Flexible Spending Accounts (FSAs)

Flexible Spending Accounts (FSAs) allow you to set aside a portion of your salary, before taxes, to reimburse yourself for certain amounts spent for eligible medical or dependent child care expenses that are necessary for you to work.

You do not need to be enrolled in the Mamaroneck medical plan to participate in the Health Care or Dependent Care FSAs.

Examples of Eligible Expenses	
Health Care FSA	**Dependent Care FSA**
Plan deductibles, copays and coinsurance	Expenses are reimbursable for dependent children to age 13 and eligible dependent adults
Amounts above reasonable and customary limits	Fees for day care provided by individuals or day care centers
Non-covered vision expenses and supplies	Cost for in-home dependent care
Over-the-counter drugs prescribed by a physician	Cost for a nursery school or summer day camp
	Cost for home health care for an elderly dependent while you are at work

*Caregivers are required to provide tax ID numbers in order for expenses to qualify.

Visit www.benefitresource.com for a current list ovf eligible expenses.

How Much You Can Contribute to Your Flexible Spending Account in 2027	
Medical FSA	$3,500.00
Dependent Care FSA	$ 7,500 if single or married and filing jointly; $3,750 if married filing separately

Beniversal Card for Medical FSA

- Participants will receive a Beniversal Card for Medical FSA
- The Beniversal Card allows you to pay for eligible medical services at qualified merchants.

Use It or Lose It

The plan year begins on January 1 and ends on December 31.
Keep in mind that you should contribute only as much as you expect to spend on qualified reimbursable expenses during the year.

Claims for reimbursement of charges incurred within the plan year must be received by Benefit Resource, Inc. before the 90-day run-out after the plan year ends or funds will be forfeited.

You can access a claim form by going to www.benefitresource.com/forms. You must submit a claim form, along with all related documentation, by using one of the following four options:

- Use the BRIMobile app on your smartphone
- Log in to www.benefitresource.com
- To access your on-line account enter:
  - Company Code: ***Mamaroneck***
  - Member ID: ***Employee Social Security number***
- Mail to the address listed on the claim form
- Fax to the number listed on the claim form