Dear Employees:

We are excited to tell you about a great benefit your company is offering to its employees. It's called a Section 125 Cafeteria Plan or Flexible Benefits Plan. By using the Flexible Spending Account (FSA) available through the plan, you can save a great deal of money. The savings is achieved by not paying taxes on the amount you put into your account for health care and dependent care expenses.

Your Flexible Benefits Plan includes three components:

Health Care Spending Account – pre-tax dollars set aside to cover out-of-pocket medical expenses not covered by your plan.

Dependent Care Spending Account – pre-tax dollars that can be used to pay for day care for tax dependents.

Premium Conversion – allows you to have your benefit premiums deducted pretax from payroll.

Here's how it works. Each payroll, your company places the amount you designate from your pay into your personal health and/or dependent care spending accounts. The money – which is put aside without being taxed – is earmarked for out-of-pocket expenses. Those expenses might include your day care bill, a co-pay for a visit to the doctor or a prescription.

The money you can save by using your FSA can be significant. For example, Employee A earns $1,700 per month. She elects to place $60 in her Health FSA, $260 in her Dependent Care FSA and also has her $50 health plan contribution taken out before tax each month. By taking care of these necessary expenses on a pre-tax basis, she could save over $100 in taxes per month, money she will surely be happy to spend elsewhere.

Every employee's situation is a little different, but there is a reason this plan is called a Flexible Benefits Plan. It can be used to suit your needs and will save you money.

Participation is easy. Just review the enrollment materials provided for all the rules, calculate your expenses to determine your annual election, fill out the enrollment form and start saving.

If you have questions about your plan, please contact your HR representative.

15 E. Washington St. • PO Box 488 • Coldwater, MI 49036-0488 • 866-370-3040 • Fax: 800-379-5670 • E-mail: fsa@infinisource.com

INFINISOURCE

FSA worksheet

Estimated unreimbursed health care expenses

Medical	Annual amount
Deductible	
Coinsurance payment	
Contraceptives	
Doctor's office visits	
Immunizations	
Insulin	
Laboratory tests	
Other expenses	
Over-the-counter medicine[1]	
Physicals/annual checkups	
Prescription drugs	
Splints, supports, corrective devices	
Therapy treatments (medical reasons only)	
Well-baby care	
SUBTOTAL	
Dental	
Deductible	
Coinsurance payment	
Cleaning	
Dentures	
Fillings/crowns/bridges	
Fluoride treatments	
Orthodontia (based on expenses incurred for upcoming plan year)	
X-rays	
SUBTOTAL	
Vision	
Deductible	
Coinsurance payment	
Contact lenses and solutions	
Examinations	
Frames	
Laser eye surgery	
Lenses	
SUBTOTAL	
TOTAL	

Dependent Day Care (necessary for you and your spouse to work)	Annual amount
After-school care	
Care of other dependents	
Child care/day care center	
Child care in home	
Preschool	
TOTAL[2]	

Unreimbursed health care expenses cannot exceed your plan's maximum.

NOTE: any coordination of benefits with another group plan may reduce your out-of-pocket expenses.

[1]Effective January 1, 2011, over-the-counter medicines or drugs are not eligible for reimbursement under Health Flexible Spending Accounts (FSA) or health Reimbursement Arrangements (HRA) without a doctor's prescription.

[2]Cannot exceed $5,000 ($2,500 if married, filing separately), per calendar year or earned income of employee or spouse, whichever is less.

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Know your FSA/HRA Eligible and Ineligible Expenses

Maximize the Value of Your Reimbursement Account

Your Health Flexible Spending Account (FSA) and/or Health Reimbursement Account (HRA) dollars can be used for a variety of out-of-pocket health care expenses. The following list is based on eligible and ineligible expenses used by federal employees.

Eligible Expenses

BABY/CHILD TO AGE 13

- Lactation consultant*
- Lead-based paint removal
- Special formula*
- Tuition: special school/teacher for disability or learning disability*
- Well baby/well child care

DENTAL

- Dental x-rays
- Dentures and bridges
- Exams and teeth cleaning
- Extractions and fillings
- Oral surgery
- Orthodontia
- Periodontal services

EYES

- Eye exams
- Eyeglasses and contact lenses
- Laser eye surgeries
- Prescription sunglasses
- Radial keratotomy

HEARING

- Hearing Aids and Batteries
- Hearing Exams

LAB EXAMS/TESTS

- Blood tests and metabolism tests
- Body ccans
- Cardiograms
- Laboratory fees
- X-Rays

MEDICAL EQUIPMENT/SUPPLIES

- 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*

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*

MEDICATIONS

- Insulin
- Prescription drugs

OBSTETRICS

- Doulas*
- Lamaze class
- OB/GYN exams
- OB/GYN prepaid maternity fees (reimbursable after date of birth)
- Pre- and postnatal treatments

PRACTITIONERS

- Allergist
- Chiropractor
- Christian Science Practitioner
- Dermatologist
- Homeopath
- Naturopath*
- Optometrist
- Osteopath
- Physician
- Psychiatrist or Psychologist

THERAPY

- Alcohol and drug addiction
- Counseling (not marital or career)
- Exercise programs*
- Hypnosis
- Massage*
- Occupational
- Physical
- Smoking cessation programs*
- Speech
- Weight loss programs*

HRA ELIGIBLE

- Insurance premiums
- Long-term care premiums

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 Infinisource.

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The IRS does not allow the following expenses to be reimbursed under Health FSAs or HRAs, as they are not prescribed by a physician for a specific ailment.

Ineligible Expenses

- Contact lens or eyeglass insurance
- Cosmetic surgery/procedures
- Electrolysis
- Insurance premiums and interest (FSA ineligible only)
- Long-term care premiums (FSA ineligible only)
- Marriage or career counseling
- Personal trainers
- Sunscreen (SPF less than 30)
- Swimming lessons

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

<u>Please note:</u> The IRS will <u>not</u> allow OTC medicines or drugs to be purchased with Health FSA or HRA funds unless accompanied by a prescription.

Eligible Over-the-Counter Items

Note: Product categories are listed in bold face; common examples of products are listed in regular face.

The following is a high level list of over-the-counter (OTC) items that clearly are not medicine or drugs and <u>are eligible</u> for purchase with Health FSA or HRA dollars. You can use your benefits card for these items

- **Antiseptics, wound cleansers** Alcohol, peroxide, Epsom salt
- **Baby electrolytes** Pedialyte, Enfalyte
- **Denture adhesives, repair and cleansers** PoliGrip, Benzodent, Efferdent
- **Diabetes testing and aids** Insulin, Ascencia, One Touch, Diabetic Tussin, insulin syringes, glucose products
- **Diagnostic products** Thermometers, blood pressure monitors, cholesterol testing
- **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
- **Hearing aid/medical batteries**
- **Incontinence products** Attends, Depend, GoodNites for juvenile incontinence
- **Reading glasses and maintenance accessories**

For additional information, please contact:

Infinisource, Inc.
PO Box 488
Coldwater, MI 49036-0488

Phone: 866.370.3040
Fax: 800.379.5670
Email: fsa@infinisource.com

Savings Snapshot

You can increase the money you take home each pay period by using a Flexible Benefits Plan. Here is an example of the tax savings an employee earning $2,200 a month can experience using this great benefit.

	Without 125 Plan	With 125 Plan
Monthly income before taxes	**$2,200.00**	**$2,200.00**
Pre-tax salary deductions		
Health FSA contribution	$.00	$60.00
Dependent Care FSA contribution	$.00	$260.00
Employee contribution to health plan	$.00	$50.00
Total	**$.00**	**$370.00**
Payroll taxes		
FICA (7.65%)	$168.30	$140.00
Federal income tax (12.16%)	$267.52	$222.53
State income tax (4%)	$88.00	$73.20
Total	**$523.82**	**$435.73**
After tax expenses		
Health care expenses	$60.00	$.00
Dependent care expenses	$260.00	$.00
Employee contribution to health plan	$50.00	$.00
Total	**$370.00**	**$.00**
Spendable income	**$1,306.18**	**$1,394.27**

Employee's spendable income **increases**

$22.03 each week

$88.09 each month

$1,057.08 each year

Frequently Asked Questions

General Information

Why should I participate in the Flexible Benefits Plan?
There are some great advantages to using a Flexible Benefits Plan!

- Reduced taxes - the money contributed to an FSA is not subject to taxes (federal income and FICA taxes and most state and local income taxes).
- Increase your take-home pay – less taxes, more money in your pocket
- The Benny Card – pay for expenses at point of purchase

A Flexible Benefits Plan applies to out-of-pocket expenses you cover with your spendable income, but allows you to pay for these expenses with income before you are taxed.

Another advantage to participating in the Plan is the opportunity it offers for you to budget for health care expenses by withholding a small amount from each paycheck. With proper planning, you won't be faced with having to come up with large amounts of money at one time. This is especially advantageous if you are scheduling a surgery, anticipating maternity expenses or if you do not have other coverage for dental and vision expenses. Even those with coverage for medical, dental and vision usually have deductibles, co-pays and other out-of-pocket expenses to cover.

Where do I call with questions about my Flexible Benefits Plan?
If you have any questions about putting a Flexible Benefits Plan to work for you, how to sign up or how to determine your election amounts, etc., please call a Customer Service Representative at 866-370-3040.

Enrollment

How do I enroll?
To enroll in either or both the Health and Dependent Care FSA, you simply need to fill out the Enrollment Form/Direct Deposit Form before the beginning of each Plan Year.

Do I have to keep the same election each year?
No. Each year, you will have to re-enroll before the beginning of the Plan Year. At that time, you will have the opportunity to evaluate the need to participate in the Plan as well as budget for all health care and/or dependent care expenses. You may decide to keep the same election, change your election or in some cases waive participation.

Do I have to elect both the Health and Dependent Care FSAs?
No. You may choose to participate in one or both depending on your individual needs.

Health FSAs

What is a Health Flexible Spending Account (FSA)?
You may set aside pre-tax dollars to cover eligible medical expenses that are not covered by any other type of insurance. The account helps you budget for planned expenses such as deductibles, co-payments and prescriptions. You may refer to the FSA Worksheet for a list of some eligible and ineligible expenses.

Are insurance premiums an eligible expense?
No, insurance premiums are not reimbursable from a Health FSA. However, you may pay your required premium contributions (for coverage under the employer's health plan) on a pre-tax basis outside of the Health FSA.

What are some examples of OTC drugs that are eligible for reimbursement from my Health FSA?
Antiseptics, diabetes testing aids, bandages and contact lens care. For a more inclusive list, please see the OTC expenses list available at www.infinisource.com.

If I terminate employment or retire, can I receive the remaining balance in my Health FSA?
No. However, you can continue to submit claims incurred prior to your termination date before the end of the run-out period (defined in your Summary Plan Description).

Example: Your plan has a 90-day run-out period following termination. Your termination date is September 13. Your physician sees you on September 12, but you do not receive the Explanation of Benefits from your insurance carrier until October 31. You can still submit this expense as it was incurred prior to your termination date, and prior to the end of the 90-day run-out period following your date of termination. Any expense incurred after September 13 is not eligible.

If I terminate employment or retire can I be reimbursed for expenses incurred after my termination date?
No. In order to be considered an eligible expense, the expense must be incurred prior to your termination date. However, you may be able to continue your Health FSA coverage under COBRA.

Dependent Care FSAs

What is a Dependent Care FSA?
You can use pre-tax dollars to cover eligible work-related dependent care expenses for qualified dependents, or if you are married, while you and your spouse work or your spouse attends school full-time.

Who is a qualified dependent under the Dependent Care FSA?
- Dependent under the age of 13
- Dependent or spouse of employee who is mentally or physically disabled and whom the employee claims as a dependent on his or her federal income tax return

Can an adult be a qualified dependent?
Yes, an adult may qualify as a dependent provided that the employee is providing more than half of that individual's support for the year and the dependent lives with the employee.

Do I have to use a day care facility?
No. You can be reimbursed for expenses of an individual providing care for your dependent in your home as long as the expenses are incurred for you and your spouse (if married), to work, look for work or attend school full-time.

Does my day care provider have to be licensed?
No. However, you are required to submit their Tax Identification Number or Social Security Number when filing your federal income tax return.

Does my day care provider have to be 18?
No, but the individual must claim the money as income on their tax return.

My child attends camp during the summer. Is this eligible?
Generally, no; however, if the camp is day camp and your dependent attends to allow you and your spouse (if married), to work, look for work or attend school full-time, then yes this would be an eligible expense. Overnight camps are specifically excluded.

When can I be reimbursed for dependent care expenses?
Expenses are eligible for reimbursement when they have been incurred, not when you are billed or when you pay for the services.

Example: Your day care provider requires you to pay for the month of September on September 1. You can be reimbursed as the services are incurred, not when you paid for the services. You can submit claims after each week, every two weeks or on October 1.

Changing Your Election

What if I discover that I elected too much for the Health and/or Dependent Care FSA, can I change my election?
Generally, your election is irrevocable unless you experience an IRS Change in Status. Your election change must be consistent with the Change in Status event:

- Change in legal marital status (marriage, death of spouse, divorce, legal separation, annulment)
- Change in number of tax dependents (birth, death of dependent, adoption or placement for adoption)
- Change in dependent's eligibility
- Change in employment status of employee, spouse or dependents
- Other changes that may permit an election change under the Dependent Care FSA are:
    - Change of dependent care provider
    - Change of rate charged by unrelated dependent care provider
    - Child attaining age 13

Election changes must be consistent with the event. If you experience a Change in Status, please review your Summary Plan Description, as it will provide you with important information on the deadline for reporting this event.

If I elected too much in my Health FSA but not enough in my Dependent Care FSA, can I move money from one account to the other?
No, Health and Dependent Care FSA elections are separate. You cannot move contributions from one account to another. Also, it is very important to note that the elections you make are for the entire year. Your elections cannot be changed unless you experience an IRS Change in Status as noted above.

What happens if I don't use all the money elected in my FSA?
The IRS has issued guidance that allows a Health FSA to carry over up to $500 to the next plan year by plan design based on the plan sponsor's decision. A Health FSA cannot have both a carryover and a grace period of up to two months and 15 days. You also have a run-out period following the end of the plan year to submit expenses that were incurred during the plan year. It is important to estimate your expenses carefully before making your elections.

Infinisource will assist you in monitoring your Flexible Spending Accounts by providing you with a statement at the beginning of the fourth quarter of your plan year. You can minimize possible forfeitures by scheduling routine exams, purchasing glasses or contact lenses and scheduling dental appointments, etc., at the end of the plan year to use up your election amounts.

Submitting Claims for Reimbursement

How do I submit a claim for the Health or Dependent Care FSA?
You can file your claim online or via mobile app and upload your receipts. You can complete an FSA Request for Reimbursement Form for each Health or Dependent Care FSA claim you file. Remember to attach supporting documentation for the claim. This information can be faxed to 800-379-5670.

You may also submit your claim by mail: Infinisource, Inc.
PO Box 488, Coldwater, MI 49036-0488

May I submit expenses for my spouse and children for reimbursement through my Health FSA?
Yes, you may be reimbursed for expenses incurred for you, your spouse and any IRS dependents, regardless of where you are insured. It could be that you are not covered through your employer's health plan, but have coverage through your spouse's employer's plan. You may still submit your family out-of-pocket expenses to be reimbursed under the Health FSA.

What supporting documentation must I file with each Health FSA claim?
Each time you submit claims to your health insurance carrier, you will receive an Explanation of Benefits (EOB) detailing what the health plan will pay and what you must pay. For expenses that are partially covered under another insurance plan, you must attach a copy of both EOBs.

For expenses that are not submitted to another insurance plan, you must attach a copy of an itemized billing containing the following information:

- Name of patient
- Name and address of provider
- Description of service
- Date of service
- Amount of service

The documentation requirements are also listed on the FSA Request for Reimbursement Form to assist you in properly filing your claim. Following these guidelines will ensure you receive your reimbursement without unnecessary delays.

What supporting documentation must I file with each Dependent Care claim?
Complete the Dependent Care section of the Request for Reimbursement Form and have your day care provider sign and date. The receipt must include the following information:

- Name and address of provider
- From/through dates of service
- Amount of charge

How long after the end of the Plan year do I have to submit claims?
Claims must be submitted prior to the end of the run-out period for the Plan. The run-out period is defined in your Summary Plan Description.

Will I receive reimbursement for claims that are greater than the current balance of my Health FSA?
Yes, the annual amount is available to you from the beginning of the Plan year.

Will I receive reimbursement that is greater than the current balance of my Dependent Care FSA?
No, you will only receive reimbursement for the amount that has been contributed at the time you submit your claim.

Can I submit claims for dependent care expenses that are greater than the current balance of my Dependent Care FSA?
Yes, however, you will only receive reimbursement for the amount that you have contributed to your Dependent Care FSA. For example, if you contribute $150 each month to your Dependent Care FSA, then you will only receive $150 in reimbursement each month. The excess amount of expenses will be pended and automatically paid to you as contributions are posted to your account.

What happens if a claim exceeds the amount currently available in my Dependent Care FSA?
The claim will be processed and approved. The amount that is currently available will be disbursed and the remaining portion will be pended until you make another contribution.

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How do I know that you received my claim and whether or not it was paid?
Generally, within two business days of submitting a claim, you can view your account to check on the status of the claim at www.infinisource.com. Simply choose Flexible Spending Account /Health Reimbursement under employee/participant and follow the on-screen instructions.

When can I expect to receive my reimbursement?
Claims are generally processed within two business days of receipt. Reimbursements are then processed and released according to the disbursement schedule and funding option of the employer. Generally, disbursement schedules are daily. This means that reimbursements are processed each day and include any claims that were processed the previous day. The release of your reimbursement depends upon the funding option chosen by the employer.

How do I know what my account balance is?
You can use one of the following methods to check your account balance:

- You can view your account at www.infinisource.com. Simply choose Flexible Spending Account/ Health Reimbursement under Employee/Participants and follow the on-screen instructions.
- You can view your balance on the mobile app.
- Your account balance will be displayed on the reimbursement check or direct deposit notification each time you submit a claim.
- You will receive a Balance Statement quarterly during the Plan year. This statement provides a summary of your remaining balance in the Health FSA and/or the Dependent Care FSA as well as claims paid to date.

How do I know why my claim was denied?
You will receive a letter indicating the reason for the denial along with instructions for submitting the requested documentation.

Why may the amount of my reimbursement differ from the amount of my request?
There are reasons that you may see a different reimbursement amount. For example:

1. If the request was for more than the balance of your account.

Annual election	$1,000.00
Total amount disbursed to date	$700.00
Available balance	$300.00
Total amount of request	$500.00

You will only be reimbursed $300.00, as this is your available balance.

2. If the request was for a dependent care claim, you may only be reimbursed for the total amount that you have contributed.

Annual election	$5,000.00
Total amount contributed	$3,000.00
Total amount of request	$4,250.00

You will only be reimbursed $3,000.00, as this is the amount that you have contributed to the account. The entire request of $4,250.00, will be processed and the remaining $1,250.00 will be disbursed as contributions are made.

Reimbursement Form

INFINISOURCE

Employee name: _____

ID or SSN: _____ Employer: _____

Address: _____

☐ address change

Daytime phone: _____ Email: _____

Please see reverse side for instructions and documentation requirements. A signed and dated reimbursement form must accompany every claim.

Health FSA/Health Reimbursement Arrangement (HRA)

Submitted claims must include:

- Patient name
- Expense incurred (type of service)
- Amount of expense
- Provider name and address
- Date of incurred expense (date service is provided, not paid)
- Amount insurance paid, if applicable

HRA: Your HRA plan may limit the types of health care expenses that may be reimbursed. Please read your HRA plan's Summary Plan Description (SPD) for eligible expenses.

☐ Process my health care claims under the HRA and the Health FSA benefits.

Date of Service m/d/y to m/d/y		Patient name	Relationship	Account (FSA, HRA)	Service (i.e., medical, dental, vision)	OTC drug name	OTC drug purpose (e.g., allergies)	Amount
						Requested amount		$

☐ Benny Card used for this claim ☐ Use claims to offset a Benny Card transaction claim

Dependent Care FSA

Dependent must be under the age of 13 to be eligible or an adult who is a qualifying relative that is disabled. The expense must happen to allow you and/or spouse to work.

Date of Service m/d/y to m/d/y		Dependent name	Relationship	Age	Provider name	Amount
I certify I provided care as specified.					Requested amount	$
Dependent care provider signature (required when receipt not provided)					Date	

I certify that:

1. The expenses listed have been incurred by me, my spouse or my eligible dependents (as defined by the IRS.
2. All applicable insurance or other medical plan benefits have been exhausted.
3. Listed OTC expenses are to treat a medical condition.
4. I will not deduct these reimbursements as a tax credit on my federal income tax return. I have not been reimbursed for and will not see reimbursement of, the listed expenses under any other plan covering such expenses.
5. I will assume all responsibility for taxes or penalties arising out of any disallowed deductions.
6. I have received the taxpayer ID number of my dependent care provider. I understand that I must provide this information on my federal income tax return.
7. All services for which reimbursement or payment is claims by submission of this form were provided during a period while the undersigned was covered under the company's FSA and/or HRA with respect to such expenses.
8. To the best of my knowledge, all statements on this form are true, correct and complete.

_____

Employee signature (You must sign this form to be reimbursed.)

Infinisource has incorporated the HIPAA Privacy requirements to reflect our business practice regarding your insurance coverage.

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Reimbursement instructions and documentation requirements

Please read the instructions before completing this form.

1. Complete all required information.
2. You must sign and date the form.
3. You must attach required documentation.
4. Keep copies of the form and documentation for your tax records.
5. Mail to Infinisource, PO Box 488, Coldwater, MI 49036 or fax to 800-379-5670.

The IRS does not allow check copies, charge slips or balance statements as acceptable documentation. See #3 below for orthodontia requirements. You may combine family members on one form. You must submit separate reimbursement forms for different plan years.

Documentation requirements for Health Care expense reimbursement

1. **Medical or dental expenses** If processed by your medical plan, please submit the expenses to the medical plan administrator or insurance carrier first. Then submit this form and an Explanation of Benefits containing all the supporting documentation. Proof of expense payment is not required.
2. If you do not have medical plan coverage for dental or vision expenses, submit an itemized statement from the provider showing the patient name, provider name and address, date of service, description of service and amount charged. For reimbursement of contact lens solutions and cleaners, submit a cash register receipt describing the item. If the receipt does not describe the item, provide a copy of the package indicating price and product name.
3. **Orthodontia**
   a. If your plan prohibits advance payment for orthodontia expense, submit a copy of the Truth in Lending Statement, orthodontia contract or financial agreement with your initial submission itemizing the treatment period, down payment, monthly payment amount and the amount covered by insurance, if any. If this is a recurring expense, please indicate and payment will be automatically made on a monthly basis. Submit a copy of your monthly payment coupon and/or itemized receipt each time you request reimbursement for ongoing treatment.
   NOTE: the plan can reimburse orthodontia expenses paid in advance. The payment date determines plan year. Additional fees such as x-rays, molds, etc., are reimbursable when incurred. The banding fee (attaching brackets/bands on teeth) can be paid in full when incurred. Down payments are reimbursed after being paid and banding has taken place. Please submit an itemized receipt showing down payment.
   b. If your plan allows advance payment for orthodontia expenses, please submit a copy showing payment for orthodontia.
4. **Prescriptions** Submit a copy of the receipt showing patient name, drug name, date prescription was filled and co-payment amount charged. Cash register prescription receipts or charge slips showing the prescription and amount charged cannot be accepted, as the patient name and drug name or number are required.
5. **OTC expenses** You must indicate the drug name and its purpose to treat the patient. All OTC drug claims must be accompanied by an itemized receipt. Cash register receipts must include provider name and address, purchase date, OTC expense name (if the drug/medicine name is not on the cash register receipt, submit the package portion with the drug/medicine name and price with the cash register receipt).
   NOTE: some OTC drugs are not eligible for reimbursement unless a specific medical condition exists. Ineligible drug reimbursement requests (cosmetic reasons [Rogaine], weight loss, general health [vitamins]) must include a physician recommendation for the purchase and list a medical condition.
   Effective January 1, 2011, OTC medicines or drugs are not eligible for reimbursed under Health Flexible Spending Accounts (FSA) or HRAs without a doctor's prescription.

Documentation requirements for Dependent Care reimbursement

1. Complete FSA Reimbursement Form, have provider sign and date and submit to Infinisource, or
2. Complete FSA Reimbursement Form and attach documentation which must include provider name and address, dependent name, service dates and expense amount. A cancelled check is insufficient documentation.

IMPORTANT

- Claims must be fully incurred before reimbursement. Infinisource cannot process claims for future dates of service except as indicated above.
- Some expenses associated with dependent care are not eligible (overnight camp, food and transportation costs). If you are submitting charges for a day camp, documentation must show that it is a day camp.
- Your must provide the IRS with the name, address and tax ID or Social Security Number of the dependent care provider on your federal income tax return. If you are unable to provide this information, the IRS may deny the exclusion for the dependent care spending account.

Claims appeal

If your claim is denied in whole or in part, you may appeal by requesting review of the denied claim. Your request must be in writing and must be submitted in accordance with the instructions set forth in the denial notice within 180 days after you receive notice of the denial. If there are two levels of appeal, you will have a reasonable amount of time as described in the denial notice in which to request a second review by the plan administrator. You will be notified in writing of the review decision as soon as reasonably possible, but no later than 60 days after the review request is received. Your SPD outlines this in more detail.

Claim confirmation

You can view your claim status 24/7 at www.infinisource.com (click login and then select FSA or HRA Participant). If you mail your claim, do not fax it. Fax claims to 800-379-5670 and keep the confirmation for your records. Allow two business days before checking the website or calling for the status of faxed claims.

FSA Enrollment

Plan year beginning _____ Ending _____ Check one: ☐ New enrollment ☐ Re-enrollment

Employer: _____ Division (if applicable): _____

Employee name: _____ Soc. Sec. No: _____
Last First MI

Date of birth: _____ Home address: _____

City: _____ State: _____ Zip: _____ E-mail: _____

Payroll Frequency: ☐ Weekly (52) ☐ Biweekly (26) ☐ Semimonthly (24) ☐ Monthly (12) ☐ Other _____

Date of hire: Effective date:

Paycheck deductions start on: _____ Number of deductions in the Plan year: _____

Enter the annual amount of your allocation(s) for the Plan Year to the account(s) of your choice and divide by the number of paychecks you receive during the Plan Year to arrive at the amount of your salary reduction each paycheck.

Benefit Elections: **Annual Election**

A. **Dependent Care Flexible Spending Account (FSA)**
(This amount cannot exceed $5,000 per family per calendar year; $2,500 if married filing separately) $_____

B. **Health Flexible Spending Account (FSA)**
(This amount cannot exceed $2,550 per plan year) $_____

C. **Limited Purpose/Post-deductible Health FSA**
(This amount cannot exceed $2,550 per calendar year) $_____

Total Authorized Pre-tax Salary Reductions $_____

☐ **Waiver of Participation in Health FSA and Dependent Care FSA.**
After careful consideration, I have chosen not to participate in the FSAs for the current Plan Year

D. **Premium Payment (Pre-tax)**
Contributions to the employer-sponsored benefit plan(s). **Per Pay Period** $_____ *

☐ **Waiver of Participation in Pre-tax Premium Payment.**
After careful consideration, I have chosen not to participate in the pre-tax premium portion of the Plan.

*This amount can be automatically increased or decreased during the Plan Year to correspond with increases or decreases in the amount of Employee contributions required by Employer to its benefit plans.

By signing below, I understand that:

- I am authorizing my employer to reduce my compensation by the amount specified.
- I understand that I am not permitted to change my elections during the Plan Year unless the change is on account of and consistent with current recognized IRS regulations and change in status events.
- I also understand that unused account balances in my Dependent Care and Health FSAs at the end of the Plan Year or Plan's grace period are subject to forfeiture, based on applicable IRS law and regulations and Plan design.

Employee Signature:	**Date:**

Infinisource, Inc. has incorporated the HIPAA Privacy Requirements to reflect our organization's business practices regarding your FSA coverage.

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