FBA NATIONAL

Welcome to Your 2027 Flexible Spending Benefits

Plan Year January 01, 2027, through December 31, 2027

Enclosed please find the following Flexible Spending Account Information:

- Benefit Debit Card Information
- Benefit Flyer
- Frequently Asked Questions (FAQ's)
- Online and Mobile App Tools
- Healthcare Claim Form
- Dependent Care Claim Form



GREAT NECK SCHOOL DISTRICT/FSA

The easy way to access all of your benefits.

It is that time of year again for the Open Enrollment Period for the Flexible Spending Plan. If you wish to participate in the Flexible Spending Plan enrollment will begin from November 4, 2026 through November 25, 2026. You must re-enroll in the flexible spending account for medical and/or dependent care. This benefit does not roll over and your benefit will be cancelled if you do not re-enroll.

Please DO NOT discard your current Benefit Debit Card.

If you choose to re-enroll for the upcoming plan year January 01, 2027, through December 31, 2027, your benefit debit card will be replenished with the dollar amount that you have elected for the January 01, 2027, through December 31, 2027 Plan Year.

If you are enrolling for the first time, your Benefit Debit Card will be mailed to your address that you have provided on your Great Neck School District enrollment form.

How long is my card valid?

As long as you do not have a break in participation, you can use your card for multiple years, until the expiration date printed on it. If you are still a participant when your card expires, a new card will be automatically mail to you.

Below you will find information in regard to the roll out of the Benefit Debit Card. Remember if you choose not to use the Debit Card you must file a hard copy claim with the necessary documentation to receive your reimbursement.

Access to Funds
Your benefit debit card gives you easy access to the funds in your tax-advantaged benefit account by swiping the card at the point of sale. The card can be used at any qualified service provider that accepts MasterCard. Funds are automatically transferred from the benefit account directly to qualified providers with no out-of-pocket cost and no need to file a claim for reimbursement.

Your benefits debit card virtually eliminates:

- **Out-of-pocket expenses**
- **Claim forms**
- **Reimbursement checks**

Your benefits debit card is as easy as 1-2-3

1. **Check your account balance**
   You can view your transaction history, current balance, claim status, and more by logging in online at: www.fbanational.com contact FBANational at: (855) 374-6431 for any questions in regards to creating a new account for your card

2. **Swipe your benefit debit card**
   Swipe the card at the point-of-sale for eligible products and services. IRS rules and regulations still apply. Most major retail chains utilize a system that will auto-substantiate the purchase, meaning it will approve eligible expenses without requiring submission of receipts. If a purchase is greater than your account balance, you can split the cost at the register or you may submit a manual claim.

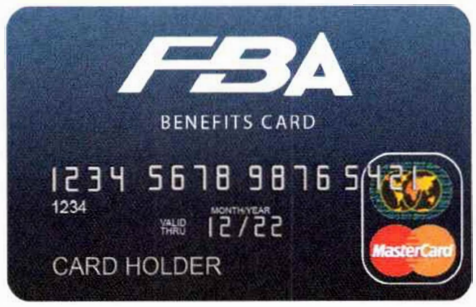
3. **Keep all your receipts**
   Though the need for documentation is greatly reduced, it is a good practice to save your receipts in the rare instance documentation is requested by your administrator or in case of an IRS audit.

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FBA National Benefits Card

- Flexible Spending Account (FSA)
- Dependent Care Account (DCA)

Save on medical/dependent care expenses using our easy-to-use FBA Benefits Card!

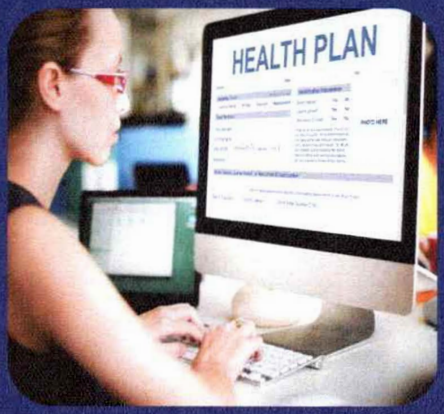


FBA Benefits Card allows employees to use pre-tax dollars on qualified medical expenses and/or qualified dependent care expenses.

This gives employees an easy way to access funds. Each FBA Benefits Card is funded through payroll deductions for easy to use tax-free dollars.

FBA National Flexible Spending Account Snapshot

- Eligible medical expenses are governed by IRS Section 213(d).
- For the year of 2027, elect up to $3,500 for qualified medical expenses, and/or up to $7,500 for qualified dependent care expenses.
- The FBA Benefits Card allows employees to spend on qualified expenses at the point-of-sale.
- The FBA Benefits Card has no PIN. Simply enter the card as credit.



Convenient Web/Mobile Tools for Managing Account Balances Accessing Reports & Valuable Resources



GET IT ON Google Play

Download on the App Store



FBA National

333 Earle Ovington Blvd Suite 510,

Uniondale, NY 11553

www.fbanational.com

Customer Service: (855) 374-6431

Claims Fax: (833) 930-1024

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Welcome To Your Flexible Spending Accounts

What is an FBA Flexible Spending Account?

With an **FBA Flexible Spending Account**, you can pay for eligible medical, dental, and vision expenses. Your account will be funded using tax-free dollars, saving you money on federal income taxes, social security (FICA) taxes, or state income taxes (varies by state).

Your yearly election amount cannot exceed the IRS limits: Section 125 Flexible Spending Reimbursement Limit for 2027 is $3,500.

What is an eligible expense?

Most dental and prescription vision expenses are eligible. Eligible medical expenses must be included in IRS Section 213(d). Eligible expenses include but are not limited to:

- Dental services and copayments.
- Vision services such as opticians and prescription lenses.
- Prescription copayments.
- Medical products and services (eligible under IRS Section 213(d).
- For a complete list of eligible products and services, please visit **www.fsastore.com** or **www.fbanational.com**.

What is an FSA rollover?

Historically, FSA users would forfeit any unused FSA funds at the end of the plan year because of the use-it-or-lose-it rule. While this rule is still in place, the FSA rollover option provides you with a measure of relief by giving you the ability to rollover up to $700.00 of unused funds to the following plan year. The rollover amount does not count toward the maximum allowable 2028 IRS FSA limit. The rollover funds will be additional funds added to your 2028 election.

Example-If you are currently enrolled in the 2027 FSA plan and you have a balance of $200.00 at the end of the 2027 plan claims filing deadline of March 31, 2028, the unused funds of $200.00 will roll over to your 2028 FSA account as a rollover dollar amount. If you have $200.00 remaining on your 2027 FSA account after the March 31, 2028, claims filing deadline but you did not enroll in the 2028 FSA plan your funds are not forfeited, your unused funds of $200.00 will rollover to the 2028 FSA plan year. Yes, you will be able to use your available funds for eligible expenses under the IRS section 125 (FSA).

What are the benefits of the FSA rollover option?

- Minimizes your risk of forfeiting unused FSA funds at the end of the plan year.
- You no longer need to precisely predict your out-of-pocket healthcare expenses for the coming year in an effort to choose the "right" FSA election amount during open enrollment.
  Gives you more flexibility to pay for eligible healthcare expenses as they arise, rather than rushing to spend all unused FSA funds at the end of the plan year.

Flexible Spending Accounts
FSA Frequently Asked Questions (FAQ's)

What is an FSA?
A healthcare flexible spending account (FSA) is an employer-sponsored benefit that allows you to set aside pre-tax dollars into an account to be used for eligible medical expenses.

Why should I participate in an FSA?
Contributions to the FSA are deducted from your paycheck on a pre-tax basis, reducing your taxable income. You can increase your spendable income by an average of 30% of your annual contribution with the tax savings.

How do I contribute money to my FSA?
Your annual election will be divided by the number of pay periods in your plan year. This amount will be deducted from your paycheck before taxes are assessed.

How much can I contribute to my FSA?
Annual contributions may not exceed $3,500 per year, as determined by the IRS.

Who is eligible under an FSA?
An FSA covers eligible expenses for you and all your dependents, even if they are not covered under your primary health plan.

What expenses are eligible for reimbursement?
Health plan co-pays, deductibles, co-insurance, eyeglasses, dental care, medications, and certain medical supplies are covered. The IRS provides specific guidance regarding eligible expenses. (See IRS Publication 502). There is a full list of eligible expenses on our website https://fbanational.com/medical-expense-eligibility-list.

How do I determine the date my expenses were incurred?
Expenses are incurred at the time the medical care was provided, not when you are invoiced or pay the bill.

How do I get the funds out of my FSA?
If you have a benefits debit card, simply swipe it at the register. Otherwise, just file a claim including the receipt documenting the type, amount, and date. Once approved, your reimbursement check will be mailed or deposited into your bank account.

What happens if I don't spend all of my FSA by the end of the plan year?
Be sure to only allocate dollars for predictable medical expenses. Any unused funds at the end of the plan year are typically forfeited, also called the use-it-or-lose-it rule. Please review your enrollment form for additional details in regards to the rollover of unused funds.

How soon can I start spending my FSA funds?
With a healthcare FSA, your entire annual election amount is available on the first day of the plan year even though you have not yet contributed that amount.

Can I change my election amount mid-year?
Elections can only be altered if you experience a change in status as defined by IRS regulations, Qualifying Life Event (QLE), such as marriage, divorce, birth, or death in your immediate family.

What happens to my FSA if my employment is terminated?
Participation in your FSA is also terminated. This means that only expenses that were incurred prior to your termination date are eligible for reimbursement. You have 90 days from date of separation of employment to file any eligible expenses incurred while you were employed.

What is the deadline for submitting claims?
You can submit claims for reimbursement at any time during the same plan year that you incur the expense.
You have 90 days after the plan year to submit all eligible expenses. All claims must be posted marked no later than March 31,2028, if not your claim will be denied for late filing.

Can I still deduct healthcare expenses on my tax return?
Yes, but not the same expenses for which you have already been reimbursed from your FSA.

Are over-the-counter (OTC) medications eligible for reimbursement?
Yes, OTC medications are FSA-eligible. **https://fbanational.com/medical-expense-eligibility-list.**

What is a Letter of Medical Necessity?
The IRS mandates that eligible expenses be primarily for the diagnosis, treatment, or prevention of disease or for treatment of conditions affecting any functional part of the body. For example, vitamins are not typically covered because they are used for general wellness, but your doctor may prescribe a vitamin to treat your medical condition. The vitamin would then be eligible if your doctor verified the necessity in treatment.

Dependent Care Accounts (DCA)
DCA Frequently Asked Questions (FAQ's)

What is a dependent care FSA (DCA)?
A DCA is a flexible spending account that allows you to contribute a portion of your paycheck before taxes are taken out to pay for qualified dependent care expenses so that you can work or look for work.

Why should I participate?
Since contributions to the account are deducted from your paycheck before income taxes are assessed, your taxable income is reduced. Participants enjoy a 30% average tax savings on the total amount they contribute to the account.

How do I contribute money to my DCA?
Once you make your annual election during open enrollment, your employer will deduct this amount from your paycheck before taxes is assessed inequal amounts throughout the year.

How much can I contribute?
The IRS limits annual contributions to $7,500 on income tax returns for single or married filing jointly, and $3,750 for married filing separately.

Who qualifies as a dependent?
You can use your DCA to pay for care for children under age 13 that you claim as dependents, as well as adults or other relatives that are incapable of caring for themselves (if you provide more than 50% of their support).

What type of care is eligible?
Eligible expenses must be for the purpose of allowing you to work or look for work. Services maybe provided at a child or adult care center, nursery, preschool, after-school, summer day camp, or a nanny in your home.

What type of care is not eligible?
Care expenses that are not eligible to be paid with DCA funds include care for a child over age 13, overnight camp, babysitting that is not work related, school fees for kindergarten and higher grades, and long-term care services.

Do I have access to my entire DCA election amount at the beginning of the year?
No, you will only have access to DCA funds that have already been deducted from your paycheck.

Are there any rules about who can care for my dependents?
Yes. You can not use funds to pay for care provided by a spouse, a person you list as a dependent for income tax purposes, or one of your children under the age of 26.

How do I use the funds in my account?
If you have a benefits debit card and your care provider accepts credit cards, you may pay directly from your account. Otherwise, pay out-of-pocket and then file a reimbursement claim form with your eligible expenses. You must submit an itemized bill with a completed claim form.

What happens if I don't spend all of my DCA funds by the end of the plan year?
It is essential to estimate conservatively during elections. Any unused funds at the end of the plan year are forfeited, also called the use-it-or-lose-it rule.

What is the deadline for submitting claims?
You can submit claims for reimbursement at any time during the same plan year that you incur the expense. You have 90 days after the plan year to submit all eligible expenses. All claims must be posted marked no later than March 31,2028, if not your claim will be denied for late filing.

Can I change my election amount mid-year?
Typically, you cannot change your contribution mid-year. However, if you experience a Qualifying Life Event (QLE) such as the birth of a new child, or if your childcare provider significantly increases their rates, you may be eligible to adjust your contribution.

What happens to my account if my employment is terminated?
Participation in the plan is also terminated. This means that only expenses that were incurred prior to your termination date are eligible for reimbursement. You have 90 days after your separation date of employment to file eligible expenses while you were employed.

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Online & Mobile Account Tools:
First Time Account Registration & Login Instructions

Once your enrollment is received and entered into the system you will be able to access your account information online by following these instructions:

1. Visit https://fbanational.com/Benefit Card login to open the registration page for the FBA Account Management Portal.
   Choose your username and password. The password must be at least 8 characters long, can't have the same character repeated 3 times in a row, and must include at least three of the following: capital letter, lower case letter, number, or special character (!, @, #, %, ^, &, *, etc.).
2. Your Employee ID is your Social Security Number (no dashes), unless your employer uses another type of identifying number.
3. Under Registration ID, select Card Number from the dropdown box. Your Registration ID is the number on the front of your card. If you do not have an FBA Benefits Card, please call us at (855) 374-6431 or email us at FBA Account Management Portal for further assistance.
4. You will be asked to create answers for a set of security questions. Make sure you keep a record of your answers as this will help you reset your password in the event you are unable to login to your account.
5. You can now access your account online by logging in using your username and password.

Mobile Account Access

Once you have registered for an online account, you can access your account on your smart phone using the FBA Flex Benefits Mobile Application, available on the Apple App Store and Google Play Store:

1. Click the links above, or on the Apple App Store or Google Play Store, search for "FBA Flex Benefits" and download the application.
2. In the application, enter your username and password to login.
3. You can now use the mobile application to access your account information, check balances, and submit claims.

What is the FBA Benefit Card?

Your **FBA Benefit Account** is eligible for the **FBA Benefit Card**. You can use the card to pay for eligible expenses at the point-of-sale, eliminating the need to submit paper forms. There is no pin number. For transit accounts, you may be asked to enter your zip code. The **FBA Flex Benefits Mobile Application** (available on iOS and Android) can be used to manage your account, check your balance, and submit claims on-the-go.

How do I check my balance?

You can check your balance by calling **(855) 374-6431**, logging into your account at **www.fbanational.com**, or by logging into your account using the **FBA Flex Benefits Mobile Application**. Registration instructions for your online account are included in this document.

How do I submit claims?

If the card is not accepted at the point-of-sale, you can request to be reimbursed. To submit a reimbursement request, you must send us a completed claim form and proof of eligible expense(s) using one of the following methods:

- Online at by logging in to our web portal.
- Using the **FBA Flex Benefits Mobile Application**.
- Emailing to claims@fbanational.com.
- Faxing to **(833) 930-1024**.

A claim form has been included in this document. If you wish to be reimbursed bydirect deposit to your bank account, you must include either a copy of a void check or a direct deposit authorization form from your bank.

If you have any questions regarding your **FBA Benefit Account,** please call us at **(855) 374-6431** or email us at info@fbanational.com.

HEALTH CARE SPENDING ACCOUNT
Claim for Reimbursement

NAME OF EMPLOYER		
EMPLOYEE NAME	**SOCIAL SECURITY NUMBER**	
EMPLOYEE ADDRESS	**STREET**	**CITY**
STATE	**ZIP**	**PHONE NO:**

HEALTH CARE EXPENSES

PATIENT NAME	DATES OF SERVICE FROM	TO	PROVIDER OF SERVICE	(A) TOTAL CHARGE	(B) AMOUNT PAID BY OTHER SOURCES	(A-B) AMOUNT TO BE REIMBURSED
					TOTALS	

CERTIFICATION

I certify that the expenses for which I am requesting reimbursement meet all of the conditions listed below:
- They were incurred for services or supplies received by me or my eligible dependents under the plan.
- They were for services or supplies furnished while I was a participant in the Plan.
- I have not been reimbursed for these expenses, and they are not reimbursable from any other health plan.

I understand that reimbursement of these expenses can be requested and made only after I have collected all benefit payments available from all plans under which my eligible dependents and I are covered. I further certify that I have not deducted nor will deduct on my individual income tax return any of the expenses reimbursed through my Health Care Spending Account.
I understand that reimbursement will be made in accordance with the provisions of the plan which I participate. I accept responsibility for the proper treatment of benefits paid under this plan with respect to eligibility, income tax reporting, and liability.

COMPLETION OF CLAIM FORM

- Complete all information on the claim form for each amount claimed for reimbursement.
- Make sure the claim does not include items for more than **one plan year**.
- You **must** sign and date claim form.
- A copy of a bill or other written statement from the provider of service **is acceptable only when NO other insurance is applicable.**
- **Cancelled Checks/Credit Card Statements are NOT acceptable.**
- If insurance is applicable, a statement/explanation of benefits from **ALL MEDICAL/DENTAL INSURANCE CARRIERS SHOWING DEDUCTIBLE, COPAYMENTS AND PAYMENTS IS REQUIRED.**

EMPLOYEE SIGNATURE_____**DATE**_____

MAIL COMPLETED FORM TO:

FBA NATIONAL
333 EARLE OVINGTON BLVD, SUITE 510
UNIONDALE, NY 11553
PHONE (855) 374-6431 FAX (833) 930-1024
www.fbanational.com

DEPENDENT CARE SPENDING ACCOUNT
CLAIM FOR REIMBURSEMENT

Name of Employer_____

Employee Name _____ **Social Security** _____

Employee Address_____
Street **City**

_____
State **Zip** **Mobile #**

Dependent Name	**Date of Birth**	**Relationship to Employee**
_____	_____	_____
_____	_____	_____
_____	_____	_____

Please complete the information below and attach corresponding bills or receipts with dates of service for each listed provider.

Name: _____ Name: _____

Address: _____ Address: _____
_____ _____

Tax I.D. or _____ Tax I.D. or _____
Soc. Sec. #_____ Soc. Sec. #_____

Dates of Service:_____to_____ Dates of Service: _____to_____

If dependent care was provided in your home, complete the following:

Household Services Relating To The Care Of A Qualifying Individual (s) $_____
FICA And FUTA Taxes on Wages Paid To A Housekeeper $_____
Room And Board Expenses Incurred Outside The Home For A Housekeeper $_____
Transportation Expenses of A Housekeeper $_____
Other (please list)
_____ $_____
_____ $_____
_____ $_____

If your eligible expenses were incurred outside of your home, complete the following:

Services Related To The Care Of Qualified Individual(s)
And Incurred in A Day Care Provider's Home/Day Care Center $_____

TOTAL DEPENDENT CARE REIMBURSEMENT REQUESTED: $_____

CERTIFICATION
I certify that I and/or my eligible dependents have incurred the expenses for which reimbursement is claimed from the Flexible Spending Account. I further declare that I have not and will not deduct these expenses on my Individual Income Tax Returns. I certify that the above eligible expenses have been (or will be) paid for the care of a qualified individual(s).
EMPLOYEE SIGNATURE_____DATE_____

MAIL COMPLETED FORM TO:

FBA NATIONAL
333 Earle Ovington Blvd, Suite 510
Uniondale, NY 11553
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WWW.FBANATIONAL.COM