Flexible Spending Account (FSA) Enrollment Kit

- Significant savings
- 24/7 web access
- Fast, efficient, convenient
- The benefit that benefits everyone

Lifetime
BENEFIT SOLUTIONS

The FSA Plan

A Flexible Spending Account (FSA)

is an employee benefit plan established under IRC Section 125 that allows you to pay for everyday health care, dependent care expenses and certain individual premium expenses with pre-tax dollars.

An FSA saves you money by reducing your taxable income. The FSA amount you elect will be subtracted from your gross income. Federal, state and FICA taxes are then calculated on the lower amount. When you (or your spouse or dependents) incur an eligible expense, you'll receive reimbursement from the funds you've set aside from your paycheck.

Health Care Component:

This account helps you save money on everyday out-of-pocket medical expenses such as medical copays, coinsurance, prescription drugs, orthodontics, vision expenses, hearing aids, dental services, eligible over-the-counter (OTC) items and more. Qualifying dependents for FSA purposes include children through the end of the year in which they turn 26.

Limited Purpose FSA:

A limited-purpose FSA is much like a general-purpose health FSA. The main difference is that the limited-purpose account is set up to reimburse only eligible FSA dental and vision expenses. These plans allow you to contribute to an HSA as well.

Dependent Care Component ($5000 maximum):

This account helps you save money on daycare expenses for dependent children and adults so you can work. Qualifying dependents include children under age 13, whom you claim as a dependent on your federal income tax return (special rules apply for divorced parents), a disabled spouse and any other dependent on your tax return who resides with you and is physically or mentally disabled.

Plan Ahead for your FSA!

Planning ahead is important when signing up for your company's FSA Plan and understanding the benefits offered is critical.

Estimate Your Expenses:

You can maximize your FSA account by planning ahead carefully and using this helpful tool. You may also use the FSA calculator on our website, LifetimeBenefitSolutions.com. Some common items to consider are also listed in the chart:

Health Care Account	Annual Expense
Deductibles	$
Co-pays	$
Dental Expenses not covered by insurance	$
Orthodontia	$
Vision Expenses (Exams, Glasses, Lenses)	$
Hearing Expenses (Exams, Hearing Aids)	$
Prescription Drugs	$
Eligible Over-the-Counter Items	$
Diabetic Supplies	$
Therapy (Physical Therapy, Speech, Chiro)	$
Medical Mileage	$
Other	$
Total Estimated Health Care Expenses	$
Dependent Care Account	**Annual Expense**
Payment to Dependent Care Facility	$
Payment to Dependent Care Individual	$
Payment to Adult Care Provider	$
Total Estimated Dependent Care Expenses	$
Total Health Care PLUS Dependent Care	$

Know the Details:

Be sure to budget for each account expense separately. Elections to and reimbursements from these accounts cannot be blended. Also, a use-it-or-lose-it provision may apply, so plan ahead carefully.

You must re-enroll in this Plan each year. You cannot change your election during a Plan year unless you incur a qualifying life event, such as marriage/divorce, birth/adoption.

Read your Summary Plan Description (SPD) carefully to understand the specific terms of your Plan. The Plan Document governs your rights and benefits under each Plan and is available through your employer.

Claims Processing and Customer Service

Filing a Claim:

Submit your claims online to receive the fastest reimbursement for an eligible out-of-pocket expense. Supporting receipts and documentation can be scanned and attached to your online claim, or you can email, fax or mail the required paperwork. Another option is to download a paper Reimbursement Request form. Complete the form by itemizing your expenses and following the instructions found directly on the form. Reimbursement Request forms and required documentation can either be mailed or faxed for processing.

Claims deadlines apply. Be sure to carefully read your Summary Plan Description (SPD) to understand the terms and deadlines associated with your Plan.

Customer Service:

Most of your questions can be answered by visiting the website. If you prefer to speak with a customer service representative, call 800-327-7130 Monday-Thursday from 8am EST to 5pm EST and Friday from 9am EST to 5pm EST. You can also email our **Customer Service department at lbs.customerservice@lifetimebenefitsolutions.com.**

Go Direct or Go Green

Receive your reimbursement quicker, and avoid the $30 check minimum and a trip to the bank by completing a Direct Deposit form online.

Provide or update your email address online and help us go green. You'll receive only plan related information such as account statements, claim related information and Request for Information (RFI) letters (for Card participants).

Mobile App

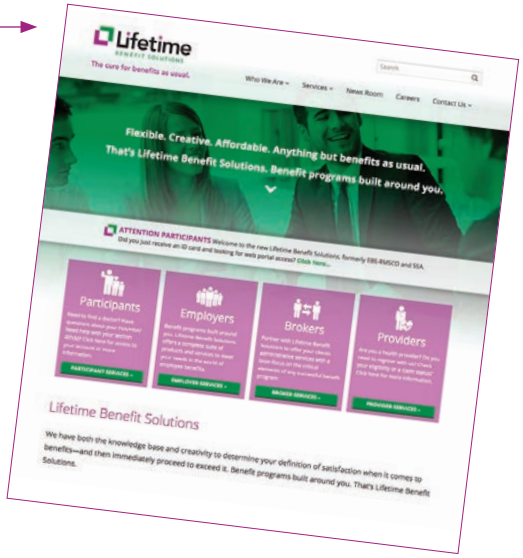
Our mobile app enables you to easily and securely access your health care spending accounts. You can view account balances and detail, submit claims, and capture and upload pictures of your receipts anytime, anywhere on iPhone, Android or tablet devices.

Web Access

View your account online 24/7 via LifetimeBenefitSolutions.com.

While online, you can:

- Submit claims for reimbursement
- View claims history
- Sign up for Direct Deposit
- Check your available balance
- Access forms such as Direct Deposit, Certification of Medical Necessity, Release of Information and various Reimbursement Request forms
- Enter your email address to receive important Plan related materials
- Use our online services, such as our online calculator to estimate your out-of-pocket expenses and our online eligible expense listing



To access your account online, visit LifetimeBenefitSolutions.com and click on the Participants link. Select Reimbursement Accounts: FSA/HRA/HSA/QTB then click on the green login button. For detailed instructions on how to view your account online, click on the link for Login Directions to Your Reimbursement Account located under the green login button. Your initial username will be your social security number (or whatever identifier your employer provides). Your password will be the first letter of your first name (lower case) followed by your five digit zip code.

Qualifying Health Care Expenses

- Acupuncture
- Adoption
- Alcoholism treatment
- Ambulance
- Artificial limbs
- Artificial teeth
- Asthma treatments
- Body scans
- Braille books and magazines
- Breast reconstruction surgery following mastectomy
- Chelation therapy
- Chiropractors
- Co-insurance amounts
- Co-payments
- Deductibles
- Dental sealants
- Dental treatment
- Diagnostic items/services
- Drug addiction treatment
- Drug overdose, treatment of
- Eye examinations, eye glasses, equipment and materials
- Fluoridation services
- Guide dog; other service animal
- Hospital services
- Immunizations
- Laboratory fees
- Laser eye surgery; Lasik
- Lodging at a hospital or similar institution
- Mastectomy-related special bras
- Medical alert bracelet or necklace
- Medical information plan charges
- Medical records charges
- Obstetrical expenses
- Occlusal guards to prevent teeth grinding
- Operations
- Optometrist
- Organ donors
- Orthodontia
- Osteopath fees
- Oxygen Physical exams
- Physical therapy
- Preventive care screenings
- Prosthesis
- Psychiatric care
- Radial keratotomy
- Screening tests
- Seeing eye dog
- Sleep deprivation treatment
- Smoking cessation programs
- Speech therapy
- Stop smoking program
- Supplies to treat medical condition
- Surgery
- Taxes on medical services and products
- Telephone for hearing impaired persons
- Television for hearing impaired persons
- Therapy
- Transplants
- Transportation expenses for person to receive medical care
- Tuition evidencing separate breakdown for medical expenses
- Vaccines
- Vision correction procedures
- Wheelchair
- X-ray fees

Potentially Qualifying Health Care Expenses

A Certification of Medical Necessity Form must be completed by your physician.

- AA meetings, transportation to
- Alternative healers
- Automobile modifications
- Birthing classes
- Blood storage
- Books, health related
- Car modifications
- Childbirth classes
- Counseling
- Dyslexia treatment
- Fitness programs
- Gambling problem, treatment
- Health club fees
- Home improvements (such as exit ramps, widening doorways, elevator, etc.)
- Hormone replacement therapy
- Hypnosis
- Lactation consultant
- Lamaze classes
- Language training
- Lead-based paint removal
- Lodging of a companion
- Long-term care services
- Massage therapy
- Mineral supplements
- Nursing services
- Nutritionist's expenses
- Occupational therapy
- Personal trainer fees
- Psychoanalysis
- Psychologist
- Ultrasound, prenatal
- Varicose veins, treatment of
- Veterinary fees (service animals)
- Weight loss programs

Ineligible Health Care Expenses

- Appearance improvements
- Car seats
- Controlled substances in violation of federal law
- Cosmetic procedures
- Ear piercing
- Electrolysis or hair removal
- Funeral expenses
- Hair removal and transplants
- Household help
- Illegal operations and treatments
- Late fees (e.g., for late payment of bills for medical services)
- Maternity clothes
- Mattresses
- Missed appointment fees
- Recliner chairs
- Tanning salons and equipment
- Teeth whitening
- Veneers

Qualifying Over-The-Counter (OTC) Items

- Arthritis gloves
- Bandages (Examples: Band- Aid, Curad, Ace)
- Blood pressure monitoring devices
- Blood sugar test kits and test strips
- Carpal tunnel wrist supports
- Cold/hot packs
- Contact lenses, materials and equipment
- Crutches
- Dentures, denture adhesives
- Diabetic supplies (including Insulin)
- Ear wax removal products
- Eye drops (Example: Visine)
- First aid kits
- Gauze pads
- Glucose monitoring equipment
- Hearing aids
- Medical monitoring and testing devices
- Orthopedic shoe inserts
- Pregnancy test kits
- Reading glasses
- Support braces
- Thermometers
- Walkers

This is not a comprehensive list and is subject to change at any time and without notice.

Potentially Qualifying OTC Expenses

Drug and Medicine items require a prescription completed by your physician and are not eligible for payment with the Health Spending Card. Other items in this category require a Certification of Medical Necessity form completed by your physician.

Acne treatment
Air conditioner
Air purifier
Allergy medicine
Allergy treatment products; household improvements to treat allergies
Antacids (Examples: Maalox, Prilosec OTC, Zantac)
Antibiotic ointments (Examples: Bacitracin, Neosporin)
Antihistamines (Examples: Benadryl, Claritin)
Anti-itch creams (Examples: Benadryl, Cortaid, Ivarest)
Aspirin
Bactine
Breast pumps
Calamine lotion
Chondroitin
Claritin, an allergy drug
Cold medicine (Examples: Comtrex, Sudafed)
Compression hose
Cough suppressants (Examples: Pediacare, Robitussin, cough drops)
Decongestants (Examples: Dimetapp, Sudafed)
Diabetic socks
Diaper rash ointments and creams (Example: Desitin)
Diarrhea medicine (Examples: Imodium, Kaopectate)
Dietary supplements
Eczema treatments
Expectorants (Examples: Comtrex, Robitussin)
Fiber supplements
First aid cream
Glucosamine
Hemorrhoid treatments Example: Preparation H)
Herbs
Holistic or natural healers, and drugs and medicines
Humidifier
Incontinence supplies
Insect bite creams and ointments (Examples: Benadryl, Cortaid)
Lactose intolerance tablets (Example: Lactaid)
Laxatives (Example: Ex-Lax)
Medicines and drugs
Menstrual pain relievers
Motion sickness pills (Examples: Bonine, Dramamine)
Nasal strips or sprays
Nutritional supplements
Pain relievers (Examples: Advil, Aspirin, Tylenol)
Petroleum jelly
Prenatal vitamins
Probiotics Rehydration solution (Example: Pedialyte)
Retin-A Rogaine
Sinus medications (Example: Sudafed)
Special foods
St. John's Wort
Sunburn creams and ointments
Sunglasses
Sunscreen
Throat lozenges (Examples: Cepacol, Chloraseptic)
Toothache and teething pain relievers (Example: Orajel)
Treadmill
Vitamins
Wart remover treatments
Wigs
Yeast infection medications

The IRS has not yet released a detailed and brand specific list of drugs and medicine.

Ineligible OTC Expenses

Dental floss
Deodorant
Diapers or diaper service
Diet foods
Face creams
Feminine hygiene products
Hair colorants
Mouthwash
Perfume, Cologne
Permanent waves
Safety glasses
Shampoos
Shaving cream or lotion
Skin moisturizers, hand lotion
Soaps
Toiletries
Toothbrushes
Toothpaste

Eligibility rules for OTC items may change. Drug and Medicine items require a physician's prescription, and may not be purchased with a Health Spending Card. The ability to pay for eligible items with the Health Spending Card may vary by merchant and is dependent on the merchant's IIAS system.

This is not a comprehensive list and is subject to change at any time and without notice. Items listed in each category may be reclassified into another category depending on future IRS guidance.

Eligible Dependent Care Expenses

- Care in your home, someone else's home, or in a daycare center for child care and/or eldercare. Licensing requirements may apply.
- Registration fees for a daycare.
- Before and after school care for children under age 13.
- Education expenses for a child not yet in kindergarten, such as nursery school expenses.
- Expenses paid to a relative are eligible, however, the relative cannot be under age 19 or a tax dependent.
- Day camp (not overnight) expenses if the camp qualifies as a daycare center.
- FICA and FUTA payroll taxes of the daycare provider.

Note: This is not a comprehensive list.

Flexible Spending Account Enrollment Form

Lifetime BENEFIT SOLUTIONS

Employer Name: _____

Participant Name (First, MI, Last): _____

Social Security Number: _____ - _____ - _____ Phone Number (_____) _____

Address: _____

City, ST, ZIP: _____

Date of Birth: _____/_____/_____ Date of Hire: _____/_____/_____

Email Address: _____

FSA Benefit Election	Per Pay Period Amount	Total Annual Amount	# Pays Per Year
☐ Health Care Election—Standard	$	$	
☐ Health Care Election—Limited	$	$	
☐ Dependent Care Election	$	$	

Carrier Information.

Check the boxes if you are enrolled in any of these benefits through your employer. ❑ Medical; ❑ Dental; ❑ Vision; ❑ Rx

Automated Claims Transfer: If you are eligible for ACT (check with your Employer), certain expenses submitted through your insurance provider may automatically be reimbursed to you, unless you or any of your dependents have Coordination of Benefits (COB) with other Plans. This feature is not applicable to Health Spending Card holders.

☐ I do not want ACT or I have COB and am not eligible for ACT.

Spouse/Dependent Information (Attach additional pages if necessary) ☐ I do not have a spouse or dependents

Name	Social Security Number	Date of Birth	Gender	Relationship

Direct Deposit Election (Complete this section if you want Direct Deposit of your reimbursements)

Type of Account (Check one): ☐ Checking ☐ Savings

Name of Bank: _____

Transit ABA Routing #: _____ Account #: _____

Participant Authorization—Return signed form to your Employer.

By signing below I agree to participate in my employer's pre-tax program and certify that I understand and will comply with the regulations governing such Plan. I understand the basic provisions provided on page 2 of this form are guidelines only and that my Plan's Summary Plan Descriptions prevails.

Participant Signature: _____ Date: _____

To Be Completed by the Employer

❑ New Hire ❑ Open Enrollment Effective Date: _____

First Payroll Deduction Date: _____

- Notify Payroll of deduction amount and date
- Keep copy of Enrollment Form for your records
- Forward copy of Enrollment Form or provide data on a file to Lifetime Benefit Solutions

This Plan has employer funded money: ❑ Yes ❑ No. If Yes,

ER Money:	Payroll Based?	Annual Amount
❑ Health Care	❑ Yes ❑ No	$
❑ Dependent Care	❑ Yes ❑ No	$

Flexible Spending Account Enrollment Form

Direct Deposit:

Direct Deposit sends claim reimbursement payments directly to your personal bank account. Direct deposit notification statements will be emailed to you with the details of the reimbursement. If you provide incorrect information and corrective transactions are required, your account may be charged a $25 processing fee. Direct deposit transactions are not subject to the typically imposed $30 check minimum.

Things to Consider Upon Enrollment:

- Your FSA account refers to the combined health care and dependent care components.
- By enrolling in the FSA program, you agree to have your compensation reduced by the amount elected.
- Your election applies to this Plan year only. To continue in the Plan, you must re-enroll each year.
- Annual health care elections are available for reimbursement in full on the first day of the Plan year.
- Dependent care elections are available for reimbursement based on current balance.
- FSA accounts are tracked separately and cannot be combined. These elections are in addition to any premiums you pay on a pre-tax basis for employer sponsored health insurance.
- The dependent care account pays for daycare services needed for a qualifying dependent while you work. A qualifying dependent is a child under age 13 who is claimed as a dependent on your federal income tax return (special rules apply for divorced parents), a disabled spouse, and any other dependent on your tax return who resides in your home and is physically or mentally disabled.
- You may file claims for reimbursement from your FSA accounts for qualified expenses incurred during the Plan year and after becoming a participant. Depending on the provisions in your Plan, some or all of the funds remaining in your FSA account after the end of the Plan's run-out period may be forfeited.
- You will pay the Employer for any tax liability or penalties it incurs if you are reimbursed for an expense that is not a qualified expense, unless you repay the amount or off-set that amount with additional eligible claims within the same Plan year.
- You cannot change the amount of your FSA contributions or pre-tax health insurance premiums, unless you have a qualifying "life change" event as defined in the Plan and satisfy any other conditions for changes contained in the Plan and tax law.
- Your FSA contributions will terminate when your employment terminates. You must check with your Employer to determine if you can elect to continue your health care contributions on an after-tax basis, as allowed under COBRA.
- Your employer may change the amount of your FSA elections if necessary to satisfy tax law requirements.
- You understand that you must provide acceptable documentation for every claim you submit, including Health Spending Card purchases upon request.
- You will keep copies of all documents submitted to Lifetime Benefit Solutions for your own personal records; Lifetime Benefit Solutions is not responsible for retaining copies of your receipts beyond the current Plan year.
- Flexible Spending Accounts and Health Reimbursement Accounts are subject to Federal Law which generally supersedes state law.
- Only spouses and dependents for Federal Tax purposes are eligible for tax-free Flexible Spending Accounts and Health Reimbursement Accounts benefits.

Reimbursement Request Form

Employer Name: _____

Participant Name (First, MI, Last): _____

Social Security Number: _____ - _____ - _____

Address: _____

City, ST, ZIP: _____

Date of Birth: _____/_____/_____ Phone Number (_____) _____

Please notify your employer of any address change. Lifetime Benefit Solutions will not make address changes from this form.

Claimant Name	Date of Service	Amount	Plan Code*	Type of Service/Item Purchased	# of Miles	Claim Ref #
John Sample	*10/1/2014*	*$ 150.25*	*F*	*Doctor visit copay*	*12*	*Example*
		$				01
		$				02
		$				03
		$				04
		$				05
		$				06

Use one of the Plan Code's below to indicate the account from which payment should be made. Your employer may not offer all the benefit types listed below and certain restrictions may apply. If your employer offers multiple benefit types, Lifetime Benefit Solutions will process the reimbursement based on the rules established by your employer. For example, if you have both an FSA and HRA account, and your employer has identified the FSA as the "pay first" account, your expenses will be applied to your FSA until the balance is depleted with any additional expenses applied to your HRA.

*Plan Code	Plan Code Description
F	Flexible Spending Account (FSA) or Limited Purpose FSA: Health Care Expenses Only. For Dependent Care expenses, use the Dependent Care Account Reimbursement Request Form
H	Health Reimbursement Account (HRA) or Retiree Reimbursement Account (RRA)
P	Parking Account (cannot claim miles associated with Parking)
T	Transit Account (cannot claim miles associated with Transit)
I	Individual Insurance Policy Premiums
M	To submit for medical mileage associated with Debit Card transactions. You will only be reimbursed for the medical mileage associated with the miles traveled, since you paid for the service with the Debit Card.

By submitting this form to Lifetime Benefit Solutions, I certify the information is accurate, the expenses incurred were for myself, spouse or qualified dependents, and these expenses are not reimbursable under any other plan coverage. In addition, I have read the Reimbursement Request Instructions on the following page and agree to adhere to all terms specified. I understand if I do not follow the instructions my reimbursement may be delayed or denied.

- **Mail to:** Lifetime Benefit Solutions, Claims Dept, PO Box 680, Liverpool, NY 13088 or
- **Fax to:** 877-256-7228.
- Call **Customer Service** with questions at 800-327-7130.

Reimbursement Request Instructions

For All Account Types (FSA, HRA, Parking/Transit, RRA, Insurance Premium)

- For faster reimbursement processing you may be able to submit your claims online at **www.lifetimebenefitsolutions.com**.
- Complete the top section, including Social Security Number or Employee ID.
- Submit one expense (either a product or service) per row, even if items are contained on the same receipt.
- Label the receipts to correspond to the Claim Ref #.
- If you have more items than the form can accept, use additional forms.
- Do not "lump" or group items together or write See Attached.
- All claims are subject to deadlines, as defined in your Summary Plan Description (SPD).
- The expenses you submit must qualify as valid expenses under the terms of the Plan, and the claimant receiving the services must be a qualifying individual as defined in the Plan.
- Lifetime Benefit Solutions can only process claims that are properly submitted. Claims that are not properly submitted may be delayed or denied.
- Retain a copy of the Reimbursement Request Form and receipts for your own personal records; Lifetime Benefit Solutions is not responsible for retaining copies of your receipts beyond the current Plan year.
- Call Lifetime Benefit Solutions Customer Service with questions at (800) 327-7130 during standard week-day business hours.
- Mail OR fax (but not both!) completed form with required documentation to:

  Lifetime Benefit Solutions Claims Dept.
  PO Box 680
  Liverpool NY 13088
  Fax # (877) 256-7228

Reporting Medical Mileage

- Medical mileage rates are set by the IRS and can be applied to transportation primarily for and essential to medical care.
- Indicate the total number of miles incurred with each service provided (i.e. round trip miles to visit the doctor).
- Lifetime Benefit Solutions will apply the current mileage rate and include the mileage amount in your total reimbursement.
- You may be required to produce additional documentation for each mileage expense you claim.

Medical Claims for FSA, HRA and RRA

- For each medical claim covered by your insurance carrier, submit an Explanation of Benefits (EOB). If your claims are not submitted to your insurance carrier, provide an itemized bill showing: date of service, provider name, patient name, charged amount, and description of services rendered.
- Do not send credit card receipts, original receipts or cancelled checks.
- The IRS states that Over-the-Counter (OTC) items classified as drugs and medicine are only eligible if they are accompanied by a doctor's prescription.
- Use Plan Code M to report medical mileage associated with a Debit Card transaction. For example, if you drove 20 miles to a doctor's appointment, and paid your copayment amount with the Debit Card, you should use Plan Code M to be reimbursed for the 20 miles you drove. You should still complete the full line of information, but you will only be reimbursed for the mileage, not the copayment amount.

Dependent Care Claims

- Please use the separate form titled Dependent Care Account Reimbursement Request Form.

Parking/Transit Claims

- Receipts are not required as long as page one of this form is properly completed and separate claims are itemized on separate claim lines.
- The only type of parking that is eligible for tax-free reimbursement is qualified parking on (or near) the employer's facility, or on (or near) a location from which the employee commutes to work by public transportation. If the parking is on (or near) the employee's residence, it is not eligible for tax-free reimbursement.

Individual Insurance Premium

- The bill from the insurance carrier must identify participant, premium amount, coverage period, and policy number.

Direct Deposit Authorization Form

Employer Name: _____

Participant Name (First, MI, Last): _____

Social Security Number: _____ - _____ - _____

Address: _____

City, ST, ZIP: _____

Date of Birth: _____/_____/_____ Phone Number (_____) _____

Please notify your employer of any address change. Lifetime Benefit Solutions will not make address changes from this form.

Please check one:

☐ Set up New Direct Deposit ☐ Change Direct Deposit ☐ Cancel Direct Deposit

Direct Deposit Election:

Type of Account (Check one): ☐ Checking ☐ Savings

Name of Bank: _____

Transit ABA Routing #: _____

Account #: _____

Participant Certification

By submitting this form, I hereby authorize Lifetime Benefit Solutions to deposit my reimbursements directly into the bank account indicated above and, if necessary, to withdraw amounts from the account in order to adjust for any amounts erroneously deposited. This authorization will remain in effect until Lifetime Benefit Solutions receives written notice from me of its termination. The set up process is approximately 10 business days.

Please retain a copy of this form for your records.

Participant Signature: _____ Date: _____

- **Mail to:** Lifetime Benefit Solutions, FSA/HRA Dept, PO Box 680, Liverpool, NY 13088 or
- **Fax to:** 877-256-7228.
- Call **Customer Service** with questions at 800-327-7130.