



Health Care Flexible Spending Account (FSA)

Save money on health care expenses for you and your family.

A Health Care Flexible Spending Account (FSA) saves you up to hundreds of dollars by allowing you to use pre-tax dollars to pay for qualified health care expenses for you, your spouse and your dependents.

- ✓ **Fund Your Account** - You decide how much to contribute during enrollment, then funds are deducted pre-tax from your paychecks.
- ✓ **Use Your Account for Eligible Expenses** - There are thousands of eligible expenses for your FSA funds, including doctor office copays, health insurance deductibles and coinsurance, prescriptions, and some over-the-counter treatments for you, your spouse, or eligible dependents. For a longer list of eligible items, visit connectyourcare.com.
- ✓ **Pay with Your Payment Card** - You will receive a payment card to pay for eligible health care expenses. Be sure to always save documentation for your purchases.
- ✓ **Connect Online and on the Mobile App** - When you do not use your card, you can quickly and easily submit payment requests online or on our mobile app. Check your account balance and payments online or on your mobile device.
- ✓ **We're Here to Help** - If you ever have a question, we are here to help you 24 hours a day, seven days a week.

Easy to Use, Simple to Save

Your FSA includes numerous benefits:

- Tax savings for health care expenses
- Health care payment card
- Quick and easy payments
- Online and mobile account access
- 24/7 customer service

How do HSAs and FSAs work together?

IRS regulations limit how health care accounts can be paired. If you have a Health Savings Account (HSA), you cannot also have a Health Care FSA that covers medical expenses. However, you may have a Limited Purpose FSA that only covers dental and vision expenses.



How Your Account Works

Paying for care is easy...

This step-by-step guide explains how to use your dependent care flexible spending account.

Step 1

Pay for your qualified dependent care services.

- ✓ Pay for dependent care expenses out of pocket.
- Qualified dependent care expenses generally cover your dependents under the age of 13, disabled spouses, or dependent elders.
- Dependent care expenses are for child care required in order for a caretaker to work or look for employment. Day care, preschool, nursery school, day camp, au pair or babysitter, before or after school care, and elder supervision.
- For a longer list of eligible items, see connectyourcare.com.

Step 2

Get a receipt from your dependent care provider.

- ✓ Ask your provider for an **itemized receipt** as documentation* – be sure it contains these five pieces of information:
 1. Dependent(s) name
 2. Service start + end dates
 3. Provider's name + address
 4. Description of the service
 5. Amount paid

Step 3

Complete the payment process.

- ✓ Request reimbursement online or via the mobile app, and submit your documentation, or submit a manual claim. See p. 2 for **How to Submit a Reimbursement Request**.

Frequently Asked Questions

May I request dependent care funds in advance?

No. The Treasury Department and Internal Revenue Service regulations stipulate reimbursement is limited to what is available in the account and can only be made after services are rendered.

What if I submit a claim for more than I have in my account?

Any eligible claims in excess of the available balance will be pended and additional funds will be paid out automatically as contributions are received.

How do Dependent Care FSAs work with other tax-advantaged accounts?

Since a Dependent Care FSA covers different expenses than a Health Care FSA and a Health Savings Account (HSA), which cover medical expenses, there are no regulations limiting a person from having a medical account alongside a Dependent Care FSA.



Dependent Care FSA

Simplify with e-certify!

Recurring dependent care claims can be established if participants complete our eCertify process. That means fewer receipts required!

The first claim should be submitted with a certification claim form available online or from customer service.

Ask your provider to complete the Provider Certification section on the Dependent Care Account Claim and Provider Documentation Form to establish and substantiate both the expense and the provider in our system.

Recurring claims in the same amount at the same provider will be automatically substantiated with no additional documentation required.



How to Submit a Reimbursement Request

With dependent care, you'll need to submit a request to be reimbursed. Here's how.

Step 1

Get Started

Log into your account online or using the mobile app.

Step 2

Enter the Required Information

Select "Make a Payment" and follow the on-screen prompts to fill in the requested information.

Step 3

Check Your Documentation

Be sure your documentation contains these five pieces of information:

1. Dependent(s) Name
2. Service start + end dates
3. Provider's name + address
4. Description of the service
5. Amount paid

Step 4

Submit Your Documentation

Follow the on-screen prompts to submit your documentation. If you are on your phone, you can take a picture and upload it directly. If on your computer, you can browse and select your image to upload.



You also have the option to fax your documentation when online, though this method takes longer to receive reimbursement. Fax the form, along with your documentation, to the number on the form. Continue through the on-screen prompts to finalize your request.



Each fax cover form has a unique barcode at the top; be sure to use the fax cover form for this claim. If you have more than one claim, send each claim as a separate fax.

You're done! If we have all the information we need, we'll process the claim.

Use technology to your advantage.

Save yourself time by downloading **myCYC**, our secure mobile app. Use it to:

- ✓ View account balances and payments
- ✓ Request a payment
- ✓ Receive important account alerts
- ✓ Take a photo of your receipt and upload it directly to the system
- ✓ View FAQs or tap to call Customer Service

Are you an advanced user? Sign up for Mobile Alerts in your online account for text messaging.

"The mobile app is very user friendly and makes it easy to track claims and upload necessary documentation."

– CYC participant



online access



mobile access



24/7 access

(DEPENDENT CARE ASSISTANCE PROGRAM)

DCAP ELIGIBLE EXPENSES



ELIGIBLE EXPENSE EXAMPLES

Dependent Care Assistance Program funds cover care costs for your eligible dependents to enable you to work.

- ✓ Before school or after school care (other than tuition)
- ✓ Qualifying custodial care for dependent adults
- ✓ Licensed day care centers
- ✓ Nursery schools or pre-schools
- ✓ Placement fees for a dependent care provider, such as an au pair
- ✓ Child care at a day camp, nursery school, or by a private sitter
- ✓ Late pick-up fees
- ✓ Summer or holiday day camps

INELIGIBLE EXPENSE EXAMPLES

These items are not eligible for tax-free purchase with Dependent Care Assistance Program funds.

- ✗ Expenses for non-disabled children 13 and older
- ✗ Educational expenses including kindergarten or private school tuition fees
- ✗ Amounts paid for food, clothing, sports lessons, field trips, and entertainment
- ✗ Overnight camp expenses
- ✗ Registration fees
- ✗ Transportation expenses
- ✗ Late payment fees
- ✗ Payment for services not yet provided (payment in advance)
- ✗ Medical care



For more information visit connectyourcare.com

This material is for informational purposes only and is not an offer of coverage. ConnectYourCare does not provide tax or legal advice. This information is not intended and should not be taken as tax or legal advice. Any tax or legal information in this notice is merely a summary of ConnectYourCare's understanding and interpretation of some of the current tax regulations and is not exhaustive, nor is it a representation of actual savings to be had by your plan specifically. You should consult your tax advisor or legal counsel for advice and information concerning your particular situation before making any decisions.

Flexible Spending Accounts

TWO WAYS TO SAVE

Save money on health and dependent day care expenses with Flexible Spending Accounts (FSAs) from ConnectYourCare.

HEALTH CARE FSA



A **Health Care FSA** allows you to set aside pre-tax money for eligible health care expenses.



Covers you, your spouse and eligible dependents



Use it for medical, dental, vision, and prescription expenses



Pay using your FSA payment card. Or submit claims online or on the mobile app.

DEPENDENT CARE FSA



A **Dependent Care FSA** allows you to set aside pre-tax money for eligible dependent day care expenses.



Covers your eligible dependents



Use it for child and elder day care while you work, like before- and after-school care expenses, summer day camp, nursery school and pre-school. *Medical and health care expenses **are not eligible**.*



Pay out of pocket, then submit claims online or on the mobile app.

SUBMITTING RECEIPTS IS AS EASY AS 1, 2, 3

Documentation is always required for online and mobile claims, and may be required for payment card charges.

1. Check online or the on the mobile app to see if documentation is required.
2. Ensure your receipt has all 5 information requirements (patient name; item description; date of expense; provider name; amount)
3. Upload your documentation online or on the mobile app.

SMART TIP! Always snap a picture of your receipt with your smart phone in case it is needed later!



Flexible Spending Account Enrollment Form

Follow these easy steps:

1. Complete all entries on this Enrollment Form. Please print.
2. Sign and date this form.
3. Submit it to your Human Resources Department

For Employer Use

| | |
|--------------------------------------|----------------------|
| Date of Hire (MM/DD/YYYY) | <input type="text"/> |
| Benefits Effective Date (MM/DD/YYYY) | <input type="text"/> |

Personal Information

| | | | |
|--|----------------------|------------------------|--|
| Employee Name (last name, first name) | <input type="text"/> | Social Security Number | <input type="text"/> |
| Street Address (cannot be PO Box) | <input type="text"/> | City, State, Zip Code | <input type="text"/> |
| Mailing Address (if different) | <input type="text"/> | City, State, Zip Code | <input type="text"/> |
| Day Time Phone Number | <input type="text"/> | Email Address | <input type="text"/> |
| Date of Birth (MM/DD/YYYY) | <input type="text"/> | Enrollment Status | <input type="checkbox"/> New enrollment <input type="checkbox"/> Re-enrollment |
| Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed | | | |

Health Flexible Spending Account (FSA)

Dependent Care Assistance Plan (DCAP)

| | | | |
|---|--------------------------------------|---|---------------------------------------|
| <input type="checkbox"/> Select FSA | <input type="checkbox"/> Decline FSA | <input type="checkbox"/> Select DCAP | <input type="checkbox"/> Decline DCAP |
| I. Annual Contribution (Not to exceed IRS limits*) | <input type="text"/> | I. Annual Contribution (Maximum Contribution: \$5,000) | <input type="text"/> |
| II. Number of regular pay periods | <input type="text"/> | II. Number of regular pay periods | <input type="text"/> |
| III. Contribution per pay period (I divided by II) | <input type="text"/> | III. Contribution per pay period (I divided by II) | <input type="text"/> |

Authorization and Certification

I understand that:

- I am authorizing my employer to reduce my compensation by the amount specified. This election will expire at the end of the plan year, and I must make a new election each year.
- I am not permitted to change my elections during the plan year unless the change is due to and in accordance with certain recognized IRS regulations for change in status events.
- I must report any administrative errors to my payroll administrator or human resources department within 10 days of my first payroll deduction of the plan year.
- Funds left in my Dependent Care Account at the close of the plan year will be forfeited. Funds left in my Health Flexible Spending Account may be forfeited, per plan rules. See plan documents for more details.

I will receive a ConnectYourCare Payment Card to access funds in my account. I certify that:

- The card will only be used for eligible medical and/ or dependent care expenses.
- Claims I pay with the card have not been reimbursed and I will not seek reimbursement from any other plan covering health or dependent care benefits.

Employee Signature

Date

*Health FSA contributions are limited by the IRS. The limit is per person; a married couple may each contribute up to the specified limit.