



Open Enrollment is 10/1 – 10/31. Don't Delay!

How to enroll current/past subscribers:

Just login to your FlexSave account and click on "accounts" to show the enrollment icon. We'll email you on 10/1/2023 if we have your email.

New subscribers (never enrolled):

Go to the homepage at: <https://flexsave.wealthcareportal.com> and enter the following:

Employer/Enrollment ID: HCMGBCS

Employee/Participant ID: Your 6 digit employee ID #

What is a medical FSA?

The FSA is an account that allows you to set aside pre-tax funds from your paycheck to spend on the expenses you have anyway but the money isn't taxed and you get to use your full election on the first day of the year. Eligible dependents include your spouse and any kids you claim on your taxes up through the end of the tax year of their 26th birthday.

We'll send you a debit card for you and spouse and you can start using it on January 1st for eligible expenses you incur during the upcoming year.

What is a Limited FSA?

The LFSA is similar to the FSA. Both plans are prefunded and tax-free but the Limited is for dental and vision expenses, only. This plan is only available to those who enrolled in the High Deductible Health Plan and are enrolled in a Health Savings Account (HSA).

The LFSA is designed to promote savings in your HSA while allowing you the prefunded convenience to pay for larger expenses such as glasses, contacts, braces and minor/major dental work.

Can unused funds be rolled over?

You can currently rollover \$640 of unused funds to the next year.

Qualified FSA Expenses:

Medical Expenses: Copays, deductibles, co-insurance, transportation to and from appointments

Dental Expenses: X-rays, cleanings, braces, fillings, crowns, root canals, dentures, bridges, retainers

Pharmacy: Prescriptions and over-the-counter (OTC) drugs and medications.

Vision: Exams, refractions, lenses, frames, glasses, Rx sunglasses, contact lenses, Lasik surgery, contact lens solutions:

What is a Dependent Care Account?

This account allows you to set aside up to \$5000 of pre-tax funds to pay for eligible child care expenses throughout the year. Eligible expenses include:

- Latchkey Programs (before and after school)
- Licensed Day Care facilities
- Camps (excluding overnight camps)
- Child Care Providers that come to your home
- Pre-School
- Pre-K
- Nursery School



FlexSave Benefit Election Form

Employee ID Number: _____

Employer: Grand Blanc Schools

Last Name: _____ First Name: _____ M.I.: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone #: _____ Email Address: _____

Date of Birth: _____

Please list all dependents and spouse (if applicable) who will be covered under your plan. Children are eligible through the end of the tax year of their 26th birthday. Please note if you already have FlexCards, they are valid for three years. You do not need to request new cards. New cards are sent automatically to replace existing cards 30 days prior to expiration. A card for you and your spouse (if applicable) will be sent automatically.

Relationship	Last Name	First Name	M.I.	SSN Please leave blank if already enrolled	DOB Please leave blank if already enrolled	Issue Card Y/N*
Spouse						
Child						
Child						
Child						
Child						

Benefit Elections	Enter Per Pay Amount	Number of Pays	Annual Election
FSA (\$3200 MAX)			
DCA (see below)			
Limited FSA (\$3200 MAX)			

FSA = Flexible Spending Account DCA = Dependent Care Account (Dependent Care Maximum \$ 5,000 annually for married couples filing joint returns or \$2,500 annually for married individuals filing a separate return **Limited FSA = Vision and Dental Only**

I hereby apply for the options listed above. I authorize my employer to adjust my pay as required by my election. I understand that the benefit options I have elected will remain in effect throughout the plan year, unless I have a change in family status. I also understand that any unspent money remaining in my FSA or LFSA that is above the allowable \$640 rollover will be forfeited. I agree that if my employer pays out of FlexSave Spending Accounts, whether by inadvertence or design, more than I was entitled to receive, my employer may withhold amounts from my wages until the improperly paid portion has been recovered.

Date: _____ Signature: _____