an HSA, you are only eligible to participate in a Limited Scope FSA if offered by your employer

Step 3: Acknowledgement and Signature

I acknowledge that I am authorizing the company to deduct equal amounts from my paychecks to collect the designated pre-tax column above. I recognize that these selections constitute a deliberate binding decision on my part that may not be changed until the enrollment period for the next plan year or if I experience a change in status

Employee Signature:
Date:

OR

I elect NOT to participate in any portion of the FlexFSA plan. (i.e. Premium, FSA, Dependent Care, Limited Scope).

Employee Signature:
Date:



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## www.myFlexLogin.com

**MyFlexLogin.com** is a password-protected online resource for all of your Flex account needs. Whether your employer has established a FlexHRA Health Reimbursement Arrangement, FlexFSA Flexible Spending Account, or both, myFlexLogin.com serves as a channel of communication through which everyone can be kept informed without the necessity of making phone calls.

Our easy to use website gives you 24/7 online access to your account. While online, you can:

- Submit claims for reimbursement
- Arrange to have your FSA reimbursement sent directly to your provider
- View your claims history
- Check your available balance
- Download forms
- Submit an inquiry to our Customer Service Team
- Sign up for direct deposit
- And more!

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dcinfo@flexiblebenefit.com

### How to Register

- Step 1:** Go to [www.myflexlogin.com](http://www.myflexlogin.com) and click the Register/Login link in the left navigation, then "Click Here" to register under the Login button.
- Step 2:** Select Employee as your role.
- Step 3:** You will need to provide certain details, including your Employer Access Code. Please contact your employer for this information.
- Step 4:** You will create a user name and password, select your security questions and fill out the appropriate answers.
- Step 5:** Your registration is now complete, and you can login to your account.

### Sign Up and Go Paperless



You can login to your account at [www.myflexlogin.com](http://www.myflexlogin.com) and submit your claims online without the need to complete any paper forms.

You can also sign up for E-Communications and receive e-mail updates on the status of your claims and reimbursements, electronic account statements and more. Get started today! Once you are signed up, you'll receive helpful e-mails, including:

- Account balance statements
- Notifications when your claims are received by our office
- Notifications when claims are approved
- Notifications when claims are processed for payment.
- Notifications when additional information is needed to process a claim.