

Section 125 Flexible Spending Account Employee Enrollment Information



PAYCHEX®
HR Services

What Is an FSA?

Your benefits package includes a Flexible Spending Account (FSA), which allows eligible employees to set aside a specific pretax dollar amount for unreimbursed medical, dental, vision, orthodontia, and dependent care expenses. If you have predictable out-of-pocket expenses, you may want to consider enrolling in the FSA.

Depending on your plan, you have the option to join two separate FSA accounts:

An Unreimbursed Medical Account* can be used for eligible medical, dental, and vision expenses. Examples include:

- Office visit co-pays
- Deductibles
- Prescription eyeglasses or contact lenses
- Dental cleanings
- Orthodontia

*For a list of common medical, dental, and health-related expenses typically considered to be qualifying expenses, please refer to the list on the back of the Flexible Spending Account (FSA) Reimbursement Claim Form for Unreimbursed Medical Expenses in this booklet or go to benefits.paychex.com.

A Dependent Care Account can be used for custodial expenses for a claimed dependent. Examples include:

- Day care center or babysitter to allow you (and your spouse, if married) to work, actively look for work, or be a full-time student
- Custodial or elder care



Why Should I Participate in an FSA?

Tax Savings. FSA deductions come out of your paycheck before most withholding taxes are computed, reducing your taxable income and **increasing your take-home pay!**

Budgeting. Regular payroll deductions help you budget medical, dental, vision, orthodontia, and dependent care expenses.

Ease and Convenience. The PBA Employee Website is available 24 hours a day/7 days a week, at <https://benefits.paychex.com> and you can contact Paychex Employee Services at PaychexBenefitAccount@paychex.com or by phone at 877-244-1771 Monday through Friday from 8:00 a.m. to 8:00 p.m. ET.

When Can I Enroll in FSA?

Open Enrollment

If you meet the plan's eligibility requirements outlined in the Summary Plan Description (SPD)*, you can enroll or change your annual election for the upcoming year during the open enrollment period using our website or automated phone system. The effective date for benefit plans elected during open enrollment is January 1 of the following year.

Note: For new plans, you will be able to enroll online or by phone approximately two weeks prior to your plan effective date.

Sole proprietors, partners in a partnership, greater than two percent owners of an S-Corporation, and members of LLCs taxed as such, and their family members, are ineligible to participate in a Section 125 plan.

You do not need to re-enroll in the FSA plan each year. If you do not submit a change or a request to cease participation during open enrollment, the annual election amount currently on file will be used for the following plan year.

Note: The IRS maximum annual employee contribution for Unreimbursed Medical Expenses (UME) for 2015 is \$2,550. Please refer to the SPD* for your plan's maximum contribution as it may be different from this amount.

*You can view the SPD at benefits.paychex.com or request a copy from your employer.

Entry Date Enrollment

If you are a new employee who has met the eligibility requirements outlined in the SPD, you need to submit a paper enrollment form, which can be obtained online on the PBA Employee Website on the Tool & Reports tab, under Forms or from your employer. If you are eligible for enrollment, but do not enroll prior to your eligibility/effective deadline, you will not be eligible again until January of the following year unless a qualifying event occurs.

How Do I Know How Much to Contribute?

Use the Flexible Spending Account Deduction Worksheet in the back of this booklet to calculate your eligible expenses and determine the per-pay-period FSA deduction amount. You can also use our online calculator at www.paychex.com/print/fsa-calc.

Important: Be sure to consider the maximum amount your employer allows for unreimbursed medical expenses (refer to the SPD) and any amount he is contributing toward the plan. The maximum household deduction* allowed for dependent care expenses, per federal guidelines, is \$5,000.

*A "household" can be described as the total number of taxpayers (living as spouses as defined under federal law) who are filing tax returns either jointly or separately. The amount of dependent care assistance is limited to \$5,000 per tax year (\$2,500 for married individuals filing separate returns).

Enrolling

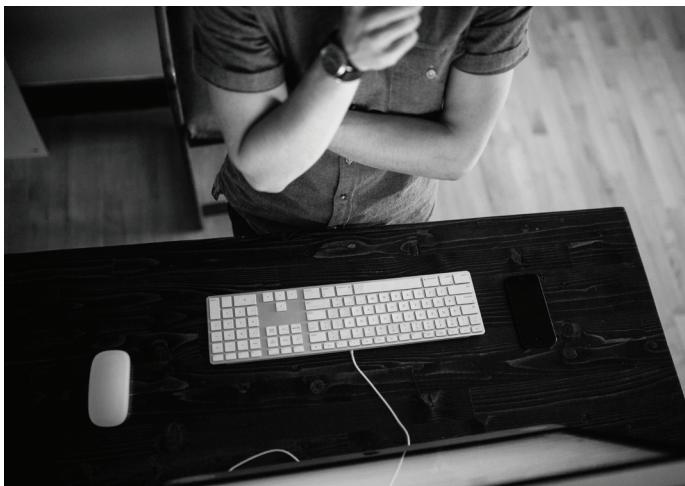
You can enroll in the FSA plan using one of the following options:

1. Online

- Log in to benefits.paychex.com and select **Paychex Benefit Account**.
- If you have not already registered, select **Register for a New Account** and follow the prompts. Use the Online Enrollment Instructions section of this booklet to help you enroll.

2. Phone

- Call 877-244-1771, say **Flexible Spending Account**, then **Enrollment**, and follow the rest of the prompts.



How Do I Get Reimbursed?

Eligible Expenses

Medical expenses are eligible for reimbursement provided that they are to diagnose, treat, or prevent an existing medical condition, and you have not been reimbursed for them through any other benefits plan. Some items may require a prescription, doctor's note, or additional certification from a medical provider to show expenses are eligible.

For a list of common medical, dental, and health-related expenses typically considered to be qualifying expenses, please refer to the list on the back of the Flexible Spending Account (FSA) Reimbursement Claim Form for Unreimbursed Medical Expenses gothe PBA Employee Website at <https://benefits.paychex.com> on the Tools & Support tab.

Submitting Claims

After you have paid for a medical or dependent care expense using out-of-pocket funds, claims and appropriate documentation can be easily submitted online at <https://benefits.paychex.com> to request reimbursement.

Receipts must include: the name of the service provider, date(s) of service, dollar amount of the service, and a description of the service provided. A prescription must be included with the receipt for over-the-counter medicine and drug purchases other than insulin.

Use the Submitting Claims instructions section of this booklet to help you submit claims online.

Claims are processed within two business days of receipt, payments are issued after the claim is processed and may take more than two days. Please continue to check the status of the claim on the PBA Employee Website for confirmation that the claim has been accepted and approved.

If your claim denied, or needs additional documentation, you will receive an email or written notification explaining the reason for the denial or need for additional documentation. You can access your claims status anytime at <https://benefits.paychex.com> or by calling 877-244-1771.

Orthodontia

For orthodontia reimbursement, you must provide a copy of an orthodontia contract indicating the length of treatment and schedule of payments. This information is required since treatment of orthodontia is ongoing, and reimbursement of medical expenses prior to services being rendered is not permitted. You can use the Flexible Spending Account (FSA) Reimbursement Claim Orthodontia Services function on the PBA Employee Website on the Tools & Support tab.

You will not be reimbursed in full if the orthodontia bill is paid up front. Once Paychex receives the contract, you must submit a claim form and itemized receipt from the service provider in order to be reimbursed. The claim form and receipt must match the amount listed on the payment schedule of the orthodontia contract.

Note: You can elect to submit only one claim form each plan year for the total amount of orthodontia care as opposed to monthly amounts. Services will be allocated over the length of the contract, and you will receive reimbursement as services are incurred.

Reimbursement Request Timeframes

You have up to 90 days ("closeout period") after the end of the plan year (December 31), or termination of your employment, to submit claims for reimbursement. Eligible expenses must be incurred during the plan year (up to and including your termination date) while you are an active participant.

Your employer may choose to offer one of the following options for your FSA plan.

- Your employer may offer a grace period up to and including March 15 of the following year to incur expenses that can be reimbursed from your prior year's account. This applies only if you were an active participant on the last day of the plan year (December 31) and have a balance remaining in your prior year's account. If a reimbursement received by March 31, 2016, is put "on hold" because we need additional documentation, you have until May 15, 2016, to submit the required documentation.
- Your employer may offer an option to carry over up to \$500 of unreimbursed medical expense funds from the current year to the following year. This allows you to incur expenses up to and including December 31 of the following year that can be reimbursed from your prior year's account. This applies only if you were an active participant on the last day of the plan year (December 31) and have a balance remaining in your prior year's account. If a reimbursement received by March 31, 2016, is put "on hold" because we need additional documentation, you have until May 15, 2016, to submit the required documentation.

Reimbursement requests will be processed in the order in which they are received. If your employer offers a grace period or \$500 carryover, submit reimbursement requests for services from the previous plan year before you submit claims for the current year to ensure that you receive the maximum benefit.

FSA Debit Card

You can use your PBA debit card to access your funds and pay for FSA-eligible items and services at a point-of-sale terminal rather than submitting a reimbursement claim request online.

You can also use your FSA debit card at www.paychex.com/fsastore-employee to purchase FSA-eligible products.

Depending on the items purchased, you may still need to submit documentation to validate the expense as eligible under the plan. You will receive a notification from Paychex if documentation is required; please respond to the notice promptly so your debit card remains active.

To stay up-to-date about vendor card acceptance and see the most current list of accepting merchants, refer to www.sig-is.org.

FSA Direct Deposit

FSA direct deposit allows you to receive medical and dependent care claim reimbursement through direct deposit to your bank account. You can set this up on the PBA Employee Website at <https://benefits.paychex.com>.

Termination

If your employment is terminated, you will have 90 days to submit receipts for expenses incurred on or prior to your termination date. Additionally, you have 90 days from your termination date to submit documentation for any claims that were placed on hold or required substantiation prior to your termination date.

Forfeitures

All claims for services incurred on or before December 31 must be submitted by March 31 of the following calendar year. If unclaimed funds remain in your account after the claim filing and resolution deadlines, they are forfeited to the plan and cannot be reimbursed.

If your employer offers the grace period, you will have until March 15, 2016, to incur expenses; however, you must submit requests for reimbursement by March 31. If unclaimed funds remain in your account after this time, they are forfeited to the plan and cannot be reimbursed.

If your employer offers the carryover option, you can carry over up to \$500 of your prior year's remaining account balance; however, any amounts in excess of the plan's carryover limit will be forfeited to the plan and cannot be reimbursed.

Please contact your plan administrator to determine whether your company offers the grace period or carryover option.

Changing Your Election

Your FSA election cannot be changed during the plan year unless you experience a qualifying event. Qualifying events include:

- Marriage* or divorce
- Death of your spouse* or dependent
- Birth or adoption of a child
- Termination or commencement of spouse's* employment
- Change in employment status from part-time to full-time or full-time to part-time for you or your spouse*
- Unpaid leave of absence by you or your spouse*
- Eligibility or ineligibility of Medicare/Medicaid
- Cost-motivated dependent care changes, such as cost increases/decreases (for example, relative becomes available to watch child)

*As defined under federal law.

Please refer to the SPD for more information about changing your deduction. If a qualifying event has occurred, you must submit supporting documentation and enrollment modifications to your employer within 30 days of the event.

In addition, under federal regulations you cannot move money between your medical and dependent care accounts.

What Tools Can I Use to Manage My FSA?

Visit the PBA Employee Website at <https://benefits.paychex.com> or use the Paychex mobile app anytime to:

- Update your email address or home phone number.
- Access, submit, and track FSA claim, payment, and balance information.
- Review account balances and election amounts.
- Request FSA forms.
- View important FSA-related communications.

Note: To find out how to download the PBA mobile app to your smartphone, go to <https://benefits.paychex.com> or click Download Mobile App from your home page.

You can also call the automated Paychex Employee Services phone line at 877-244-1771.



Claims Submission Instructions

- Log in to <https://benefits.paychex.com>, and select Paychex Benefit Account.
- You will go to your Home Page, where you can see a quick view of your plan information and available balance(s) for the plan year.

The screenshot shows the Paychex Benefit Account Home Page. At the top, there's a navigation bar with links for Home, Accounts, Profile, Statements & Notifications, Tools & Support, and Dashboard. Below the navigation, a "Welcome!" banner says "We're Making it Easy to Manage Your Healthcare Expenses" with a link to "View More". On the left, there's a sidebar titled "I Want To..." with "File A Claim" and "Manage My Expenses" buttons. Below the sidebar, "Available Balance" sections show "Dependent Care" at \$70.00 and "FSA" at \$428.85. In the center, a "Message Center" section has a link to "Download Mobile App". Under "Quick View", there are two charts: "Paid Claims By Category" (a pie chart with segments for Adult, Child, Drugs & Medicine, and Medical Expenses) and "Contributions To Date" (a bar chart showing contributions from 1/1/2015 to 12/31/2015).

- Click **File Claim**.

The screenshot shows the "File Claim" page. It has a header with links for HOME, ACCOUNTS, PROFILE, STATEMENTS & NOTIFICATIONS, TOOLS & SUPPORT, and DASHBOARD. The user is logged in as SCOTT BROWN. The main form fields include:

- Account Type:** Medical (dropdown menu)
- Do you have a valid receipt?**: Radio buttons for No and Yes, with a "What is a valid receipt?" link.
- Receipt:** A button labeled "Upload Receipt" with a note: "You are required to upload receipts in order to successfully submit your claim."
- Date of Service:** A date input field with placeholder text "Format date as mm/dd/yyyy."
- Claim Amount:** A text input field with a dollar sign prefix.
- Provider:** A dropdown menu.
- Category:** A dropdown menu with "Choose from list..." option.
- Type:** A dropdown menu with "Choose from list..." option.
- Description:** A text input field with a note: "If the category is 'Other' or 'Over-the-Counter Drugs', you must provide a description."
- Recipient:** Radio buttons for Marcia Brown and SCOTT BROWN, with an "Add Dependent" link.
- Did You Drive To Receive This Product/Service?**: Radio buttons for No and Yes, with a "How is mileage claimed?" link.
- Mileage Reimbursement:** A text input field.
- Total Claim Amount:** A text input field.

 At the bottom, there are "Required field" labels, "Add Claim" and "Cancel" buttons, and a "Questions?" link with contact information.

- Fill out all the information to submit the claim.
- Account Type will be a drop down of Medical or Dependent Care depending on what the plan allows and/or if dependents are listed on the account.
- You cannot file a claim without having a valid receipt.
- Receipt upload must be .jpg, .gif or .pdf file type and cannot be larger than 2MB.

The screenshot shows a completed "File Claim" form. The fields filled in are:

- Account Type:** Medical
- Do you have a valid receipt?**: Yes
- Receipt:** Resale_Service.pdf (with "Remove" and "Upload Receipt" buttons)
- Date of Service:** 02/01/2015
- Claim Amount:** \$ [redacted]
- Provider:** Bright Smiles
- Category:** Dental
- Type:** Dental Copay
- Description:** [redacted] (with note: "If the category is 'Other' or 'Over-the-Counter Drugs', you must provide a description.")
- Recipient:** SCOTT BROWN (radio button selected)
- Did You Drive To Receive This Product/Service?**: Yes (radio button selected, with "Calculate Total" button)
- Mileage Reimbursement:** \$2.30
- Total Claim Amount:** \$52.30

 At the bottom, there are "Required field" labels, "Add Claim" and "Cancel" buttons, and a "Claims Basket (0)" link.

- Click **Add Claim**. This will bring you to your Claims Basket where you can either add more claims or complete the submission process.

The screenshot shows the "Claims Basket" page. It has a header with a "Claims Basket (1)" link. The table shows one claim:

Account	Expense Details	Claim Amount	Actions
FSA (01/01/2015 - 12/31/2015)	\$50.00 on 2/1/2015 From Bright Smiles for SCOTT BROWN Dental Copay Payable to SCOTT BROWN	\$52.30	Update Remove

 Below the table, there are "Terms and Conditions" terms (checkbox for "I have read and agree to the Terms and Conditions") and "Submit Claim(s)" and "Add Another Claim" buttons.

Note: If you log out of your PBA account at any time without submitting the claims in the Claims Basket, you will need to re-enter your claims. The Claims Basket does not save data in between login sessions.

6. To submit, confirm that you've read the Terms and Conditions, and then click **Submit Claim**.

Claim Confirmation		
Claim Successfully Submitted You may print your Claim Confirmation Form as a record of your submission.		
We will process your reimbursement within two business days following the date we receive the required documentation from you.		
Account	Claim Details	Receipt Status
FSA (01/01/2015 - 12/31/2015)	\$52.30 on 2/1/2015 From Bright Smiles for SCOTT BROWN Payable to SCOTT BROWN	Uploaded Upload another Receipt

7. You may also access a copy of the Claims confirmation form.

You have successfully filed the claim(s) listed below.

We will process your reimbursement within two business days following the date we receive the required documentation from you.

Claim Number	Plan	Date of Service	Provider / Merchant	Recipient	Receipt Amount	Mileage Amount	Receipt Status
S435SS150311P0000101	FSA	2/1/2015	Bright Smiles	SCOTT BROWN	\$50.00	\$2.30	Uploaded
				Totals:	\$50.00	\$2.30	

Remember, regardless of which (if any) receipts you are required to submit, you are responsible for retaining a copy of all receipts for three years in the event you or your Pre-tax Account plan are audited by the IRS.

You can check the status of a claim at any time by accessing your Dashboard.

Expense Summary					
	Total Healthcare Expenses	Total Paid Expenses	Total Unpaid Expenses		
	\$180.75	\$71.15	\$109.60		

Total Eligible to Submit: \$0.00					
Date	Expense	Recipient/Patient	Merchant/Provider	Submitted Amount	Status
02/17/2015	Pharmacy	Marcia Brown	Doctor	\$52.30	\$
02/01/2015	Pharmacy	SCOTT BROWN	-	\$26.15	\$
02/01/2015	Dental	SCOTT BROWN	Bright Smiles	\$52.30	\$

Payment Details					
Claim Number:	S435SS150311P0000101	Date(s) of Service:	2/1/2015		
Account:	FSA	Requested On:	3/1/2015		
Expense Category:	Dental	Pending:	\$52.30		
Source:	Online				
Receipt Status:	Uploaded				
Upload Receipt(s)	View Receipt(s)				
01/20/2015	Medical	SCOTT BROWN	-	\$50.00	\$

Online Enrollment Instructions

These steps will help you navigate the Employee Website during Open Enrollment.

1. Log in to your Paychex Benefit Account at <https://benefits.paychex.com>, and select **Paychex Benefit Account**.
2. When Open Enrollment is available, you will see the option to **Enroll Now**.

3. Click **Enroll Now** to see the plans your company offers for the plan year. Some basic plan information will display, but if you need specific plan details, please ask your employer for a copy of the Summary Plan Description (SPD). The site information does not replace the SPD. Click **Begin Your Enrollment Now** to continue.

Enrollment	
Are you ready to enroll? Begin Your Enrollment Now	
Enrolling in a Pre-Tax Benefit plan allows you to save Federal, State, Social Security and Medicare taxes on dollars you put into the plan. You could save approximately 30% on every plan dollar you spend, depending on your tax bracket.	
Review your available plans to find out how to best use these programs. To learn more about the benefits offered, click on the appropriate Plan Description link below.	
FSA Plan Description A Medical Flexible Spending Account (FSA) allows the employee to set aside pretax dollars to pay for medical expenses that are not paid by insurance, the employer, or reimbursed by any other source. The annual election maximum is based on the plan's design. The annual election that the employee determines is irrevocable once the employer's open enrollment period is over unless the employee experiences a status change. The election must be requested for reimbursement for services within the plan year and/or while actively participating in the plan.	
Dependent Care Plan Description A Dependent Care Spending Account allows the employee to set aside pretax dollars to pay for day care expenses for children under the age of 13 or for adult day care for a disabled spouse or other disabled dependent. The IRS rules about what constitutes eligible dependent care expenses apply. A maximum of \$5,000 can be set aside in a Dependent Care Spending Account for each plan year for married couples filing joint tax returns and single head of household tax returns. Married couples filing separate returns are allowed to claim a maximum of \$2,500 each.	
Questions? Contact Paychex Benefit Account Services at: (877) 244-1771 Or toll free at: (877) 244-1771 or PaychexBenefitAccount@paychex.com	

4. You will then be asked to verify your profile information.

First Name:

Middle Initial:

Last Name:

Participant Account ID:

Country:

Address Line 1:

Address Line 2:

City:

State:

Zip Code:

Home Phone: >

Birth Date:

Gender: Male Female

Marital Status: Single Married

Email Address:

By providing an email address, you will receive communications electronically about your Flexible Spending Account. Your email address will not be shared or used for any other purpose. Please note that this will update your e-mail for the FSA plan only. To change your e-mail address with additional Paychex products, please login to <https://benefits.paychex.com>. Click on Change my Profile from the Left Navigation bar and enter updated e-mail address.

Do you have any dependents? Yes No

* = required field

5. If you have or would like a Dependent Care plan, you can add a dependent by clicking **Yes** to "Do you have any dependents?" and adding the dependent information.

First Name:

Middle Initial:

Last Name:

Birth Date:

Gender: Female Male

Full Time Student: Yes No

Relationship: Dependent

* = required field

6. You must then approve the plan rules. Again this is not a substitute for the SPD, so please see your employer for additional information. Click **Continue**.

FSA

I authorize my employer to reduce my pay on a per-pay-period basis as indicated above. I understand my reduction is for one flex plan year, and that I cannot change or revoke my election unless I experience a status change in accordance with Internal Revenue Code Section 125 and submit the change within 30 days of the status change. I am aware of the plan's forfeiture provision and that my Social Security and federal unemployment benefits may be reduced because of my reduced salary for tax purposes. I authorize the release of any information necessary for Flexible Benefits. I hereby certify that the reimbursement requests I will be submitting are IRS-eligible expenses, and that I will not be nor have I been previously reimbursed for these expenses; nor am I seeking reimbursement for these expenses from insurance or any other source. I also understand that Paychex, nor its agents or employees, will not be held liable if I submit non-IRS eligible expenses for reimbursement.

I understand that checking this box indicates my acknowledgement of these plan rules, and that I have the option to enroll or waive enrollment in this plan.

I have read and understand the [FSA rules](#).

Dependent Care

I authorize my employer to reduce my pay on a per-pay-period basis as indicated above. I understand my reduction is for one flex plan year, and that I cannot change or revoke my election unless I experience a status change in accordance with Internal Revenue Code Section 125 and submit the change within 30 days of the status change. I am aware of the plan's forfeiture provision, and that my Social Security and federal unemployment benefits may be reduced because of my reduced salary for tax purposes. I authorize the release of any information necessary for Flexible Benefits. I hereby certify that the reimbursement requests I will be submitting are IRS-eligible expenses, and that I will not be nor have I been previously reimbursed for these expenses; nor am I seeking reimbursement for these expenses from any other source.

I understand that checking this box indicates my acknowledgement of these plan rules, and that I have the option to enroll or waive enrollment in this plan.

I have read and understand the [Dependent Care rules](#).

7. You will be asked for your election amount(s) for the plans offered. Use www.paychex.com/print/fsa-calc if you need help calculating what you should contribute for the year.

Company Contribution	Your Election	Max Employee Election
FSA <input type="radio"/> \$500.00	<input type="text" value="1500.00"/>	\$2,550.00
Dependent Care <input type="radio"/> \$3000	<input type="text" value="3000"/>	\$5,000.00
Total election for the year: <input type="radio"/> \$4,500.00		
Total tax savings for the year: <input type="radio"/> \$1,350.00		

* Tax savings estimate is based on a 30% tax rate. True tax savings will be based on your individual circumstances.

8. Select **Check** or **Direct Deposit** to indicate your secondary reimbursement method. Direct deposit instructions are shown here.

Select the method in which you would like to be reimbursed.

Debit Card

The Debit Card may be used toward qualified purchases at point of sale. Certain purchases may be automatically approved, but many may require substantiation to ensure the expense is qualified per IRS regulations.

If you choose to be reimbursed using the Debit Card, please answer the questions below.

1) What alternate reimbursement method would you like to use for the reimbursement of claims that are filed online?

Check Direct Deposit

Routing Number:

Account Number:

Account Type:

Account Nickname:

Bank Name:

Street Address:

City:

State:

Zip Code:

* = required

9. Verify your enrollment information. **Submit** if everything appears to be correct. You can change/update this amount until the close of the Open Enrollment period.

Enrollment Verification

steps: 1 2 3 4 5 6

You must click submit at the bottom of this page to complete your enrollment.

Profile

Name:	<input type="text" value="John Doe"/>	<input type="button" value="Edit Information"/>
Address:	<input type="text" value="123 Main Street, Anytown, USA"/>	
Home Phone:	<input type="text" value="555-1234"/>	
Birth Date:	<input type="text" value="1/1/1980"/>	
Gender:	<input type="text" value="Male"/>	
Marital Status:	<input type="text" value="Single"/>	
Email Address:	<input type="text" value="jplilley123@gmx.com"/>	
Do you have any dependents? Yes		

Dependents

Full Name	Birth Date	Gender	Full Time Student	Relationship
Testing Dependent	1/7/2003	Male	No	Dependent

Enrollment Elections

	Employee Contribution	Company Contribution
FSA	\$1,500.00	\$500.00
Dependent Care	\$3,000.00	
Total Election for the year:	\$4,500.00	

Method of Reimbursement

You have chosen Debit Card as your method of payment.
Your alternate reimbursement method is Direct Deposit.
Separate debit cards will be issued to the following dependents:
No dependent debit cards issued

10. Your confirmation message will display.

Enrollment Confirmation

Please print this page for your records.

Congratulations, you have successfully enrolled in the following Benefit Plans. Please Note: Employer Contribution values displayed are at the discretion of your Employer and the value could change. If you have questions on an Employer Contribution, please speak to your Company's Plan Administrator.

Plan	Company Contribution	Employee Contribution
FSA	\$500.00	\$1,500.00
Dependent Care		\$3,000.00

You have elected Debit Card as your reimbursement option. Your alternate reimbursement method is Direct Deposit.
You may begin filing claims for eligible expenses on 4/15/2015. All claims must be filed for expenses incurred while you are a participant, within the plan year 4/15/2015 - 12/31/2015

You will receive a confirmation email with instructions on how to file a claim, check your account balance, and obtain additional information about your pre-tax benefit plans. You can also view this information now by downloading the [Next Steps](#) document.

Employee Resources Summary

Resources	Description	Employee Website Tab
Flexible Spending Account Deduction Worksheet	Helps participants calculate eligible expenses and how much the FSA deduction will be each pay period.	Tools & Support
Enrollment Form	This form needs to be completed by all newly-eligible employees signing up for FSA and all current FSA participants who are making changes to their current Medical or Dependent Care deduction.	Tools & Support
FSA Medical Expense Listing	Lists eligible and ineligible FSA expenses for UME.	Tools & Support
Direct Deposit Sign Up Form	Allows Paychex to directly deposit claim reimbursements into participant bank accounts.	Tools & Support
Employee Enrollment Guide	Explains FSA benefits to employees and includes the forms they need to enroll in your plan.	Quick Links



Payroll • HR • Retirement • Insurance

benefits.paychex.com

Paychex Employee Services
877-244-1771