

An FSA or HRA can be used for healthcare costs, such as doctor co-pays, LASIK surgery, eyeglasses, contact lenses, orthodontics, certain over-the-counter medicines, prescriptions, and much more.

Put the power of healthcare savings into your own hands

Flexible Spending Accounts (FSAs) or Health Reimbursement Arrangements (HRAs), are great ways for you to take advantage of a pre-tax benefit account offered through your employer. These accounts are a simple way for you to save on out-of-pocket healthcare costs not covered by your insurance plan. With healthcare costs continuing to rise, why wouldn't you participate in an FSA or HRA?



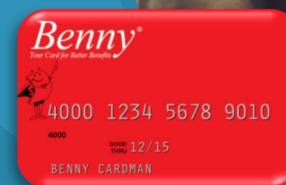
Save your card and card materials!

One Dodge Street
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(518) 880-4143 fax
www.benetechadvantage.com



Important Information About Your Prepaid Benefits Card

Enrolling in a Flexible Spending Account or Health Reimbursement Arrangement



When you enroll in an **FSA** or **HRA** plan, every dollar you set aside in your plan saves you on taxes and increases your spendable income! You'll then enjoy the benefits of using these pre-tax funds for health-related, out-of-pocket costs not covered by your insurance.

Your Prepaid Benefits Card is loaded with the value of your annual **FSA** or **HRA** election amount (less any amounts you have already spent in this plan year)*. Using your Card helps you keep cash in your wallet and makes accessing your **FSA/HRA** funds easy. The Card can be used, instead of cash, to pay for qualified health care expenses.

The Benefits of your Benefits Card

You'll simply swipe your Card each time you incur a qualified health care expense and the amount of your purchase will be deducted from your FSA/HRA – automatically. You can also fill in your Card number on bills you receive from providers to pay the amount you owe for service dates within the plan year. You'll have no claim forms to complete and you won't have to wait to get a check in the mail.

You can check balances or account details anytime – online or with a quick phone call. It's that easy!



Remember, the card will not work at gas stations or restaurants – only at health care related providers.

IT'S IMPORTANT TO SAVE YOUR RECEIPTS!

Your Prepaid Benefits Card will definitely improve your cash flow. However, be aware that the IRS requires the Card be used only for eligible expenses. Most of the time, we can verify the eligibility of the expense automatically. **Yet, there are instances when you'll receive a letter/notification asking you to furnish an itemized receipt to verify the expense.** When you receive such a request, make sure you submit the receipts as soon as possible to avoid having your Card suspended until receipts have been submitted and approved.

WHAT IS AN ITEMIZED STATEMENT

An itemized statement must include: merchant or provider name, services received or item purchased, date of service, and amount of the expense. Cancelled checks, handwritten receipts, card transaction receipts or previous balance receipts cannot be used to verify an expense.

QUALIFIED HEALTH CARE EXPENSE ARE:

- Prescription and health plan copayments, deductibles and coinsurance
- "Amount Due" on medical and dental statements
- Orthodontics
- Mail-order or online prescription invoices
- Vision services and eyeglasses
- LASIK surgery
- Eligible over-the-counter (OTC) items

Dependent Care FSA

You can use your dependent care FSA to cover the same types of expenses that the IRS recognizes through dependent care tax credits. *Annual election amounts are NOT pre-loaded under Dependent Care, but are rather only available once funded via payroll contributions. Typical covered expenses include the following:

- Day care for child under the age of 13
- After-school caregivers
- Care for a disabled spouse or a dependent incapable of caring for self
- Care-related services (such as a visiting nurse)
- Summer day camps



Know Your Benefits



Benetech
benefits • payroll • hr

Flexible Spending Account Worksheet

When determining how much you would like to contribute to your Flexible Spending Account, you should keep in mind the following:

- In most cases, an employee may not make a mid-year change in the amount he or she has elected to contribute to a Flexible Spending Account.
- Money remaining in a Flexible Spending Account at the end of the plan year must be forfeited. However, up to \$500 of unused funds may be carried over from one year to the next. In addition, any amount that is carried over does not count toward the maximum contribution limit.
- Over-the-counter medicines and drugs (other than insulin) are only reimbursable if accompanied by a prescription.

This worksheet can be used to estimate how much you should elect to contribute to your Flexible Spending Accounts.

Health Flexible Spending Account	
Expenses not covered by insurance may include:	
Deductibles, coinsurance or copayments	\$
Dental care (exams, fillings, crowns, orthodontia, dentures, bridgework, partials)	\$
Hearing care (exams, hearing aids, batteries)	\$
Infertility treatment	\$
Insulin and diabetic supplies	\$
Prescription drugs (e.g., cholesterol medications)	\$
Transportation expenses (to receive medical care)	\$
Vision care (exams, contacts & supplies, eyeglasses, laser surgery)	\$
Weight loss program (done at doctor's direction to treat an existing disease)	\$
Wheelchairs and other special equipment	\$
Other	\$
Annual Health Flexible Spending Account Election	\$

Dependent Care Flexible Spending Account	
Annual maximum allowable expense of \$5,000.	
Day babysitters/Day care centers (day care expenses for dependents up to age 13)	\$
Elder care	\$
Day camp	\$
After-school programs	\$
Nursery school	\$

Total pretax contributions to Flexible Spending Accounts:	\$
--	----

Know Your Health Care FSA/HRA Eligible and Ineligible Expenses

Maximize the Value of Your Reimbursement Account - Your Health Care Flexible Spending Account (FSA) and/or Health Reimbursement Account (HRA) dollars can be used for a variety of out-of-pocket health care expenses that qualify as federal income tax deductions under Section 213(d) of the Internal Revenue Code ("IRC").

- Health Care FSA dollars can be used to reimburse you for medical and dental expenses incurred by you, your spouse or eligible dependents (children, siblings, parents and other dependents which are defined in your Plan Documents).
- HRA dollars can only be used to pay for eligible medical expenses incurred by employees and their dependents enrolled in the HRA.

IMPORTANT: The IRS defines which medical expenses are eligible under a tax-deferred account. Not all expenses are eligible under all plans. An employer may limit which expenses are allowable under their Health Care FSA or HRA plan. If you are unsure of what your Health Care FSA and/or HRA dollars may be used for, please contact your Plan Administrator.

Here is a sample list of expenses currently eligible and not eligible by the Internal Revenue Service ("IRS") as deductible medical expenses. This list is not necessarily inclusive or exclusive, and may be subject to change based on regulations, IRS revenue rulings and case law. It is solely based on our current interpretation of IRC Section 213(d) and is not intended to be legal advice.

For a complete up-to-date list of FSA Eligible Products & Services please reference the [FSAStore.com Eligibility Checker Tool](https://www.fsastore.com/eligibility-checker-tool).

Sample List of Eligible Expenses		
BABY/CHILD TO AGE 13 <ul style="list-style-type: none"> ■ Lactation Consultant* ■ Lead-Based Paint Removal ■ Special Formula* ■ Tuition: Special School/Teacher for Disability or Learning Disability* ■ Well Baby /Well Child Care 	MEDICAL EQUIPMENT/SUPPLIES <ul style="list-style-type: none"> ■ Air Purification Equipment* ■ Arches and Orthotic Inserts ■ Contraceptive Devices ■ Crutches, Walkers, Wheel Chairs ■ Exercise Equipment* ■ Hospital Beds* ■ Mattresses* ■ Medic Alert Bracelet or Necklace ■ Nebulizers ■ Orthopedic Shoes* ■ Oxygen* ■ Post-Mastectomy Clothing ■ Prosthetics ■ Syringes ■ Wigs* 	MEDICATIONS <ul style="list-style-type: none"> ■ Insulin ■ Prescription Drugs
DENTAL <ul style="list-style-type: none"> ■ Dental X-Rays ■ Dentures and Bridges ■ Exams and Teeth Cleaning ■ Extractions and Fillings ■ Oral Surgery ■ Orthodontia ■ Periodontal Services 		OBSTETRICS <ul style="list-style-type: none"> ■ Breast Pumps and Lactation Supplies ■ Doula's* ■ Lamaze Class ■ OB/GYN Exams ■ OB/GYN Prepaid Maternity Fees (reimbursable after date of birth) ■ Pre- and Postnatal Treatments
EYES <ul style="list-style-type: none"> ■ Eye Exams ■ Eyeglasses and Contact Lenses ■ Laser Eye Surgeries ■ Prescription Sunglasses ■ Radial Keratotomy 		PRACTITIONERS <ul style="list-style-type: none"> ■ Allergist ■ Chiropractor ■ Christian Science Practitioner ■ Dermatologist ■ Homeopath ■ Naturopath* ■ Optometrist ■ Osteopath ■ Physician ■ Psychiatrist or Psychologist

Sample List of Eligible Expenses

HEARING

- Hearing Aids and Batteries
- Hearing Exams

LAB EXAMS/TESTS

- Blood Tests and Metabolism Tests
- Body Scans
- Cardiograms
- Laboratory Fees
- X-Rays

MEDICAL PROCEDURES/SERVICES

- Acupuncture
- Alcohol and Drug/Substance Abuse (inpatient treatment and outpatient care)
- Ambulance
- Fertility Enhancement and Treatment
- Hair Loss Treatment*
- Hospital Services
- Immunization
- In Vitro Fertilization
- Physical Examination (not employment-related)
- Reconstructive Surgery (due to a congenital defect, accident, or medical treatment)
- Service Animals
- Sterilization/Sterilization Reversal
- Transplants (including organ donor)
- Transportation*

THERAPY

- Alcohol and Drug Addiction
- Counseling (not marital or career)
- Exercise Programs*
- Hypnosis
- Massage*
- Occupational
- Physical
- Smoking Cessation Programs*
- Speech
- Weight Loss Programs*

Note: This list is not meant to be all-inclusive, as other expenses not specifically mentioned may also qualify. Also, expenses marked with an asterisk (*) are "potentially eligible expenses" that require a Note of Medical Necessity from your health care provider to qualify for reimbursement. For additional information, check your Summary Plan Document or contact your Plan Administrator.

Please Note: Currently, the IRS does NOT allow the following expenses to be reimbursed under Health Care FSAs or HRAs, as they are not prescribed by a physician for a specific ailment.

Sample List of Ineligible Expenses

- | | | |
|--------------------------------------|---------------------------------|--------------------------------|
| ■ Contact Lens or Eyeglass Insurance | ■ Marriage or Career Counseling | ■ Personal Trainers |
| ■ Cosmetic Surgery/Procedures | ■ Swimming Lessons | ■ Sunscreen (spf less than 30) |
| ■ Electrolysis | | |

Note: This list is not meant to be all-inclusive.

Please Note: Currently, the IRS does not allow Over-the-Counter (OTC) medicines or drugs to be purchased with Health Care FSA or HRA funds unless accompanied by a prescription and the prescription is filled by a pharmacist. If you have an OTC prescription, you can use your benefits card for these purchases.

Sample List of Ineligible Over-the-Counter Medicines and Drugs (unless prescribed in accordance with state laws)

- | | | |
|---|---|--|
| <ul style="list-style-type: none"> ■ Acid controllers ■ Acne medications ■ Allergy & sinus ■ Antibiotic products ■ Antifungal (Foot) ■ Antiphlastic treatments ■ Antiseptics & wound cleansers ■ Anti-diarrhea's ■ Anti-gas ■ Anti-itch & insect bite ■ Baby rash ointments & creams ■ Baby teething pain ■ Cold sore remedies ■ Contraceptives | <ul style="list-style-type: none"> ■ Cough, cold & flu ■ Denture pain relief ■ Digestive aids ■ Ear care ■ Eye care ■ Feminine antifungal & anti-itch ■ Fiber laxatives (bulk forming) ■ First aid burn remedies ■ Foot care treatment ■ Hemorrhoidal preps ■ Homeopathic remedies ■ Incontinence protection & treatment products | <ul style="list-style-type: none"> ■ Laxatives (non-fiber) ■ Medicated nasal sprays, drops, & inhalers ■ Medicated respiratory treatments & vapor products ■ Motion sickness ■ Oral remedies or treatments ■ Pain relief (includes aspirin) ■ Skin treatments ■ Sleep aids & sedatives ■ Smoking deterrents ■ Stomach remedies ■ Unmedicated vapor products |
|---|---|--|

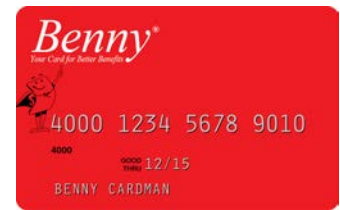
- As of January 1, 2011 eligible over-the-counter (OTC) products that are medicines or drugs (e.g., acne treatments, allergy and cold medicines, antacids, etc.) will **only** be eligible for reimbursement from your Health Care FSA with a physician's prescription that includes his or her address and license number, as stated in [IRS Notice 2010-59](#). The only exception is insulin - which will not require a prescription.

OTC items that are not medicines or drugs remain eligible for purchase with FSAs and HRAs. You can use your benefits card for these items.

Sample List of Eligible Over-the-Counter Items (Product categories are listed in bold face; common examples are listed in regular face.)

- | | | |
|---|---|---|
| <ul style="list-style-type: none"> ■ Baby Electrolytes and Dehydration
Pedialyte, Enfalyte ■ Contraceptives
Unmedicated condoms ■ Denture Adhesives, Repair, and Cleansers
PoliGrip, Benzodent, Plate Weld, Efferdent ■ Diabetes Testing and Aids
Ascencia, One Touch, Diabetic Tussin, insulin syringes; glucose products ■ Diagnostic Products
Thermometers, blood pressure monitors, cholesterol testing ■ Ear Care
Unmedicated ear drops, syringes, ear wax removal | <ul style="list-style-type: none"> ■ Elastics/Athletic Treatments
ACE, Futuro, elastic bandages, braces, hot/cold therapy, orthopedic supports, rib belts ■ Eye Care
Contact lens care ■ Family Planning
Pregnancy and ovulation kits ■ First Aid Dressings and Supplies
Band Aid, 3M Nexcare, non-sport tapes ■ Foot Care Treatment
Unmedicated corn and callus treatments (e.g., callus cushions), devices, therapeutic insoles ■ Glucosamine &/or Chondroitin
Osteo-Bi-Flex, Cosamin D, Flex-a-min Nutritional Supplements ■ Hearing Aid/Medical Batteries | <ul style="list-style-type: none"> ■ Home Health Care (limited segments)
Ostomy, walking aids, decubitis/pressure relief, enteral/parenteral feeding supplies, patient lifting aids, orthopedic braces/supports, splints & casts, hydrocollators, nebulizers, electrotherapy products, catheters, unmedicated wound care, wheel chairs ■ Incontinence Products
Attends, Depend, GoodNites for juvenile incontinence, Prevail ■ Nasal Care
Saline Nasal Spray ■ Prenatal Vitamins
Stuart Prenatal, Nature's Bounty Prenatal Vitamins ■ Reading Glasses and Maintenance Accessories |
|---|---|---|

For a complete up-to-date list of FSA Eligible Products & Services please reference the [FSASore.com Eligibility Checker Tool](#).



THE BENNY® PREPAID BENEFITS CARD – SUBSTANTIATION REQUIREMENTS

Individuals enrolled in a Flexible Spending Account (FSA) and/or Health Reimbursement Arrangement (HRA) often have questions about the IRS-mandated substantiation requirements when the **Benny® Card** is used to pay for a covered service/item.

What IRS Rules Govern Substantiation Requirements?

The IRS has very specific guidelines regarding substantiation requirements for all FSA and HRA transactions¹ -- including those made using a healthcare payment card like the **Benny® Card**.

How Does the Substantiation Process Work?

The substantiation process, which also helps avoid potentially adverse tax consequences for both the employer and the cardholders, is performed by Wex Health, the **Benny® Card** software vendor that Benetech partners with for the administration of FSA and HRA plans.

There are two ways by which FSA/HRA debit card purchases can be substantiated, in compliance with the IRS requirements:

Auto-Substantiation. Each day, the Wex Health software reviews all **Benny® Card** claims that were filed the previous day, using the specific methods set up for the employer group. The substantiation processes applied during this automated review are copay matching substantiation and recurring claims auto-substantiation.

- **Copay Matching:** billed charges by a provider that exactly match the applicable copay dollar amount under the employer's insurance plan, for up to 5 times that dollar amount. For example, a \$20 office visit charge at a doctor's office, up to 5 times that amount.
- **Recurring Claims:** charges that exactly match the provider and dollar amount for 3 previously approved and substantiated transactions. For example, a fixed monthly orthodontia payment.

Manual Substantiation. Under the IRS regulations, all purchases that do not qualify for auto-substantiation must be manually substantiated by the card holder by the submission of receipts or other documentation.

Source: https://www.irs.gov/irb/2006-31_IRB/ar10.html

¹ Each participating employee certifies upon enrollment and for each plan year thereafter that the card will only be used for eligible medical care expenses of the employee, the employee's spouse and dependents. The employee also certifies that any expense paid with the card has not been reimbursed and that the employees will not seek reimbursement under any other plan covering health benefits. The certification is printed on the back of the card and the employee-cardholder understands the certification is reaffirmed each time the card is used.

Examples include:

- Doctor, dentist, and other provider visits where the amount paid is not equal to the copay (for example, if the plan has an up-front deductible).
- Prescription drug transactions where the amount paid does not match the group plan's copay, at a pharmacy/supermarket/store that is not IIAS-Certified.

What Are Common Misunderstandings about the Substantiation Requirements?

1. If the **Benny® Card** is used for an eligible service, no further receipts or documentation are needed to support the expense.
2. Any claim for services received from a hospital, doctor, dentist, vision provider, etc. do not require receipts.

In day-to-day use, it's just not that simple! The vast majority of claims can be -- and are being -- auto-substantiated at the point of sale. Two examples:

- the charge from a primary care physician exactly matches the applicable office visit copay;
- a claim submitted from an IIAS-Certified pharmacy which includes the unique Rx identifying number

However, not all services from a medical, dental, vision or pharmacy provider are eligible expenses, or can be auto-substantiated at the point of service. For example, a dentist may perform teeth whitening, which is not an eligible expense; or, a non-IIAS-Certified pharmacy can fill a script, which is an eligible expense, but it cannot auto-substantiate that transaction. In all of these instances², the IRS requires that the card holder submit itemized receipts to verify that the expense was eligible for reimbursement under the FSA/HRA plan.



What is an IIAS-Certified Pharmacy, and How Does It Improve the Auto-Substantiation Results?

The Inventory Information Approval System (IIAS) is a Federally-mandated system used by pharmacy merchants that identifies eligible prescription and over-the-counter (OTC) items, and limits reimbursements on FSA and HRA healthcare payment cards to only those eligible items.

This system makes it much easier for debit card account holders to manage -- and pay for -- all eligible medications and other pharmacy expenses, since the IIAS-certified merchants are able to auto-substantiate purchases at the point of sale.

Source: https://www.irs.gov/irb/2006-31_IRB/ar10.html

² All other charges to the card are treated as conditional pending confirmation of the charge by the submission of additional third-party information, such as a receipt. Claims that are identified as not qualifying for reimbursement because of lack of additional information or otherwise, are subject to certain correction procedures.

All supermarkets, grocery stores, department stores, and wholesale clubs were required to implement the IIAS merchant program in order to accept healthcare payment cards. You can read more about the IIAS Certification Program at <https://www.sig-is.org/programs/iias-merchant-certification> and you can search for a current list of certified pharmacies, supermarkets, etc. at <https://www.sig-is.org/card-holders/store-locator>.

How Will a Cardholder Know if Manual Substantiation is Necessary?

Any time that a cardholder uses the **Benny® Card** for a claim(s) that could not be auto-substantiated, the cardholder will be contacted by Benetech -- via email or US mail -- advising them that documentation must be submitted for the claim(s) in question. The cardholder should respond as quickly as possible, and should contact Benetech immediately if they have any questions about the documentation request. If the cardholder does not respond to Benetech by the deadline stated in the initial correspondence, a second – and third, if necessary – request will be sent. Each subsequent communication from Benetech will include details about the claim(s) in question as well as a new deadline date for responding.

What Information Will Be Required as Documentation?

All receipts or documentation must include the following information: name of person who incurred the service or expense; name and address of the provider or merchant; date of service for the amount charged; detailed description of the service; amount due for the service provided. Receipts for eligible over-the-counter (OTC) items do not need to include the person's name, but the receipt must display the name of the item (e.g., band aids).

What Can Cardholders Do to Expedite the Manual Substantiation Process?

Cardholders should **always** save **all** of their itemized receipts for **every Benny® Card** transaction, as well as all explanation of benefits (EOBs) they receive from their health/pharmacy/dental/vision plans. Keeping these records in one designated envelope or folder will help cardholders find the necessary documentation if requested, and expedite the substantiation process considerably. NOTE: EOBs generally contain all of the required information and are excellent sources of documentation, but **credit card receipts and cancelled checks are not acceptable!**



What Happens If the Cardholder Does Not Respond to any of Benetech's Requests for Documentation?

The cardholder's **Benny® Card** will be temporarily suspended (i.e., cannot be used for further transactions) until the required documentation is received and the claim(s) have been verified by Benetech. At that time, the cardholder will also be asked to send a check to Benetech for the full amount of the reimbursement(s) in question. If payment in full is received, the full amount will be credited back to the cardholder's account for future use and the cardholder's **Benny® Card** will be reactivated.

What Happens If the Cardholder Does Submit the Required Documentation but the Claim(s) are Found to be Not Eligible for Reimbursement under the Employer's FSA/HRA plan, or the cardholder used the Benny® Card at an ineligible merchant?

To maintain the tax-favored status of the employer's FSA/HRA plan, and avoid adverse tax implications for the cardholder, the cardholder will be required to send a check to Benetech for the full amount of the reimbursement(s) in question. When received, the full amount will be credited back to the cardholder's account for future use; if the cardholder's **Benny® Card** had already been temporarily suspended, it will be reactivated upon receipt of the cardholder's full reimbursement check.

SUMMARY

- IRS rules require that all FSA and HRA claims -- including those submitted using the **Benny® Card** -- must be substantiated.
- If the claim cannot be auto-substantiated, **the cardholder** is required under the regulations to submit documentation to support the claim.
- Cardholders should save itemized receipts and documentation for all healthcare services—even when they paid using their **Benny® Card**.
- Using IIAS-Certified merchants for pharmacy and OTC purchases will significantly cut down on substantiation requests.
- The cardholder must reimburse the FSA/HRA plan for the full amount in question in those instances where the claim(s) submitted are found to be not eligible per IRS guidelines -- by sending a check to Benetech, which will be credited to the cardholder's account.



Manage your healthcare accounts from the palm of your hand.

Want to check your healthcare account balances and submit receipts from anywhere? There's an app for that! **Benetech** lets you easily and securely access your health benefit accounts, submit claims and upload receipts at any time. You have quick access to common tasks¹ with an easy-to-use design that helps make sense of your health and financial information.

Stay up to speed

With **Benetech Benefits**, you can get to the healthcare account information you need—fast. Wondering whether you have enough money to pay a bill or make a purchase? **Benetech Benefits** puts the answers at your fingertips.

- Quickly check available balances and account details for medical and dependent care FSA, HSA, HRA, VEBA, transportation and premium reimbursement plans
- View charts summarizing account information
- Set account alerts and get notifications via text message
- View claims requiring receipts
- Link to an external web page to obtain helpful information such as a list of eligible expenses
- Retrieve a lost username or password
- Use your device of choice – including iPhone®, iPad®, iPod touch® and Android™ smartphones and tablet devices

Tap and take action

Make a payment, capture a receipt or take any number of actions – whether you're on the couch or waiting in line. With **Benetech Benefits**, you can get it done fast and enjoy the rest of your day:

- Submit claims for medical and dependent care FSA, HRA, VEBA, transportation and premium reimbursement plans
- Snap a photo of a receipt and submit with a new or existing claim, or store in your camera roll for later use in claim filing
- Request a distribution from an HSA account
- Contribute funds to an HSA account
- Access your account funds to pay yourself or someone such as doctor
- Add and store information on new payees
- Enter and view expense information and receipts
- Report a debit card as lost or stolen

¹ Some functionality listed may require additional products or services.

Imagine what you could do with Benetech Benefits!



Get Reimbursed Quickly

Let's face it – no one *really* likes to visit the doctor, dentists, pharmacy or other healthcare provider. But sometimes you do and you may forget to use your health benefits card. So, when you pay for a qualified medical expense using your own money, you want to maximize your dollars and be reimbursed from your pre-tax account. File a claim with a receipt or request a distribution from your HSA soon after it happens. Right from your phone. Right from wherever you are. Get the payment process started.



Track Receipts

Why is it that the one receipt you need is always the one you can't find? With **Benetech Benefits**, you can record a health expense and capture the receipt the moment the transaction happens. That's peace of mind with a touch of a button.



Check Balances

Wondering whether you can pay for an elective procedure or a mounting bill? Do a quick account check to see your current balance. No need to wait for an answer – it's right at your fingertips.

Get started with Benetech Benefits in minutes.



Download the **Benetech Benefits** app for your chosen device from the Apple App Store or Google Play and log in using the password you use to access the **Benetech** consumer portal.*

**Never logged into the consumer portal? No problem! Your username will be your first initial, last name, and the last four digits of your Social Security Number (e.g., jsmith1234). The password will be 2013. Log in and create your unique PIN to make logging into the app quick and easy!*



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One Dodge Street
North Greenbush, NY 12198
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FLEXIBLE SPENDING ACCOUNT

EMPLOYEE/EMPLOYER ELECTION FORM/COMPENSATION REDUCTION AGREEMENT

COMPANY/CLIENT NAME		
EMPLOYEE NAME	DATE OF BIRTH / /	DATE OF HIRE / /
SOCIAL SECURITY NUMBER	EMPLOYEE PHONE NUMBER	
ADDRESS: STREET, CITY, STATE, ZIP		
EMPLOYEE EMAIL ADDRESS (REQUIRED)		

ELECTION:

First payroll date _____	(REQUIRED Employer - Office Use Only)
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ACCOUNT	MIN. ELECTION	MAX. ELECTION	ANNUAL ELECTION	NUMBER OF PAY PERIODS	DOLLARS WITHHELD/PAY PERIOD
Unreimbursed Medical Account					
Dependent Care Account (Day Care Expenses for dependents up to Age 13)					

* In the event of a calculation discrepancy, the annual election will be the amount used, and the per pay period amount will be recalculated.

DEPENDENT ENROLLMENT – List ALL dependents that can/will be eligible for reimbursements under Medical and/or Dependent Care accounts.

Dependent Name	Date of Birth (required)	SSN (required)	Relationship

PLEASE REFER TO YOUR SUMMARY PLAN DESCRIPTION REGARDING FORFEITURES, ROLLOVERS, AND GRACE PERIOD EXTENSIONS, AS THEY MAY APPLY TO YOUR PLAN.

Plan Notes: Plan Rollover: \$500
Plan Maximum-Health: \$2,650
Plan Maximum-Dependent Care: \$5,000

I hereby elect to participate in the Employer's Flexible Spending Account for the Plan Year beginning ____/____/____, and ending ____/____/____. Any previous election and compensation reduction agreement relating to the same benefits is hereby revoked and I understand that election is required annually to participate. As a participant, I understand that:

- I cannot change or revoke this agreement during the above Plan Year, unless I have a change in my family status as set forth in the Summary Plan Description.
- My pay will be reduced each pay period by the amount of my election(s) shown on page 1, continuing for each succeeding pay period until this agreement is amended or terminated.
- The reduction in my cash compensation under this agreement will be in addition to any reductions under other agreements or benefit plans. If my required contributions change while this agreement is in effect, my payroll reduction will automatically be adjusted to reflect that change.
- My employer may change the amount of my reduction or otherwise modify this agreement, if it believes that the change is required to satisfy provisions of the Internal Revenue Code.
- The amount of my compensation reduction will be credited to the appropriate reimbursement account for payment of eligible expenses incurred within the plan year.
- Reimbursement will be available only for qualifying expenses as described in the attached form. I agree to notify the Employer if I have reason to believe that any expense for which I have obtained reimbursement is not a qualifying expense. I also agree on demand to indemnify and reimburse the Employer, on demand, for any liability it may incur for failure to withhold income or FICA tax from any reimbursement I receive of a non-qualifying expense that I receive.
- **Upon request, I will provide the Claims Administrator with the information (e.g., detailed receipts, itemized statements, etc.) needed to substantiate the expenses submitted for reimbursement, if needed by the Claims Administrator to satisfy the relevant IRS regulations, and that my failure to provide the required documentation will result in the deactivation of my debit card and a repayment request.**
- If there is a remaining balance in my account(s) at the end of the Plan Year (i.e., after all eligible claims have been reimbursed), I may forfeit that excess amount, based on the provisions of the Plan as detailed in the Summary Plan Description.
- By my signature, I hereby certify that any amounts reimbursed to me under this Plan will not be claimed as a deduction on my personal income tax return and will not be reimbursed to me by other health plan coverage, including a Health Reimbursement Arrangement (HRA) plan or Health Savings Account (HSA) plan

PLEASE NOTE: The pay reductions will not be effective for any pay period that begins before you have signed this form and returned it to your Employer. Please keep a copy of this form for your records.

CHANGES/TERMINATIONS (Employer – Office Use Only)

Date of Event: ____/____/____

First paycheck date that change will be processed: ____/____/____.

- ☐ Marriage/Divorce
☐ Birth/Death of Spouse or Dependent
☐ Spouse's employment commenced/terminated
☐ Status change from full-time to part-time or part-time to full-time by employee or spouse
☐ Unpaid leave of absence by employee or spouse
☐ Open Enrollment
☐ Employment Termination

Employee Signature _____ Date _____

Employer Signature _____ Date _____

HUMAN RESOURCES – OFFICE USE ONLY (ALL FIELDS REQUIRED)

Highly Compensated ☐ Y ☐ N

Spouse or Dependent of Owner ☐ Y ☐ N

Key Employee ☐ Y ☐ N

More than 5% Owner ☐ Y ☐ N

Officer ☐ Y ☐ N

More than 1% owner with salary greater than \$150,000 ☐ Y ☐ N