Highlights of the Flexible Spending Account

<table>
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<tr>
<th>Feature</th>
<th>How It Works</th>
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<tbody>
<tr>
<td>Who is Eligible</td>
<td>Regular, full-time employees are eligible to participate the first of the month following 90 days of employment.</td>
</tr>
<tr>
<td>Who is Not Eligible</td>
<td>The IRS prohibits sole proprietors, partners in a partnership and 2% or greater shareholders in an S-corporation from participating. Part-time, seasonal, or temporary employees.</td>
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<tr>
<td>Advantage of Accounts</td>
<td>Pay eligible expenses with before-tax money; Save money in taxes and increase your take home pay</td>
</tr>
<tr>
<td>Amount of Deposit</td>
<td></td>
</tr>
<tr>
<td>Health Care Account</td>
<td>$100 per year minimum to $2,550.00 per year maximum</td>
</tr>
<tr>
<td>Dependent Care Account</td>
<td>$100 per year minimum to $5,000.00 per year maximum (2,500 if you are married and file taxes separately)</td>
</tr>
<tr>
<td>Examples of Eligible Expenses</td>
<td></td>
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<tr>
<td>Health Care Spending Account</td>
<td>Deductibles, co-payments, co-insurance and many expenses not covered by a health care plan</td>
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<tr>
<td>Dependent Care Spending Account</td>
<td>Dependent care services in or outside your home and summer day camp</td>
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<tr>
<td>Reimbursement:</td>
<td>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.</td>
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</tbody>
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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.
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 Spending Account

- Unused funds of up to **$500.00** may be rolled over into the following plan year.
- Unused funds in excess of **$500.00** in your health care spending account after **April 15** will be forfeited.

### Health Care & Dependent Care Spending Account

- You have until **March 15** to incur Dependent Care expenses against the previous plan year.
- You have until **April 15** to submit claims for the previous calendar year. **Any funds for the previous calendar year remaining in your dependent care spending account after April 15 will be forfeited**.
- If your employment ends, you must submit claims within 105 days of your termination date for expenses incurred prior to your termination date.

### 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.