

Flexible Spending Account (FSA)

it's all about choices



eflexgroup_{.com}



Design Your Savings



Grab your paycheck and look at your withholdings. Notice that money was deducted to pay state and federal taxes and to fund Social Security (FICA) taxes? The taxes you pay are translated into a percent of pay. This percentage is different in each state. But, the average percentage is 20 to 30%.

Wouldn't it be great to cut your withholdings simply by setting money aside before taxes are calculated?

With a Flexible Spending Account (FSA), that's precisely what you do. An FSA (also called a cafeteria plan) is an innovative benefit designed to save you money. Developed under IRS Section 125, it allows you to pay for certain health and dependent care expenses with *pre-tax* dollars. What's most unique is that it benefits both you and your employer.

Simple Just determine a dollar amount that your employer will transfer to your FSA before calculating taxes each pay period. (Any premiums you pay for group insurance coverage through your employer, will also be deducted from your gross pay before taxes are calculated.) After the funds are transferred to your FSA, your gross income is lower (even though you have the money in another account), so the amount withheld for taxes is lower.

Use the money in your FSA to pay for certain out-of-pocket expenses like deductibles and coinsurance. And, if you're paying for dependent care services each month, you can put money aside pre-tax to cover those expenses as well.

The bottom line: with an eflexFSA, you have more money in your pocket each month.

	No FSA Plan	FSA Plan
Monthly Income	\$3,500	\$3,500
Pretax Medical Expenses	\$0	\$100
Pretax Daycare Expenses	\$0	\$400
Pretax Premiums (health & dental)	\$75	\$75
Taxable Income	\$3,425	\$2,925
Withholdings (28% for taxes, FICA and Medicare)	\$959	\$819
Post-tax Medical Expenses	\$100	\$0
Post-tax Daycare Expenses	\$400	\$0
Net Income	\$1,966	\$2,106

Choose Your Plan

It just takes some simple planning. Remember, you're funding benefits based on future earnings. So, when you design your plan, carefully *estimate the costs you expect to incur* in the coming year. Then, enhance your tax savings by enrolling in one or more of the following eflexFSAs.

- **Health FSA** pays for out-of-pocket medical expenses incurred during the plan year. Medical expenses covered under this account include insurance co-pays and deductibles, prescription drugs, diabetic supplies, eye glasses, podiatry services, dental services, orthodontics/braces, and more. Use the worksheet on the last page of this brochure to estimate how much you spend on medical expenses each year. Now imagine paying for those expenses pre-tax instead of after-tax. That's a savings of 28% for many people.
- **Dependent Care FSA** covers dependent day-care expenses while you (and your spouse) are at work. This eflexFSA covers day-care expenses for your dependent children up to age 13 and for elder dependents (like aging parents) who live in your home. You and your spouse must work or attend school full time to be eligible for a Dependent Care FSA. Please note that if you're divorced or separated, the IRS only considers the custodial parent or guardian (the one who has custody more than 50% of the time) eligible for this account.
- **Individual Premium FSA** is for any medically-related insurance billed to your home. (Please note: some employers may not offer the Individual Premium FSA.) Please see your HR/Personnel representative to see if you're eligible for this option.

eflex Card We've made it easy to access your FSA. Just swipe the eflex Card like you would any credit/debit card at the time of purchase. We'll take care of paying the provider and deducting money from your FSA. (In certain cases, you may need to submit documentation relating to your purchase.) Feel free to use your eflex Card at eligible day-care centers, doctor/dental offices, clinics, vision centers and pharmacies as long as they accept MasterCard or VISA.

How simple is that?

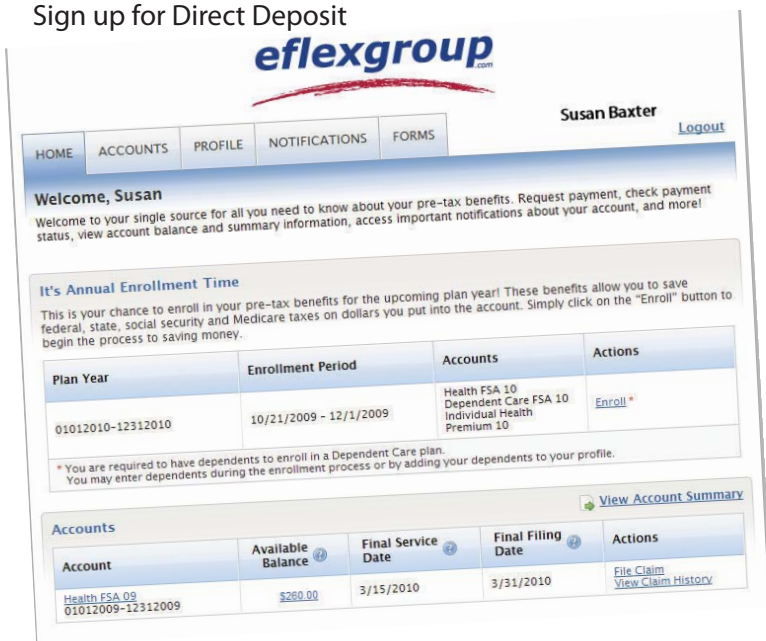


"My FSA has helped our family pay for my husband's hearing aids and our children's orthodontics. Thank you for putting more money in our pocket and more food on our table." —Madeleine Cash, eflexFSA participant

Select Your Tools

Web Self Service Enjoy our easy online services 24/7/365.

- View your account online
- View claims history
- Submit claims
- Sign up for Direct Deposit



To access your secure account online:

- Open your web browser (e.g., Internet Explorer) and type <https://employee.eflexgroup.com> into the address line.
- Enter your user name, which is your first initial, last name, and the last four digits of your Social Security number. (Example: John Smith 123-45-6789 is jsmith6789)
- If this is your first time logging onto the system, please refer to the "Next Step" documents you received at enrollment to obtain the default password. Once logged in, you will be prompted to create a new, unique password to access your account information.

Fast Claims To file claims, simply log into your eflex online account and either file online or download a claim form. You may ask your Human Resources staff for a manual claim form. Complete the form by listing your expenses, attaching or uploading your receipts, and signing and dating the claim form. We encourage you to also complete an Direct Deposit form (available on our website). You may request a check for reimbursement, but direct deposit is the fastest way to get reimbursed, plus, it saves paper and a trip to the bank.

The fastest way to receive reimbursement is to file online or fax us your completed claim form and receipts. Our toll-free fax number is 1.877.231.1287.

It usually takes just 1 to 2 business days to process your claim.

Fast Answers When you have a specific question regarding your plan or our services, just go to our website and ask the Flexpert. One of our specialists will get back to you with a prompt and helpful answer. You may also call our Customer Care Center, toll-free at 1.877.933.3539 --our representatives are available 24 hours-a-day.

The Fine Print. After your plan year begins, you'll receive a Summary Plan Description, which details the plan selected by your employer. Because this is a pre-tax savings plan, it is subject to some IRS guidelines.

All expenses must fall within these guidelines to be considered "eligible" for reimbursement. So, please review your planning worksheet very carefully. This benefit can only pay for expenses incurred within the plan year. Expenses incurred in the previous plan year aren't eligible for payment under this plan even if you're paying for them in the new year. The only exception is orthodontia because it's considered an on-going service.

It's important to plan carefully. If you have money left in your account at the end of the plan year and you don't claim it within the run-out period (defined in your policy), you forfeit the money. Recently, however, the IRS passed regulations allowing employers to add a 2 1/2 month extension to the end of the plan year. This ruling allows you to receive services within the extension time period in order to claim leftover funds in your account. Please contact your eflex plan administrator to see if your employer added the extension to your plan.

eflexgroup.com (eflex) is a nationwide administrator of consumer-driven health plans specializing in FSAs, Health Reimbursement Arrangements (HRAs), Health Savings Accounts (HSAs), COBRA Administration, and Transportation Plans.

Founded on the idea that benefit plans should be easy, eflex is a different kind of TPA. With a customer focus and Lean Six Sigma quality tools, we are creating the highest standards of customer service in the industry.

Fast answers, fast payments, and web self-service are our core competences. We don't just talk about service; we prove it.

Questions? Visit our website
at eflexgroup.com
for Live Chat or call 1.877.933.3539

Personal Planning Worksheet

Use this worksheet to estimate expenses for you, your spouse, and eligible dependents. Then, simply transfer your plan-year total for each section to the tax calculator at eflexgroup.com to discover your tax savings. If you participate in your employer's insurance plan(s), premiums will automatically be deducted pre-tax, unless you notify your Human Resource Department differently. **This is not an enrollment form.**

Health Related Expenses

_____ Doctor office visits co-pays
_____ Deductibles
_____ Routine physical
_____ X-Rays
_____ Dental co-pays
_____ Dental deductibles
_____ Non-cosmetic dental services
_____ Orthodontia
_____ Dental surgery
_____ Dental x-rays
_____ Contact lens & supplies
_____ Laser eye surgery
_____ Eye glasses
_____ Vision x-rays
_____ Vision exams
_____ Medical miles, paid according to IRS annual limits.
_____ Alcoholism treatment
_____ Ambulance
_____ Medical Supplies (bandages, crutches, first-aid, etc.)
_____ Chiropractic Visits
_____ Care for handicapped
_____ Diabetic supplies/insulin
_____ Acupuncture
_____ Drug addiction treatment
_____ Guide animal care
_____ Eligible hospital charges not covered by insurance
_____ Lab fees
_____ Learning disabilities care
_____ Prescription expenses (co-pays)
_____ Prosthesis
_____ Wheelchair(s)
_____ Holistic healing services (medically necessary), not including holistic remedies or supplements

\$ _____ **Health Plan Year Total**

Health-related expenses that require a letter of medical necessity include: • non-prescription vitamins • supplements from chiropractor, acupuncturist, holistic healer • Rogaine or hair transplant • Retin-A • electrolysis • breast pumps • health club memberships • massage therapy • whirlpools. Ineligible health-related expenses include: • feminine hygiene products • dental bleaching or bonding • Illegal operations or treatments • diaper service • meals that are not for inpatient care • marital or family counseling • services by a holistic healer who isn't licensed to practice medicine.

Dependent Care Expenses

_____ Day-care centers
_____ Elder care
_____ Family child care
_____ Day camps
_____ Preschool
_____ After-school care
_____ Nanny/au pair

\$ _____ **Dependent Plan Year Total**

Ineligible dependent expenses include: • meals • overnight camps • diapers • educational expenses including kindergarten • incidental fees such as activity fees, field trips.

Important: You must list your dependent care provider's tax ID number on Form 2441 for your taxes each year. (\$5,000 maximum for married and head of household filers or \$2,500 if married filing separately. Please refer to the Summary Plan Description if your spouse is a student or disabled. Also, you and your spouse (if applicable) must be gainfully employed to participate.

Premiums Paid Outside of Your Employer's Group Plan

Note: not all employers offer this service. Only IRS Section 213(d) policies qualify. Please see our website for more information.

_____ Accident insurance	_____ Cancer insurance
_____ COBRA premiums*	_____ Dental insurance
_____ Hospital insurance	_____ Medicare
_____ Major medical insurance	
_____ Vision insurance	
_____ Disability insurance**	

\$ _____ **Plan Year Total**

* Not Available: Life Insurance and Long Term Care.

**Disability Insurance becomes taxable in the event of a claim if premiums are placed pre-tax.

Uncertain about whether an expense is deductible?
Just go to our website at
eflexgroup.com and ask the Flexpert



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www.eflexgroup.com



Flexible Spending Account (FSA) Enrollment Form

Employee Information *(Please print clearly)*

Social Security No. _____ First Name, Middle Initial _____
Last name _____ Date of Birth (mm/dd/yyyy) _____
Date of Hire (mm/dd/yyyy) _____ Area Code _____ Phone number _____
Home Address _____
City _____ State _____ Zip Code _____
email _____

Employer to complete this section

Employer Name _____ Dept/Division/Client _____
Payroll Frequency _____ No. of Payroll Deductions _____ Hours per Week _____
Employee Plan Effective Date (mm/dd/yyyy) _____ Date of 1st Payroll Deduction _____
Deduction Code _____ ☐ Short Plan Year ☐ 12-Month Plan Year

Employee Elections *(Employee to complete the information below)*

- ☐ **Yes, I want to enroll.** My elections are below. ☐ **No, I do not want to enroll.** If a change in status occurs, I may have the right to enroll in the plan at that time (if plan allows).

A. Group Medical Premiums. If you participate in your employer's insurance plan(s), your premiums will automatically be deducted on a tax free basis under this plan unless you notify your Human Resources or Personnel Department.

	Annual Election	Divided by (/) Number of Payrolls	Equals (=) Amount Per Pay Check	Employer Contribution <i>(if applicable)</i>	
				Per Month	Per Year
B. Health FSA	\$	/	\$	\$	\$
C. Dependent Care FSA	\$	/	\$	\$	\$
D. Premium Reimbursement Account (PRA)	\$	/	\$	\$	\$
E. Limited Purpose FSA	\$	/	\$	\$	\$
Totals	\$	/	\$	\$	\$

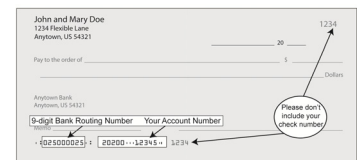
- ☐ My employer offers the claims auto download through my medical carrier. I would like to take advantage of this service.

Direct Deposit Information *(Complete this section if you are a new eflex customer or if your bank account information has changed in the past year.*

You don't need to complete this section if you had direct deposit in the last plan year and your bank account information hasn't changed.) **IMPORTANT:** Please provide a voided check (not a deposit slip) for each account listed below. We can't process without a voided check.

Bank Name _____ Bank Address _____
City _____ State _____ ZIP Code _____
Name on the Account _____ Routing and Transit Number _____
Account Number _____ Account Type _____

With my signature below, I authorize reimbursements from my eflex plan to be sent to the financial institution named above to be deposited in the designated account. In the event funds are deposited erroneously into my account, I authorize eflex to debit my account(s) not to exceed the original amount of the credit. I also understand that all direct deposits are made through the automated clearing house (ACH), and that funds availability is subject to the terms and limitations of the ACH as well as my financial institution.



In setting up my eflex plan, I understand and agree that the IRS regulations state four conditions: 1) Any expenses I/we incur must be within the plan year; 2) Any expenses I/we incur must not be covered by any other source, such as insurance; 3) I/we must provide proper documentation to receive payment; 4) I/we cannot change or revoke elections during the plan year unless there is a specific change in status and my employer allows such changes. Please see the Summary Plan Description for details.

Signature _____ Date _____

Fax, email, or mail this completed form with a voided check to your HR/Personnel Department.

Complete this form to allow spouse, family members and/or agents to discuss your eflex account, claims, and other plan-related details with us.

By completing this Use or Disclosure Authorization, I hereby authorize eflex/eCOBRA the use or disclosure of my individually identifiable health information as described below. I understand that this authorization is voluntary, that I may refuse to sign this authorization, and that I may revoke it at any time by submitting my revocation in writing to eflexgroup.com (eflex/eCOBRA).

I authorize the following person(s)/organization(s) to receive and/or discuss health information for me and my dependents.

Last name, First name	Relationship (e.g., spouse, agent, etc.)	Company (if applicable)	Disclose all health information? (Y/N) <i>If No, please provide specific description of information to be used or disclosed</i>

I understand the specific purpose of the disclosure may be made at the request of the authorized individual: ☐ Yes ☐ No

This authorization will expire upon termination of coverage. However, I may revoke authorization at any time by submitting written revocation to eflex/eCOBRA.

I have read and understood the following statements about my rights:

- I may revoke this authorization at any time prior to its expiration date by notifying eflex/eCOBRA, in writing, but the revocation will not have any effect on any actions that may have occurred before receiving the revocation.
- I may see and copy the information described on this form if I ask for it.
- I am not required to sign this form to receive my health care benefits (enrollment, treatment, or payment).
- Information used or disclosed pursuant to this authorization may be re-disclosed by persons/organizations I have authorized to receive information. I have the right to seek assurances from the above-named persons/organizations that they will not re-disclose information to any other party without my further authorization.

Your Full Name (print) _____ Your SSN _____

Your Date of Birth _____ Employer Name _____

Your Signature _____ Date _____

Please keep a copy for your records. Mail, email, or fax completed authorization to:

eflex Customer Care, 2740 Ski Lane, Madison, WI 53713

f: 877-231-1287 | e: customercare@eflexgroup.com

FSA's help to fill coverage gaps between health plans and out-of-pocket expenses.

It doesn't matter what you call them—Cafeteria Plans, Section 125 Plans, Flex Plans, or FSA's—they save you money by lowering your taxable income. Developed under IRS Section 125, an FSA allows you to pay for certain health and dependent care expenses with pre-tax dollars. You won't pay income taxes on the funds you put into your FSA because they're deducted before taxes are calculated. That's a savings of 28% for many people. Participating in the FSA is like giving yourself a raise.

To get started, simply select an amount of money to be taken gradually from each paycheck throughout the year to be put into your FSA. We recommend you use our handy Personal Planning Worksheet to plan your expenses. You may download a Planning Worksheet at eflexgroup.com/forms.

There are three different types of FSA plans: Premium Only Plans, Health FSA, and Dependent Care FSA.

Premium Only Plan

The portion of the insurance premiums you pay for group health plan coverage can be deducted from your payroll on a pre-tax basis. You'll be automatically enrolled in this plan.

Health FSA

This plan pays for out-of-pocket medical expenses incurred during the plan year.

- **Maximum Contribution.** The maximum amount you can contribute per year is: \$ _____ . This amount is referred to as your "annual election."
- **Uniform Coverage Rule.** Your full annual election amount is available at the start of the plan year, even though you have not yet contributed the full amount. You can't, however, spend more than the annual election amount.



Using your FSA is easy!
Just swipe your eflex Card like you would a credit card at the time of purchase to pay the provider with funds from your FSA. The eflex Card can be used at eligible daycare centers, doctor/dental offices, clinics, vision centers, and pharmacies.

Examples of What's Covered

Acupuncture	Alcoholism and drug addiction treatment
Ambulance	Bandages
Breast pumps	Care for handicapped
Contact lens & supplies	Deductibles
Dental co-pays and deductibles	Dental services (non-cosmetic) and X-rays
Diabetic supplies/insulin	Doctor office visit co-pays
Eligible hospital charges	Eye glasses
Guide dog care	Hearing-aid batteries
Holistic healing services (medically necessary)	Lab fees
Laser eye surgery	Learning disabilities care
Medical miles (per IRS limits)	Oral Surgery
Orthodontia	Prescription drugs and co-pays
Prostheses	Routine physicals
Sunscreen (SPF of 15 or higher)	Vision exams and X-rays
Wheelchairs	X-Rays

Examples of What's Not Covered

Birthing classes	Dental bleaching or bonding
Diapers/diaper service	Deodorants
Electrolysis	Health club dues
Feminine hygiene products	Hair removal products
Marital or family counseling	Massage therapy
Meals, excluding inpatient care	Non-prescription vitamins
Over-the counter medications without a prescription	Vitamins/Supplements
	Whirlpools

Note: These are examples of eligible and ineligible expenses according to the IRS. This list is not all inclusive. Please visit eflexgroup.com/forms/FSA for a more complete list or call 877.933.3539 if you have questions about a certain expense.

Dependent Care FSA

The DC FSA covers daycare expenses for children up to the age of 13, and for elder dependents (like aging parents) that live in your home. It also covers a spouse or dependent that is physically or mentally challenged for whom you claim an exemption. To participate in the DC FSA, you and your spouse must work or attend school full time. Please note that if you're divorced or separated, the IRS only considers the custodial parent or guardian (the one who has custody 50% of the time) eligible for this account.

The DC FSA covers daycare expenses you pay so that you (and your spouse) can work.

- **Maximum Contribution.** The maximum amount you can contribute per year is: \$5,000 for married couples filing jointly and singles. If you're married and filing separately, you may elect up to \$2,500 per year.
- You can only spend funds that have accrued in your account; there is no uniform coverage rule.
- Care must be from a qualified provider with a valid Social Security Number (SSN) or tax ID
- May only be used for eligible "employment related" expenses (expenses incurred in order for you and/or your spouse to be employed).

Recurring claims option allows you to submit your claim and documentation only once a year.

Examples of Covered DC FSA Expenses	Examples of DC FSA Expenses Not Covered
Babysitters Day-care centers Elder care Day camps Preschool After-school care Nanny/Au Pair	Diapers Educational expenses, including Kindergarten Food, snacks, and meals Incidental fees, such as activity fees, field trips Overnight camps

Note: These are examples of eligible and ineligible expenses according to the IRS. This list is not all inclusive. Please visit eflexgroup.com/form/FSAs for a more complete list or call 877.933.3539 if you have questions about a certain expense.

The Fine Print

IRS Rules that Apply to FSAs:

- **Change of Status.** Coverage continues for the full plan year. You can't change your election or drop out of the plan unless you're no longer employed or you experience a qualified change of status event, such as a marriage or divorce.
- **Use It or Lose It Rule.** You're responsible for using all of the funds in your FSA during the plan year. If any remaining balances are not claimed within 90 days of the plan year-end date, they are forfeited to the employer. So, be sure to plan carefully!
- You can't transfer funds from your Health FSA into your DC FSA or vice versa.
- Services must be incurred within the plan year.

Get Started

Our easy-to-use online enrollment process lets you see your tax savings as you're planning your contribution amounts. You can then use your debit card for instant access to your FSA funds or submit a claim for reimbursement one of five easy ways:

*It's simple. It's smart.
And it can give you a raise
by reducing your taxes.
Sign up today and start
putting more money in
your pocket!*

- Online via our secure web form at eflexgroup.com (requires account login)
- Email via secure ZixMail
- FAX via our secure FAX system
- Postal Mail
- Through the eflex Mobile app if you have an iPhone or Android

Claims for FSAs are typically processed within just two business days. Be sure to sign up for direct deposit; it's the fastest and most environmentally friendly means of reimbursement. Plus, with our secure web and mobile portals, you can see your balance, view statements, check claims status, and upload receipts any time of the day or night.



Q: Am I able to make adjustments to my eflex Flexible Spending Account (FSA) during the plan year (e.g., adjust my account election or enroll in another account such as the Dependent Care FSA)?

A: Changes to your eflexFSA account, including changing your annual election, can only be made if there's a qualified change of status. The IRS determines what's considered a qualified change of status. Examples of qualified changes in status include: birth, death, divorce, or marriage. For more information on IRS status changes, please visit the change of status calculator at eflexgroup.com/tools.

Q: What if I incur a large expense at the beginning of the plan year?

A: Under the "uniform coverage rule" created by the IRS, if the claimed expense is for your Health FSA, we'll pay the entire amount up to your maximum annual election, even if you don't yet have the entire amount in your account. Your payroll deductions will continue throughout the plan year, even though the funds have already been spent. Under the Dependent Care FSA and Individual Premium Account, however, you're only eligible to spend funds that are actually accrued in your account up to your maximum annual election.

Q: If my employment is terminated during the plan year, may I still claim expenses through the remainder of the plan year?

A: No. Eligibility under your eflexFSA ends on your last date of employment. You'll only be able to submit claims for expenses incurred prior to your date of termination.

Q: What's the best way to determine how much to elect for my eflexFSA? Is there a minimum or maximum election?

A: One way to determine how much to elect for your eflexFSA is to review your check registers, end-of-year credit card statements or receipts from the previous year. This process will help you to determine how much you've spent on eligible FSA expenses. You may also use our planning worksheet to help determine your election amount. The maximum election amount for your eflexFSA is determined by your employer and can be found in your Summary Plan Description. However, **new FSA contribution limits take effect January 1, 2013. Health Care Reform legislation restricts FSA contributions to \$2,500 per individual.** These changes only impact Health FSA plans; Dependent Care FSA plans are not subject to the new \$2,500 limit. Plans beginning on or after January 1, 2013 are required to comply with this new FSA contribution limit. The maximum election for the Dependent Care FSA is \$5,000 for head of household or married couples filing joint tax returns. It's \$2,500 for married couples filing separate tax returns.

Q: If I'm the primary accountholder, can I be reimbursed for my spouse's out-of-pocket medical expenses, too?

A: Yes. If you have a Health FSA, you can be reimbursed for medical expenses incurred by you, your spouse, and your tax dependents. If you work for the same company and are both enrolled in the eflexFSA, you may also submit claims against each other's account.

Q: Do you offer direct deposit for claims payments?

A: Yes. **Direct deposit is our preferred method of payment and is offered at no charge.** You'll receive payments by direct deposit faster and cut down on costs and paper use as well. Direct deposit enrollment forms can be found at eflexgroup.com/forms.

Q: What is the eflex Card?

A: The eflex Card is a VISA that's tied to your eflexFSA. You may pay your health care providers directly using the eflex Card with funds from your eflexFSA. Just swipe the eflex Card like you would any credit/debit card at the time of purchase. We'll take care of paying the provider and deducting money from your FSA. (In certain cases, you may need to submit documentation relating to your purchase so keep your receipts.) Feel free to use your eflex Card at eligible day-care centers, doctor/dental offices, clinics, vision centers and pharmacies as long as they accept MasterCard or VISA.

Q: How do I get reimbursed for my expenses if I don't use the eflex Card?

A: To be reimbursed for your medical expenses, you'll need to submit a claim form and documentation. You may file a claim online by logging into your secure eflex account. Or, you may download a claim form at eflexgroup.com/forms. Once you've completed the claim form, attach the documentation (itemized receipts) and send it to us via fax, email, or mail. **If you have a smart phone or an iPhone, you may download the eflex Mobile App and upload your claims and receipts using the camera on your phone!**

Q: How long will it take for my claims to be processed and reimbursed once they have been submitted to eflex?

A: All of our claims are touched within 30 minutes of our receipt. Claims are typically processed within 1-2 business days.

Q: *Do I always have to submit documentation? What do I do if I have lost my documentation?*

A: Many major retail outlets are now required to code their registers to identify and approve flex-eligible items at the point of purchase. In most cases, we'll no longer ask for receipts eligible flex purchases as long as you shop at an approved location. Please visit www.sig-is.org for the most current IIAS list of participating stores.

However, there will be times when we'll require a receipt for claim substantiation to comply with the IRS guidelines even for eflex Card purchases. Your receipt must include the date of service, the dollar amount, and a description of service. It's best to send an itemized bill or an Explanation of Benefits (EOB) from your insurance carrier. Also, please note that we can't process your claim from a credit card slip or statement showing "balance forward" because it doesn't show all of the IRS-required information. Sending incomplete substantiation will cause a delay in getting your reimbursement.

If we need a receipt for an eflex Card purchase, we'll send out three notices. If we don't receive the receipt/documentation after 45 days, we'll temporarily deactivate your eflex Card until we receive the complete substantiation required by the IRS. Please make sure we have your current email address. If we need a receipt for a debit card purchase, we'll send you an email the day we receive your claim or the debit purchase is made. Email is the fastest way to be notified and will give you the most time if you need to track down a receipt. Documentation can be sent to us via fax, email, or mail.

In most cases, if you've lost documentation for an eflex Card purchase, you can contact the vendor for a reprint of your receipt.

Q: *Why do you sometimes ask for receipts when it's clear that the service I received was from my doctor or dentist?*

A: According to the IRS, your receipt must include the date of service, the dollar amount, and a description of service. Sometimes the bill from your doctor or dentist doesn't provide us with enough information to determine whether the services you received are eligible for reimbursement. For example, you may purchase cosmetic services, like teeth whitening from your dentist or liposuction from your doctor that aren't covered under your eflexFSA. It's best to send an itemized bill or an Explanation of Benefits (EOB) from your insurance carrier. Also, please note that we can't process your claim from a credit card slip or statement showing "balance forward" because it doesn't show all of the IRS-required information.

Q: *What if I purchase an eligible expense that's more than my annual election or what I have left to spend in my eflexFSA?*

A: It is important to remember that the amount you have available in your eflexFSA account is your available balance on the eflex Card. You may use the eflex Card up to this amount, but never over. If you make a purchase for an amount over your available balance, the entire purchase will be denied. For example, if you have \$75 left in your account, and you try to make a purchase for \$100, the entire transaction will be denied. If you know your available balance ahead of time, you can ask the store clerk to run your card for that amount and then use another form of payment to cover the rest. For this reason, it is recommended that you check your account balance frequently. For your convenience, you can check your account balance 24-hours a day at eflexgroup.com

Q: *Where can I find a list of eligible eflexFSA expenses?*

A: You can find a summary of eligible expenses on our Employee Worksheet under the Forms section of our website at eflexgroup.com/forms. You may review a complete list of eligible expenses (Health Care Expenses Table) when you log into your secure eflex account online.

Q: *What happens to unused funds in my FSA plan?*

A: It's important to plan carefully. If you have money left in your account at the end of the plan year and you don't claim it within the run-out period (defined in your policy), you forfeit the money and it is returned to your employer. Recently, however, the IRS passed regulations allowing employers to add a 2.5-month extension to the end of the plan year. This ruling allows you to receive services within the extension time period in order to claim leftover funds in your account.

Q: *What if I have questions about my eflexFSA?*

A: Call us toll-free at 1.877.933.3539, email CustomerCare@eflexgroup.com, or chat with the Flexpert at eflexgroup.com.

Be sure Follow us on Twitter and Facebook for regular news and updates!





Welcome!

We are delighted to bring you the convenience of our eflex Card. It makes your eflex Flexible Spending Account (FSA) easy to use.

Shortly, you'll receive a plain white envelope with a return address of "Madison, WI." Please watch for it in your mail as it will contain a new eflex Card for your eflexFSA. If you're currently enrolled in the plan and already have an eflex Card, you'll receive your new account balance effective the first date of the new plan year.

Before using the eflex Card, you'll need to read the contract. The IRS has strict rules on debit card purchases. You'll be able to use your eflex Card for expenses applied toward the eflexFSA. Please note that it's critical to use the card appropriately.

The card is merchant coded and is accepted by all VISA merchants. Merchant codes are listed according to industry (e.g., restaurant, pharmacy, dental office). Only valid merchant codes are "open" to the card which means it'll be denied at a restaurant or gas station. The card is also coded for merchandise through the IIAS (Information Identification Approval System) at some locations, primarily pharmacies. If the merchant has implemented the IIAS, the item may be approved at the point of purchase. You may visit the Flexpert links on our Website at www.eflexgroup.com to see a list of IIAS merchants.

To help keep your plan in compliance with the IRS, we may ask for certain documentation, copies of your insurance explanation of benefits (EOBs), itemized receipts, insurance payment coupons, or cash register receipts. Please note: when we do request documentation, it's imperative that you submit it to us on a timely basis to avoid deactivation of your card.

Using the eflex Debit Card

Just swipe the eflex Card like you would any credit card when you make a covered purchase. We'll take care of paying the provider and deducting the money from your eflex FSA balance. Here's how it works:

- The amount you have available in your eflexFSA is the balance on the eflex Card. You may use the eflex Card up to this amount, but never over. You may check your available balance at www.eflexgroup.com. Please keep your eflex Card as it will roll forward each year. There's an expiration date on the card. When the expiration nears, a new card will automatically be ordered to replace the current card.
- There are no transaction fees with the eflex Card. Simply swipe the eflex Card at the provider location and choose the "credit" option. Funds are instantly withdrawn from your eflexFSA and paid to the provider.
- We will monitor your eflex Card transactions. When you complete a transaction, we may request documentation (e.g., receipts) either through an email (if we have your email address) or by a mailed letter. If you receive such a request, you must submit the documentation we request within the required time frame along with a copy of the request. If we don't receive documentation after two notices, we will deactivate your card. You'll then be required to submit payment to us to cover the amount of the debit transaction that required documentation. We will reactivate your account when we receive the required documentation.
- Your card will not work at an ATM or for other non-medically related charges.
- If you are close to reaching the balance on your eflex Card, it will only allow you to spend the funds remaining in the account. If your purchase exceeds the account balance, you'll need to pay the difference using another means of payment.
- If you decide you don't want to use your eflex Card, you may submit a manual claim for reimbursement either by fax or email at any time during the plan year.
- You may not use the eflex Card in the current plan year to pay for expenses incurred the previous plan year unless your employer offers the 2.5-month extension option.

