

# Important Information Regarding Your Benefits

## FLEXIBLE SPENDING ACCOUNT

### ANNUAL OPEN ENROLLMENT



#### **OPEN ENROLLMENT DEADLINE:**

**Our Annual Open Enrollment Period begins now and ends on December 1, 2017. Your completed election form must be returned to Lisa Egmon no later than this date.**

**Failure to submit a completed election form by this date will mean you waive participation in the plan for the year and, without a qualifying event, you will be unable to enroll until next year.**

It's that time of the year when you have the opportunity to sign up for a Flexible Spending Account (FSA). The FSA is a valuable benefit that helps you pay for health-related, out-of-pocket costs not covered by your insurance as well as for qualified expenses to care for dependents who live with you while you work. The more you put into it, the more you save. If you haven't considered the FSA in the past, it pays to take another look.

**You work hard for your paycheck, and we want you to keep as much of it as you can.** With an FSA, every dollar you set aside saves you on taxes and increases your spendable income. You elect to have your annual contribution deducted from your paycheck each pay period, in equal installments throughout the year – before federal income, state income and Social Security taxes are taken out. So, when tax season rolls around, you won't be taxed on the amount you set aside in your FSA.

Even with just a few hundred dollars of expenses, you'll be surprised at how much you can save. For example, an average family of four in the U.S. can expect to pay close to \$3,300 in out-of-pocket medical expenses and can save around \$600 per year.

**Not just any FSA – you'll receive the Summit MasterCard® debit card too!** Your FSA comes with the a debit card, which is loaded with the value of your annual FSA election amount. Using the card helps you keep cash in your wallet. You'll have no claim forms to complete and you won't have to wait to get a check in the mail. Simply swipe your card and the amount of your eligible expense will be automatically deducted from your account. You can check balances or account details online anytime or using the Mobile App, or with a quick phone call. Another great reason to sign up for an FSA – there are tens of thousands of merchant locations where you can use the card for prescription and eligible OTC out-of-pocket expenses.

**Already participating in the FSA?** Now's the time to determine your benefit election for next year. **You must re-enroll in the plan each year in order to continue to participate.**

**Not currently participating in the FSA? Sign up today** and let the savings begin! More information about the FSA program and Summit debit card can be found in your enrollment materials.

**You can use the Card to pay for eligible out-of-pocket health care expenses such as:**

- Prescription and health plan copayments, deductibles and coinsurance
- "Amount Due" on medical and dental statements (after insurance is finalized)
- Orthodontics
- Mail-order or online prescription invoices
- Vision services and eyeglasses
- LASIK surgery
- Eligible non-medicated over-the-counter (OTC) items



TSRL, Inc.

## Flexible Spending Account (FSA) 2018

*Plan Year: January 1, 2018 to December 31, 2018*

***New to the FSA Plan? Getting Started is Easy!***

***Already Participating in the Plan? Re-enrollment is Easy!***

**Your 2018 benefit election may only be used to pay for eligible expenses purchased/ordered or for service dates on or after January 1, 2018.**

**Do not determine your 2018 election with the intent to pay for any remaining balances from prior years, as the expense is not eligible. Regardless of when you receive a bill, you may not pay for any expense with a purchase/order date or service date prior to the beginning of the plan year date above.**

### **Health Care FSA Benefit**

- Consider what medical expenses you anticipate having next year for you and any eligible dependents (copays, deductibles, eye exams, eyeglasses, etc.) A Health Expense Worksheet and Eligible Expenses List is enclosed to help you with this process.
- Once you have reviewed your estimate, determine your annual election. Your election will be divided by the number of pay periods next year and deducted before tax from each paycheck.
- **The Health Care FSA has a minimum annual election of \$100.00 and maximum annual election of \$2,600.00.**
- **The Health Care FSA contains a \$500.00 Carryover provision.**
- The full amount of the annual election is available to spend for qualifying expenses on the first day of the plan year.
- **Claim Filing Deadline: All claims for the 2018 plan year must be submitted to CDA, LLC no later than March 31, 2019.**
- Participants need to save receipts (Health FSAs are IRS-regulated benefits and CDA requires submission of receipts to reimburse expenses). Cash register and credit card receipts are not acceptable receipts. Samples of acceptable receipts include:
  - Insurance Explanation of Benefits
  - Itemized invoices from medical, vision and dental providers (only after insurance is finalized). Cannot be balance forward statements and must contain services rendered/items purchased, original service date(s), patient name, provider name and contact information, etc.
  - Pharmacy receipt (the detailed receipt stapled to the prescription bag, not the cash register/credit card receipt).

### **Dependent Care FSA Benefit**

- Consider what expenses you anticipate having for the care of a qualified dependent or person while you work—the cost of care associated with the person's well-being and protection.
- **The Dependent Care FSA has a minimum annual election of \$100.00 and maximum annual election of \$5,000.00.**
- **The Dependent Care FSA contains a 2 1/2 month Grace Period Spending Extension Provision.**
- **Claim Filing Deadline: All claims for the 2018 plan year must be submitted to CDA, LLC no later than March 31, 2019.**
- Dependent Care FSA funds are ONLY available to pay expenses as deductions are taken from pay.
- Qualified dependents or persons are:
  - A qualifying child under age 13 whom you can claim as a dependent. Child who turn 13 during the year are considered a qualifying person for the part of the year they are under age 13.
  - A disabled spouse or other person who was not physically or mentally able to care for himself or herself who meets the remaining IRS guidelines regarding residency, claimant status, etc.
- Qualified dependent care providers can include: certain family member, private daycare providers, licensed childcare daycare centers or day camps. All providers must be willing to provide an adequate receipt for reimbursement under the plan, which also includes a Federal Tax ID Number or Social Security Number which will be filed with your annual tax return.
- Participants need to save itemized/detailed receipts (Dependent Care FSAs are IRS-regulated benefits and CDA requires submission of receipts to reimburse expenses).



## Understanding the Carryover Provision

The Carryover Provision allows up to \$500 of unused amounts remaining at the end of a plan year **in the Health FSA account** to be carried over to the next plan year to reimburse plan participants for qualified medical expenses incurred during the new plan year.

*This provision does not apply to a Dependent Care FSA plan and does not change the filing deadline rules with regard to a Health FSA benefit plan. If you are enrolled in either, please ensure you are aware of and note the claims filing period as to not unintentionally forfeit your available benefit dollars.*

The ***Carryover Provision*** permits plan participants, who continue to meet the eligibility requirement to participate in the FSA plan, to carry over unused benefits at the end of the plan year to the next plan year. Any remaining balance, of up to \$500, is permitted to carry over to the next plan year; however, a remaining balance in excess of \$500 that is not claimed before the designated claims filing period is forfeited and becomes an asset of the plan. **Following the designated claims filing period, all carryover benefit amounts become benefit dollars of the new plan year and may only be spent for eligible expenses within that new plan year.**

# What is a Flexible Spending Account?



An FSA is a great way to save taxes on money you spend for medical and dependent care.

By participating, you will not have to pay Income tax or Social Security (FICA) tax on your election amount (the money you set aside). Uncle Sam doesn't get a share of the money!

## What is a Health Flexible Spending Account?

A Health FSA is an account you use to put aside funds to pay for unreimbursed medical, dental and vision expenses (i.e., expenses that are not paid by any insurance).\*

This money is deducted from your pay before Federal and State withholding and FICA taxes are calculated.

## What is a Dependent Care Assistance FSA Plan?

The IRS permits you to exclude from gross income a certain amount of the dependent care expenses that you pay in order to work or look for work and has provided two methods for you to do this. Under §21, you can deduct your expenses as a Dependent Care Tax Credit when filing your annual income tax return.

Alternatively, IRC §129 allows you to participate in a Dependent Care Assistance Plan (DCAP) through your cafeteria plan. The maximum for this plan is set by the IRS at \$5,000 per year per family. DCAP applies to children from birth until their 13th birthday and can reimburse for daycare, preschool and prekindergarten, before-and after-school care, and summer day camp (day-camp only).



## How do you access your available benefits in the plan?

Your employer is offering the Summit debit card to allow you to pay for eligible expenses without being out-of-pocket and waiting for reimbursement. The Summit card is a payment facilitator that can be used at healthcare facilities, doctors, dentists and orthodontists, vision care providers, drug stores, and selected retailers. You will need to keep your receipts when you use your Summit debit card. Your Summit card will be automatically approved when used for FSA eligible items at any approved IIAS Qualified Merchant, such as Walmart, Sam's Club, Walgreens, Target, Kmart, Kroger, CVS, Rite Aid, FSASore.com, etc.

If you do not use your Summit debit card to pay for an eligible expense, you may submit your claims by fax, e-mail, mail, online, or via your mobile app to access your funds under the plan.

\* Over-The-Counter medicines are no longer reimbursable from an FSA, HRA, or HSA without a doctor's prescription. This is for all participants effective 1/1/11 in accordance with Tax Credit Reconciliation Act of 2010 and PPACA Health Care Act.\*

**Q: What if I am not covered or I do not have my dependents covered under my company's health insurance plan?**

**A:** You and your family can still participate in the Health Flexible Spending Account (FSA) or Dependent Care Assistance Plan (DCAP) reimbursement account.

**Q: Why should I participate in the Health FSA when I already have health insurance?**

**A:** This account is used to pay for expenses that are not covered by insurance. For example, your insurance may not cover annual physicals, co-payments, eye exams, glasses, contacts, orthodontics, prescription drugs, dental care, or certain over-the-counter items, just to name a few.

**Q: What if I have a claim early in the plan year and do not have enough money in my account?**

**A:** You are eligible for 100% of your election at the start of the plan year for your Health FSA. It gives you the ability to budget your expenses and spread them out over the entire year. Your elected payroll deductions will continue throughout the plan year to catch up on the expenses you have been advanced. For the DCAP account, you can be reimbursed only as your deductions are deposited with your employer.

**Q: Do I have to have a lot of expenses to participate?**

**A:** No. You may put aside enough money to cover only what you reasonably expect to spend during your plan year. If you do not use the money, the Internal Revenue Service mandates that you lose it (please see your open enrollment materials specific to your employer's plan regarding any additional spending time under grace period or carryover provisions, if available).

**Q: If I set aside pre-tax money in a spending account, why would I lose the money if I don't spend it?**

**A:** This is an IRS guideline, not ours or your employer's. You also have a run-out period from the end of the plan year to submit claims incurred during the plan year.

**Q: How do I figure how much to put into my medical expense account?**

**A:** Look at your receipts or check register for the last year or two to see what you spent on medical expenses for yourself and qualified family members. Or, try to think about what you expect to spend on medical expenses during your plan year.

**Q: Can expenses be reimbursed from the DCAP account at the beginning of the month for care that will be provided during that month?**

**A:** No, regulations require that DCAP claims can only be reimbursed when a service has actually been incurred. So, even though you may pay for the whole month at the beginning of the month, you are not entitled to the reimbursement until the care has

actually been provided.

**Q: Can an employee who participates in DCAP also claim the dependent care tax credit?**

**A:** There is no 'double-dipping.' If you are using a DCAP you may not also elect the tax credit on the same money. Please consult with your accountant.

**Q: What is sufficient proof of payment/required documentation?**

**A:** This would be a copy of your statement, invoice, Explanation of Benefits (EOB), or similar document. It should show the date, type of service, the amount charged, the provider's name and that insurance is finalized. Voided or canceled checks are not qualified receipts.

**Q: Can I change my contributions during the year?**

**A:** Only if you experience a qualified change of status such as marriage, divorce, birth, adoption, or a change in your or your spouse's employment status.

## FSA Frequently Asked Questions



If you have questions regarding the plan, please contact your Employer's Benefits Department, or the Plan Administrator at (877)810-2600.



# Summit Card Frequently Asked Questions



**Q: What is the Summit healthcare debit card?**

A: The Summit Card is a limited-use MasterCard® that lets you pay for qualified expenses directly without having to wait for reimbursement.

**Q: What can I use the Summit Card to pay for?**

A: You can use your card to pay for the eligible expenses under your Health FSA account (deductibles, copays, dental care, vision care, prescriptions, eligible over-the-counter non-medicated items, etc.).

**Q: How do I use the Summit Card?**

A: Present the Summit Card as payment. The amount of the transaction will be paid directly from the available balance in your reimbursement account.

**Q: Since this is a debit card, do I need a PIN?**

A: You may request a PIN, but it is optional. If presented with the option between Debit or Credit and you do not have a PIN, choose Credit.

**Q: Does the provider have to do anything different to take the Summit Card?**

A: No, the card is compatible with standard MasterCard processing systems. The only requirement is that the provider's credit card system is setup to accept FSA/HRA cards and their Merchant Category Code identifies them as a medical care merchant. (For example, the card will not work at with a collection agency, gas station, bookstore, dog kennel, hair salon, etc.)

**Q: What happens after I swipe the card?**

A: As soon as a transaction is authorized, the amount of money available to spend on your card is reduced by the transaction amount. Within moments you will receive an email at your registered email address that confirms the transaction and your remaining balance after it has been deducted.

**Q: Do I ever have to send in receipts or other supporting documentation?**

A: Always keep your receipts. All card transactions must be substantiated. You will get an email a few days after each transaction letting you know whether a transaction automatically substantiated or not. If it did not, then you will need to send in the valid receipt showing the date of service, type of service, provider name and address, and amount of payment. Credit card receipts are not valid receipts. Certain merchants have software that cancels out the need for a receipt. Transactions with these merchants (including Walmart, Walgreens, Target, Kroger, Kmart, Sam's Club and others) should automatically substantiate.

**Q: What happens if I am required to send in a receipt but don't do so promptly?**

A: If you have a pending card transaction that has not been substantiated with a receipt within a certain period of time, your card may be temporarily blocked from further use until the transaction is either substantiated, paid back, or offset with manual claims.

**Q: What if there is not enough money in my account when I swipe the card?**

A: If the transaction exceeds the available balance in the account you are trying to draw against, the transaction usually will be declined. Some merchants do have the capability of accepting "split tender" which will only pull the amount that's available off your card and then ask for a different form of payment for the rest.

**Q: How can I check on my account balance, transactions status, etc.?**

A: Once you are enrolled in the plan, you will receive a welcome e-mail to register for your personal online account access, which will be available 24 hours a day. You will be able to check your account balance and claim details, download forms, upload receipts, submit a claim, etc.

**Q: What if I still need help after looking at my online account?**

A: Contact CDA, LLC at (877)810-2600 or by e-mail at [claims@cdatpa.com](mailto:claims@cdatpa.com).

# Know Your Health Care FSA/HRA/HSA Eligible and Ineligible Expenses



**Maximize the Value of Your Reimbursement Account** - Your Health Care Benefit dollars can be used for a variety of out-of-pocket health care expenses. The following is based on a list of 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 Scans
- 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

- Breast Pumps and Lactation Supplies
- 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\*

**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 your Plan Administrator.

The IRS does NOT allow the following expenses to be reimbursed, as they are not prescribed by a physician for a specific ailment.

### Ineligible Expenses

- |   |  |   |
|---|--|---|
| <ul style="list-style-type: none"> <li>■ Contact Lens or Eyeglass Insurance</li> <li>■ Cosmetic Surgery/Procedures</li> <li>■ Electrolysis</li> </ul> | <ul style="list-style-type: none"> <li>■ Insurance/Long Term Care Premiums and Interest (FSA &amp; HSA ineligible; see HRA Summary Plan Document for premiums eligibility)</li> <li>■ Marriage or Career Counseling</li> </ul> | <ul style="list-style-type: none"> <li>■ Personal Trainers</li> <li>■ Sunscreen (spf less than 30)</li> <li>■ Swimming Lessons</li> </ul> |
|---|--|---|

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

**Please Note:** The IRS does not allow Over-the-Counter (OTC) medicines or drugs to be purchased using Health Care benefit funds unless accompanied by a valid prescription. If you have an OTC prescription, you can use your benefits card for these purchases as long as the prescription is submitted to your pharmacy and filled by a pharmacist.

### Ineligible Over-the-Counter Medicines and Drugs (unless prescribed in accordance with state laws)

- |  |  |   |
|--|--|---|
| <ul style="list-style-type: none"> <li>■ Acid controllers</li> <li>■ Acne medications</li> <li>■ Allergy &amp; sinus</li> <li>■ Antibiotic products</li> <li>■ Antifungal (Foot)</li> <li>■ Antiparasitic treatments</li> <li>■ Antiseptics &amp; wound cleansers</li> <li>■ Anti-diarrheals</li> <li>■ Anti-gas</li> <li>■ Anti-itch &amp; insect bite</li> <li>■ Baby rash ointments &amp; creams</li> <li>■ Baby teething pain</li> <li>■ Cold sore remedies</li> <li>■ Contraceptives</li> </ul> | <ul style="list-style-type: none"> <li>■ Cough, cold &amp; flu</li> <li>■ Denture pain relief</li> <li>■ Digestive aids</li> <li>■ Ear care</li> <li>■ Eye care</li> <li>■ Feminine antifungal &amp; anti-itch</li> <li>■ Fiber laxatives (bulk forming)</li> <li>■ First aid burn remedies</li> <li>■ Foot care treatment</li> <li>■ Hemorrhoidal preps</li> <li>■ Homeopathic remedies</li> <li>■ Incontinence protection &amp; treatment products</li> <li>■ Laxatives (non-fiber)</li> </ul> | <ul style="list-style-type: none"> <li>■ Medicated nasal sprays, drops, &amp; inhalers</li> <li>■ Medicated respiratory treatments &amp; vapor products</li> <li>■ Motion sickness</li> <li>■ Oral remedies or treatments</li> <li>■ Pain relief (includes aspirin)</li> <li>■ Skin treatments</li> <li>■ Sleep aids &amp; sedatives</li> <li>■ Smoking deterrents</li> <li>■ Stomach remedies</li> <li>■ Unmedicated nasal sprays, drops &amp; inhalers</li> <li>■ Unmedicated vapor products</li> </ul> |
|--|--|---|

OTC items that are not medicines or drugs remain eligible for purchase without a prescription. A pre-paid benefits card may still be used for these items.

### Eligible Over-the-Counter Items (Product categories are listed in bold face; common examples are listed in regular face.)

- |   |   |   |
|---|---|---|
| <ul style="list-style-type: none"> <li>■ <b>Baby Electrolytes and Dehydration</b><br/>Pedialyte, Enfalyte</li> <li>■ <b>Contraceptives</b><br/>Unmedicated condoms</li> <li>■ <b>Denture Adhesives, Repair, and Cleansers</b><br/>PoliGrip, Benzodent, Plate Weld, Efferdent</li> <li>■ <b>Diabetes Testing and Aids</b><br/>Ascencia, One Touch, Diabetic Tussin, insulin syringes; glucose products</li> <li>■ <b>Diagnostic Products</b><br/>Thermometers, blood pressure monitors, cholesterol testing</li> <li>■ <b>Ear Care</b><br/>Unmedicated ear drops, syringes, ear wax removal</li> </ul> | <ul style="list-style-type: none"> <li>■ <b>Elastics/Athletic Treatments</b><br/>ACE, Futuro, elastic bandages, braces, hot/cold therapy, orthopedic supports, rib belts</li> <li>■ <b>Eye Care</b><br/>Contact lens care</li> <li>■ <b>Family Planning</b><br/>Pregnancy and ovulation kits</li> <li>■ <b>First Aid Dressings and Supplies</b><br/>Band Aid, 3M Nexcare, non-sport tapes</li> <li>■ <b>Foot Care Treatment</b><br/>Unmedicated corn and callus treatments (e.g., callus cushions), devices, therapeutic insoles</li> <li>■ <b>Glucosamine &amp;/or Chondroitin</b><br/>Osteo-Bi-Flex, Cosamin D, Flex-a-min Nutritional Supplements</li> </ul> | <ul style="list-style-type: none"> <li>■ <b>Hearing Aid/Medical Batteries</b></li> <li>■ <b>Home Health Care (limited segments)</b><br/>Ostomy, walking aids, decubitis/pressure relief, enteral/parenteral feeding supplies, patient lifting aids, orthopedic braces/supports, splints &amp; casts, hydrocollators, nebulizers, electrotherapy products, catheters, unmedicated wound care, wheel chairs</li> <li>■ <b>Incontinence Products</b><br/>Attends, Depend, GoodNites for juvenile incontinence, Prevail</li> <li>■ <b>Prenatal Vitamins</b><br/>Stuart Prenatal, Nature's Bounty Prenatal Vitamins</li> <li>■ <b>Reading Glasses and Maintenance Accessories</b></li> </ul> |
|---|---|---|

For additional information, please contact your Plan Administrator at (877)810-2600.



# Health Care Expenses Worksheet

**Out-of-pocket expenses for the following services for you and your family may be eligible for payment from your Health FSA (including copay and deductible amounts). Estimate your Plan Year out-of-pocket expenses below.**

## MEDICAL

\_\_\_\_\_ Acupuncture  
 \_\_\_\_\_ Alcohol/drug treatment  
 \_\_\_\_\_ Allergy treatments  
 \_\_\_\_\_ Ambulance  
 \_\_\_\_\_ Anesthesia  
 \_\_\_\_\_ Artificial limbs  
 \_\_\_\_\_ Birth control pills  
 \_\_\_\_\_ Braille books and magazines  
 \_\_\_\_\_ Chiropractor fees  
 \_\_\_\_\_ Crutches, wheelchairs  
 \_\_\_\_\_ Diabetic supplies  
 \_\_\_\_\_ Emergency room visits  
 \_\_\_\_\_ Health care equipment  
 \_\_\_\_\_ Hospital bills  
 \_\_\_\_\_ Immunizations  
 \_\_\_\_\_ Infertility treatments  
 \_\_\_\_\_ Laboratory fees  
 \_\_\_\_\_ Mileage to/from provider  
 \_\_\_\_\_ OB/GYN Exams  
 \_\_\_\_\_ Office visit  
 \_\_\_\_\_ Osteopath fees  
 \_\_\_\_\_ Over-the-counter items: *must be for specific medical condition, not general health; does not include dietary supplements (e.g. vitamins), cosmetic items (e.g. lotions creams) or toiletries (e.g. toothpaste)*  
 \_\_\_\_\_ Oxygen  
 \_\_\_\_\_ Pap smears  
 \_\_\_\_\_ Parking/tolls  
 \_\_\_\_\_ Physical therapy  
 \_\_\_\_\_ Physician's fees  
 \_\_\_\_\_ Prescription drugs: *if cosmetic or weight-loss drug must include note from physician indicating specific medical condition being treated*  
 \_\_\_\_\_ Private hospital room  
 \_\_\_\_\_ Private Nurses  
 \_\_\_\_\_ Psychiatric care  
 \_\_\_\_\_ Psychological Care  
 \_\_\_\_\_ Routine checkups  
 \_\_\_\_\_ Smoking cessation programs  
 \_\_\_\_\_ Special school, handicapped  
 \_\_\_\_\_ Surgery  
 \_\_\_\_\_ Vaccinations  
 \_\_\_\_\_ Well baby care  
 \_\_\_\_\_ X-rays

\_\_\_\_\_ SUBTOTAL

## DENTAL

\_\_\_\_\_ Anesthesia  
 \_\_\_\_\_ Bondings  
 \_\_\_\_\_ Cleanings  
 \_\_\_\_\_ Crown, bridges  
 \_\_\_\_\_ Dental exams  
 \_\_\_\_\_ Extractions  
 \_\_\_\_\_ Fillings  
 \_\_\_\_\_ Fluoride treatments  
 \_\_\_\_\_ Mileage to/from provider\*  
 \_\_\_\_\_ Occlusal guards  
 \_\_\_\_\_ Oral surgery  
 \_\_\_\_\_ Orthontia (braces)  
 \_\_\_\_\_ Parking/tolls  
 \_\_\_\_\_ Root canal/therapy  
 \_\_\_\_\_ X-rays

\$ \_\_\_\_\_ SUBTOTAL (b)

## VISION

\_\_\_\_\_ Prescription contact lenses  
 \_\_\_\_\_ Contact lens supplies  
 \_\_\_\_\_ Eye exams  
 \_\_\_\_\_ Corrective eye wear  
 \_\_\_\_\_ Mileage to/from provider\*  
 \_\_\_\_\_ Parking/tolls  
 \_\_\_\_\_ Prescription sunglasses

\$ \_\_\_\_\_ SUBTOTAL (c)

## HEARING

\_\_\_\_\_ Hearing aids  
 \_\_\_\_\_ Hearing exams  
 \_\_\_\_\_ Mileage to/from provider\*  
 \_\_\_\_\_ Telephones for hearing

\$ \_\_\_\_\_

TOTAL PLAN YEAR ESTIMATE (e) = a + b + c + d

\$ \_\_\_\_\_

TOTAL PLAN YEAR TAX SAVINGS (e x 35%)

\$ \_\_\_\_\_

\* See current IRS guidelines for the standard medical mileage rate per mile.



**Consumer Driven Administrators** is partnered with **FSA Store** the only e-commerce site exclusively stocked with FSA eligible products, to help you spend down and manage your FSA. **CDA** and **FSA Store** work together to eliminate guesswork behind what is reimbursable under your Flexible Spending Account.

**CDA** and **FSA Store** offer various tools and resources to help participants better understand their plans. These include an FSA eligibility list, FSA calculator, an FSA eligible services database, and an FSA learning center.

Visit <http://cdatpa.com/shopfsa/> today to learn more!



FSA Eligibility List

Browse thousands of FSA Eligible products and eliminate confusion about FSA reimbursement!



FSA Calculator

Easily estimate your annual FSA spending!



FSA Eligible Services

Search the eligible service provider database from dermatologists to optometrists near you.



FSA Learning Center

Get answers to all your FSA questions!



**Open Enrollment Election Form**Effective Date: 01/01/2018**For Group Administrator Only**

Select if this Employee is either of the below:

☐ Owner/Relative of Owner ☐ HCE**TSRL, Inc.****Health and Dependent Care Assistance FSA Election Form****PLEASE PRINT CLEARLY****1. Employee Information**

Name \_\_\_\_\_ Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Address \_\_\_\_\_  
(Street) (Apt. #) (City) (State) (Zip)

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Home Phone Number (\_\_\_\_) \_\_\_\_\_

Email Address \_\_\_\_\_

**Payroll Schedule:** ☐ Weekly ☐ Bi-Weekly ☐ Semi-Monthly ☐ Monthly**Dependent Information** (List All Dependents To Be Enrolled - attach additional dependents on separate page)

	Last Name	First Name	Date of Birth
Spouse*			
Dependent			
Dependent			
Dependent			
Dependent			

\*A separate card will automatically print with a spouse's name and be mailed with the employee's card for no fee.

**2. Flexible Spending Account Contributions**Health Flexible Spending Account: ☐ **Please deduct \$** \_\_\_\_\_ for the Plan Year ☐ **I waive participation in the plan**Dependent Care Assistance Plan: ☐ **Please deduct \$** \_\_\_\_\_ for the Plan Year ☐ **I waive participation in the plan****3. Authorization and Acknowledgement**

I understand that I cannot revoke or change this election during the year unless there is a qualifying "Status Change". The requested election change must be consistent and in line with the qualifying event. I may then revoke my prior election and sign a new Agreement if such a change occurs. I hereby elect to participate in a Flexible Spending Account as indicated on this form. I authorize my employer to make pretax deductions from my salary on the payroll schedule I've elected above. I understand that to stop such deduction, I must notify my employer's benefits office in writing with my request, and revoke this authorization. Any unused dollars remaining in my Flexible Spending Account at the end of the filing period may be forfeited. Expenses/claims must be incurred during the time I participate in the plan in order to be eligible for reimbursement.

Signature \_\_\_\_\_

Date \_\_\_\_\_