Your Flexible Benefits Plan
Enrollment Kit

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Dear Moore College of Art & Design Employees:

We are excited to tell you about a great benefit Moore College of Art & Designis offering to its employees. It's called a Section 125 Cafeteria Plan or Flexible Benefits Plan. By using the Flexible Spending Account (FSA) available through the plan, you gain the ability to save a great deal of money. The savings is achieved by not paying taxes on the amount you put into your account for health care and day care expenses.

Your Flexible Benefits Plan includes three components:

- Premium Conversion – allows you to pay your contribution of your health care premium with pre-tax dollars.
- Health Care Spending Account – pre-tax dollars set aside to cover out-of-pocket medical expenses not covered by your plan.
- Dependent Care Spending Account – pre-tax dollars that can be used to pay for day care for tax dependents.

Here's how it works. Each payroll, Moore College of Art & Design places the amount you designate from your pay into your personal health care and/or dependent care spending accounts. The money – which is put aside without being taxed – is earmarked for out-of-pocket expenses. Those expenses might include your day care bill, a co-pay for a visit to the doctor or a prescription.

The money you can save by using your FSA can be significant. For example, Employee A earns $1,700 per month. She elects to place $60 in her Health Care FSA, $260 in her Dependent Care FSA and also has her $50 health plan contribution taken out before tax each month. By taking care of these necessary expenses on a pre-tax basis, she could save over $100 in taxes per month, money she will surely be happy to spend elsewhere.

Every employee's situation is a little different, but there is a reason this plan is called a Flexible Benefits Plan. It can be used to suit your needs and will save you money.

Participation is easy. Just review the enrollment materials provided for all the rules, calculate your expenses to determine your annual election, fill out the enrollment form and start saving.

If you have questions about your plan, please contact your HR representative.

Fringe Benefits Administration • PO Box 488 • Coldwater, MI 49036-0488
866-370-3040 • Fax: 800-379-5670 • www.infinisource.net • E-mail: fsa@infinisource.net

FSA Worksheet

ESTIMATED UNREIMBURSED HEALTH CARE EXPENSES	ANNUAL AMOUNT
Medical	
Deductibles	$______
Coinsurance payments*	______
The following types of *unreimbursed* medical care:	
Well-baby care	______
Doctor's office visits	______
Physicals/annual checkups	______
Immunizations	______
Prescription drugs	______
Contraceptives	______
Insulin	______
Laboratory tests	______
Splints, supports, corrective devices	______
Therapy treatments (medical reasons only)	______
Over-the-counter medicine	______
Other expenses	______
______	______
______	______
Dental	
Deductibles	$______
Coinsurance payments*	______
The following types of *unreimbursed* dental care:	
Fillings/crowns/bridges	______
X-rays	______
Cleaning	______

Remember any coordination of benefits with another group plan which may reduce your out-of-pocket expenses.

	ANNUAL AMOUNT
Dental (cont.)	
Fluoride treatments	$______
Dentures	______
Orthodontia (Based upon expenses incurred for upcoming plan year)	______
Vision	$______
Deductibles	______
Coinsurance payments*	______
The following types of *unreimbursed* vision care:	
Examinations	______
Lenses	______
Frames	______
Contact lenses and solutions	______
Laser eye surgery	______
Total Annual Unreimbursed Health Care Expenses (cannot exceed your plan's maximum.)	$______

Estimated Dependent Day Care Expenses (necessary for you and your spouse to work)	ANNUAL AMOUNT
Child care/day care centers	$______
Child care in home	______
After-school care	______
Preschool	______
Care of other dependents	______
Total Annual Dependent Care Expenses *(Cannot exceed $5,000 per family, per calendar year, or earned income of employee or spouse, whichever is less.)*	$______

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Examples of Eligible Expenses

Acupuncture
Alcoholism treatment
Ambulance
Artificial limbs
Artificial teeth
Birth control pills
Braille books and magazines
Breast reconstruction surgery after mastectomy
Chiropractors
Coinsurance amounts and deductibles
Contact lenses, solutions and cleaners
Crutches
Dental treatment*
Dermatologists*
Eyeglasses (prescription); including prescription sunglasses, vision exams
Hearing devices and batteries
Hospital services
Immunizations
Infertility treatments
Insulin
Laboratory/diagnostic fees
Language training for child with dyslexia or disabled child
Laser eye surgery
Learning disability
Lodging ($50 per night; medical reasons)
Massage therapy (medical necessity)
Norplant insertion or removal
Nursing services
Nutritionist's expenses (medical necessity)
Occlusal guards to prevent teeth grinding
Orthodontia
Over-the-counter medicine*
Oxygen
Pap smears
Physical therapy
Pregnancy test–over-the-counter
Prescription drugs*
Prosthesis
Psychiatric care
Psychologist
Radial keratotomy
Seeing-eye dog
Smoking cessation programs
Sterilization
TMJ related treatments
Transplants
Travel expenses (mileage; air fare) as long as for medical care
Viagra
Wheelchair
Wigs (medical reasons only)
X-ray fees

Examples of Ineligible Expenses

Burial expenses
Cosmetic procedures (unless necessary to improve a deformity arising from congenital abnormality, personal injury from an accident or trauma, or a disfiguring disease)
Dancing lessons
Diapers or diaper service
Ear piercing
Electrolysis (see cosmetic procedures above)
Exercise equipment, unless prescribed by a physician for a specific medical condition
Face lifts (see cosmetic procedures)
Fitness programs for general health
Funeral expenses
Hair transplant (see cosmetic procedures above)
Health club dues
Holistic or natural remedies
Illegal operations and treatments
Items paid or payable by insurance
Items you intend to claim as a credit for federal tax purposes
Marriage counseling
Maternity clothes
Meals – yes, if paid for meals at a hospital or similar institution when receiving inpatient care; no, for Dependent care
Naturopathic drugs
Non-prescription sunglasses (sunclips)
Nursing care for a normal, healthy baby
Overnight camp (Dependent Care)
Over-the-counter vitamins and dietary supplements
Premiums for group health coverage maintained through spouse's employer or individual insurance premiums
Rogaine (see cosmetic procedures above)
Safety glasses (unless prescription)
Swimming lessons
Tanning salons and equipment
Teeth whitening or bleaching (even if as a result of a congenital defect)
Vision discount programs or warranty charges
Weight loss programs and drugs (unless specific medical necessity)

**Unless strictly for cosmetic reasons*

Allowable expenses must be considered "medical care." The definition of "medical care" would need to include amounts paid "for the diagnosis, cure, mitigation, treatment or prevention of disease, or for the purpose of affecting any structure or function of the body."

Medical care must be "for the diagnosis, cure, mitigation, treatment or prevention of disease." "Diagnosis" means using any procedure to find out whether an individual has a disease or dysfunction. Hearing, vision and blood tests are examples of diagnostic tests. "Cure" means a medical treatment or drug used to restore health such as using chemotherapy to cure cancer. For care to be "mitigation," it must make a medical condition less harsh or severe, such as a wheelchair if the participant has multiple sclerosis or a seeing-eye dog for a blind person. "Prevent" requires that the care involve the prevention of possible disease, illness or defect.

Expenses are to be "confined strictly to expenses incurred for the prevention or alleviation of a physical or mental defect or illness." The following are specific examples the IRS provides to satisfy this requirement: (1) X-rays; (2) hospital services; (3) medicine and drugs; (4) nursing services; (5) ambulance service; (6) artificial teeth and limbs.

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Over-the-Counter (OTC) Expenses

Eligible OTC Drugs

Allergy and sinus medications
Examples: Claritin, A.R.M., Actifed, Benadryl, Chlor-Trimeton, Motrin Sinus, Sudafed, Tylenol Allergy Sinus, etc.

Contraceptives
Example: condoms

Cough and cold medications
Examples: Advil Cold & Sinus, Alka-Seltzer Plus, Breathe Right Nasal Strips for colds, Comtrex, Contac, Drixoral, Sudafed Cold, TheraFlu, Tylenol Cold, Vicks Nyquil, etc.

Diabetes care
Examples: Test strips for blood glucose, Glucometer, injection devices, lancet devices, urinalysis test strips, etc.

Digestion
Examples: Antacid liquid and tablets (Maalox, Mylanta, Pepto-Bismol, Prilosec), anti-diarrheal medication (Imodium, Kaopectate), laxatives (Correctol, Dulcolax, Milk of Magnesia), antigas tablets (Gas-X, Maalox Max, Mylanta Gas), hemorrhoidal suppositories and cream (Anusol, Preparation H), lactose intolerance (Lactaid), motion sickness (Dramamine, Bonine), etc.

First Aid
Examples: Bandages, tape, gauze pads, antibiotic ointments (Neosporin, Polysporin), antiseptic (Bactine, Curad alcohol swabs,) itch and rash (Aveeno anti-itch lotion, Benadryl, Cortaid), lice treatment (Rid, Nix)

Pain & Fever
Examples: Arthritis caplets (Aleve, Tylenol Arthritis Pain), aspirin (Bayer, Excedrin) non-aspirin pain relief (Advil, Ibuprofen, Tylenol), canker and cold sore relief, menstrual relief (Pamprin, Midol), pain relief patch (Migraine Ice, Icy Hot, TheraPatch), rubs and ointments (BenGay, Heet, Icy Hot)

Smoking Cessation
Examples: Nicorette gum, Nicoderm Patches, Commit stop smoking lozenges

Supports and Braces
Examples: Ankle brace, arm and elbow brace, neck brace, surgical support hosiery, wrist and hand brace

Family Planning
Examples: Male infertility test kit, ovulation test kit, pregnancy test kit

OTC Drugs/Items Not Eligible

Cosmetics
Drugs or items used for cosmetic reasons (Rogaine, retinal serum, Crest white strips)
Hair removal kits (electrolysis)
Items taken for general health reasons
Toiletries (shaving cream, etc.)
Toothpaste, floss, toothbrushes

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OTC Drugs/Items Requiring Medical Necessity

Vitamins or supplements
Herbal supplements
Weight loss drugs

Documentation Requirements

In order to be reimbursed for OTC expenses, you will need to complete a Request for Reimbursement (claim) form and attach an itemized receipt for the items. If you are submitting a cash register receipt, the receipt must include:

- Name and address of provider (i.e., drug store or grocery store)
- Date of purchase
- Name of OTC drug
- If the name of the drug or medicine is **not shown** on the cash register receipt, you must submit a tear off portion of the box or package that includes the name of the drug and price along with the cash register receipt

Stockpiling Drugs not Reimbursable

Please be aware that although OTC drugs are now eligible for reimbursement, the IRS' intention is that you are being reimbursed for OTC drugs that you are taking because they are medically necessary. Items that are reimbursable are drugs or medicines you would purchase when you are ill (i.e., Motrin for headaches, cough medicine for colds, etc.). Purchasing large quantities of OTC drugs at the end of the Plan Year will not be reimbursable.

Questions? Call a Customer Service Representative at 866-370-3040

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Savings Snapshot

You can increase the money you take home each pay period by using a Flexible Benefits Plan. Here is an example of the tax savings an employee earning $2,200 a month can experience using this great benefit.

	Without 125 Plan	With 125 Plan
Monthly income before taxes	$ 2,200	$ 2,200
Pre-tax salary deductions		
Health Care FSA contribution	$ .00	$ 60.00
Dependent Care FSA contribution	.00	260.00
Employee contribution to health plan	.00	50.00
Total	*$ .00*	*$ 370.00*
Payroll taxes		
FICA (7.65%)	$168.30	$140.00
Federal income tax (12.16%)	267.52	222.53
State income tax (4%)	88.00	73.20
Total	*$ 523.82*	*$ 435.73*
After tax expenses		
Health care expenses	$ 60.00	$ .00
Dependent care expenses	260.00	.00
Employee contribution to health plan	50.00	.00
Total	*$ 370.00*	*$ .00*
Spendable income	***$ 1,306.18***	***$ 1,394.27***

Employee's spendable income	$ **22.03**	more each week
Employee's spendable income	**$ 88.09**	**more each month**
Employee's spendable income	**$ 1,057.08**	more each year

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General Information

Why should I participate in the Flexible Benefits Plan?

One of the greatest advantages of the Plan is the tax savings generated and the increase in your spendable income. The money contributed to an FSA is not subject to taxes (federal income and FICA taxes and most state and local income taxes). A Flexible Benefits Plan applies to out-of pocket expenses you cover with your spendable income, but allows you to pay for these expenses with income before you are taxed.

Another advantage to participating in the Plan is the opportunity it offers for you to budget for health care expenses by withholding a small amount from each paycheck. Without that tool, you may be faced with having to come up with large amounts of money at one time. This is especially advantageous if you are scheduling a surgery, anticipating maternity expenses or if you do not have other coverage for dental and vision expenses. Even those with coverage for medical, dental and vision usually have deductibles, co-pays and other out-of-pocket expenses to cover.

Where do I call with questions about my Flexible Benefits Plan?

If you have any questions about putting a Flexible Benefits Plan to work for you, how to sign up or how to determine your election amounts, etc., please call a Customer Service Representative at 866-370-3040.

How do I know that you received my claim and whether or not it was paid?

Generally, within two business days of submitting a claim by fax, you can view your account to check on the status of the claim at www.infinisource.net. Simply choose Login, FSA Participant and then follow the on-screen instructions.

How do I know what my account balance is?

You can use one of the following methods to check your account balance:

- You can view your account at www.infinisource.net. Simply choose Login, FSA Participant and then follow the on-screen instructions.
- Your account balance will be displayed on the reimbursement check or direct deposit notification each time you submit a claim.
- You will receive a Balance Statement approximately 90 days before the end of the Plan Year. This statement will provide you with a summary of the remaining balance in the Health FSA and/or the Dependent Care FSA as well as claims paid to date.

Eligibility and Enrollment

How do I enroll?

To enroll in either or both the Health and Dependent Care FSA, you simply need to fill out the Enrollment Form/Direct Deposit Form before the beginning of each Plan Year.

Do I have to keep the same election each year?

No. Each year, you will have to re-enroll before the beginning of the Plan Year. At this time, you will have the opportunity to evaluate the need to participate in the Plan as well as budget for all health care and/or dependent care expenses. You may decide to keep the same election, change your election or in some cases waive participation.

Do I have to elect both the Health and Dependent Care FSAs?
No. You may choose to participate in one or both depending on your individual needs.

Health FSAs

What is a Health Flexible Spending Account (FSA)

You may set aside pre-tax dollars to cover eligible medical expenses that are not covered by any other type of insurance. The account helps you budget for planned expenses such as deductibles, co-payments and prescriptions. You may refer to the FSA Worksheet for a list of some eligible and ineligible expenses.

Are insurance premiums an eligible expense?

No, insurance premiums are not reimbursable from a Health FSA. However, you may pay your required premium contributions (for coverage under the employer's health plan) on a pre-tax basis outside of the Health FSA.

Can I be reimbursed for medicines and drugs that do not require a prescription?

Yes, over-the-counter expenses incurred for medical care are eligible for reimbursement from your Health FSA.

What are some examples of OTC drugs that are eligible for reimbursement from my Health FSA?

Allergy medicines, cough and cold medicines, first aid and pain relievers are a few examples of eligible items. For a more inclusive list, please see the OTC expenses list available at www.infinisource.net.

If I terminate employment or retire, can I receive the remaining balance in my Health FSA?

No. However, you can continue to submit claims incurred prior to your termination date before the end of the run-out period (defined in your Summary Plan Description).

For example: Your plan has a 90-day run-out period following termination. Your termination date is September 13. Your physician sees you on September 12, but you do not receive the Explanation of Benefits from your insurance carrier until October 31. You can still submit this expense as it was incurred prior to your termination date, and prior to the end of the 90-day run-out period following your date of termination. Any expense incurred after September 13 is not eligible.

If I terminate employment or retire can I be reimbursed for expenses incurred after my termination date?

No. In order to be considered an eligible expense, the expense must be incurred prior to your termination date. However, you may be able to continue your Health FSA coverage under COBRA.

Dependent Care FSAs

What is a Dependent Care FSA?

You can use pre-tax dollars to cover eligible work-related dependent care expenses for qualified dependents, or if you are married, while you and your spouse work or your spouse attends school full-time.

Who is a qualified dependent under the Dependent Care FSA?

- Dependent under the age of 13
- Dependent or spouse of employee who is mentally or physically disabled and whom the employee claims as a dependent on his or her federal income tax return

Can an adult be a qualified dependent?

Yes, an adult may qualify as a dependent provided that the employee is providing more than half of that individual's support for the year and the dependent lives with the employee.

Do I have to use a day care facility?

No. You can be reimbursed for expenses provided by an individual providing care for your dependent in your home as long as the expenses are incurred for you and your spouse (if married), to work, look for work or attend school full-time.

Does my day care provider have to be licensed?

No. However, you are required to submit his/her Tax Identification Number or Social Security Number when filing your federal income tax return.

Does my day care provider have to be 18?

No, but the individual must claim the money as income on their tax return.

My child attends camp during the summer. Is this eligible?

Generally, no; however, if the camp is day camp and your dependent attends to allow you and your spouse (if married), to work, look for work or attend school full-time, then yes this would be an eligible expense. Overnight camps are specifically excluded.

When can I be reimbursed for dependent day care expenses?

Expenses are eligible for reimbursement when they have been incurred, not when you are billed or when you pay for the services.

For example: Your day care provider requires you to pay for the month of September on September 1. You can be reimbursed as the services are incurred, not when you paid for the services. You can submit claims after each week, every two weeks or on October 1.

Changing Your Election

What if I discover that I elected too much for the Health and/or Dependent Care FSA, can I change my election?

Generally, your election is irrevocable unless you experience an IRS "Change in Status" and your election change is consistent with the Change in Status event.

What is an IRS "Change in Status" that will allow me to change my FSA election?

- Change in legal marital status (marriage, death of spouse, divorce, legal separation, annulment)
- Change in number of tax dependents (birth, death of dependent, adoption or placement for adoption)
- Change in dependent's eligibility
- Change in employment status of employee, spouse or dependents
- Other changes that may permit an election change under the Dependent Care FSA are:
  - Change of dependent care provider
  - Change of rate charged by unrelated dependent care provider
  - Child attaining age 13

Election changes must be consistent with the event. If you experience a Change in Status, please review your Summary Plan Description, as it will provide you with important information on the deadline for reporting this event.

If I elected too much in my Health FSA but not enough in my Dependent Care FSA, can I move money from one account to the other?

No, Health and Dependent Care FSA elections are separate. You cannot move contributions from one account to another. Also, it is very important to note that the elections you make are for the entire year. Your elections cannot be changed unless you experience an IRS Change in Status as noted above.

"Use it or Lose It" Rule

What happens if I don't use all the money elected in my FSA?

The IRS has imposed a "use it or lose it" rule. Any money remaining in your FSA account at the end of the plan year cannot be carried over and is forfeited. Please remember, you have a run-out period following the end of the plan year to submit expenses that were incurred during the plan year. It is important to estimate your expenses carefully before making your elections. You should only contribute to the FSA for expenses that you can accurately predict will be incurred during the year.

Infinisource, Inc., will assist you in monitoring your Flexible Spending Accounts by providing you with a statement at the beginning of the fourth quarter of your plan year. You can minimize forfeitures by scheduling routine exams, purchasing glasses or contact lenses and scheduling dental appointments, etc., at the end of the plan year to use up your election amounts.

Submitting Claims for Reimbursement

How do I submit a claim for the Health or Dependent Care FSA?

You must complete an FSA Request for Reimbursement Form for each Health or Dependent Care FSA claim you file. Remember to attach supporting documentation for the claim. This information can be faxed to 800-379-5670.

You may also submit your claim by mail:

Infinisource, Inc.
PO Box 488
Coldwater, MI 49036-0488

May I submit expenses for my spouse and children for reimbursement through my Health FSA?

Yes, you may be reimbursed for expenses incurred for you, your spouse and any IRS dependents, regardless of where you are insured. It could be that you are not covered through your employer's health plan, but have coverage through your spouse's employer's plan. You may still submit your family out-of-pocket expenses to be reimbursed under the Health FSA.

What supporting documentation must I file with each Health FSA claim?

Explanation of Benefits (EOB): Each time you submit claims to your health insurance carrier, you will receive this statement detailing what the health plan will pay and what you must pay. For expenses that are partially covered under another insurance plan, you must attach a copy of both EOBs.

Itemized Bills: For expenses that are not submitted to another insurance plan, you must attach a copy of an itemized billing containing the following information:

- Name of patient
- Name and address of provider
- Description of service
- Date of service
- Amount of service

The documentation requirements are also listed on the FSA Request for Reimbursement Form to assist you in properly filing your claim. Following these guidelines will ensure you receive your reimbursement without unnecessary delays.

What supporting documentation must I file with each Dependent Care claim?

Request for Reimbursement Form: Complete the Dependent Care section and have your day care provider sign and date.

Receipt: The receipt must include the following information:

- Name and address of provider
- From/through dates of service
- Amount of charge

How long after the end of the Plan Year do I have to submit claims?

Claims must be submitted prior to the end of the run-out period for the Plan. The run-out period is defined in your Summary Plan Description.

Will I receive reimbursement for claims that are greater than the current balance of my Health FSA?

Yes, the annual amount is available to you from the beginning of the Plan Year.

Will I receive reimbursement that is greater than the current balance of my Dependent Care FSA?

No, you will only receive reimbursement for the amount that has been contributed at the time you submit your claim.

Can I submit claims for dependent care expenses that are greater than the current balance of my Dependent Care FSA?

Yes, however, you will only receive reimbursement for the amount that you have contributed to your Dependent Care FSA. For example, if you contribute $150 each month to your Dependent Care FSA, then you will only receive $150 in reimbursement each month. The excess amount of expenses will be pended and automatically paid to you as contributions are posted to your account.

What happens if a claim exceeds the amount currently available in my Dependent Care FSA?

The claim will be processed and approved. The amount that is currently available will be disbursed and the remaining portion will be pending until you make another contribution.

When can I expect to receive my reimbursement?

Claims are generally processed within two business days of receipt. Reimbursements are then processed and released according to the disbursement schedule and funding option of the employer. Generally, disbursement schedules are daily. This means that reimbursements are processed each day and include any claims that were processed the previous day. The release of your reimbursement depends upon the funding option chosen by the employer.

Your employer may have a funding arrangement that will:

- Allow the release of your reimbursement check immediately after processing the reimbursement
- Allow the release of your reimbursement check within two business days of processing the reimbursement

How do I know why my claim was denied?

You will receive a letter indicating the reason for the denial along with instructions for submitting the requested documentation.

Why may the amount of my reimbursement differ from the amount of my request?

There are reasons that you may see a different reimbursement amount. A few of these are:

1. If the request was for more than the balance of your account. For example:

Annual election = $1,000.00
Total amount disbursed to date = $700.00
Available balance = $300.00
Total amount of request = $500.00

You will only be reimbursed $300.00, as this is your available balance.

2. If the request was for a dependent care claim, you may only be reimbursed for the total amount that you have contributed. For example:

Annual election = $5,000.00
Total amount contributed = $3,000.00
Total amount of request = $4,250.00

You will only be reimbursed $3,000.00, as this is the amount that you have contributed to the account. The entire request of $4,250.00, will be processed and the remaining $1,250.00, will be disbursed as contributions are made.

Request for Reimbursement Form

Employee name ______________________ ID or SS # ______________ Employer Moore College of Art & Design

Home address ______________________________________ Daytime phone ______________
Number/Street City State Zip

HEALTH FSA/HEALTH REIMBURSEMENT ARRANGEMENT (HRA)

Health FSA: All claims must be submitted with supporting documentation containing the following:

- **Name of patient**
- **Name and address of provider**
- **Expense incurred (type of service)**
- **Date of incurred expense (the date the service is provided, not when the expense is paid)**
- **Amount of expense**
- **Amount insurance paid, if applicable**

If the request is for an over-the-counter (OTC) expense, you must indicate the name of the drug and its purpose to treat the patient. All claims for OTC drugs must be accompanied by an itemized receipt. Please see the reverse side for documentation requirements. If your insurance carrier, HMO or health care plan administrator will be processing any of these charges, attach a copy of the Explanation of Benefits from the insurance carrier containing all the supporting documentation listed above.

HRA: Your HRA Plan may be limited to the types of health care expenses that may be reimbursed to you. For a list of eligible expenses, please read your HRA Plan's Summary Plan Description (SPD).

Date of Service From m/d/y to m/d/y	Expenses for		Account type		Description of service (i.e., medical, dental, vision, Rx)	Over-the-counter (OTC) drug name	OTC drug – purpose to treat patient (allergies, sickness, etc.)	Amount of reimbursement request
	Patient name	Relationship	FSA	HRA				
/ / to / /								
/ / to / /								
/ / to / /								

Amount of request: $ ______

Debit card used for this claim: ☐ **Yes** ☐ **No**

DEPENDENT CARE FSA

Submit dependent care claims using one of the methods below:

1. Complete FSA Request for Reimbursement Form and have dependent care provider sign and date. Submit to Infinisource, Inc. for reimbursement.
2. Complete FSA Request for Reimbursement Form and attach supporting documentation which must include: **provider name and address, dependent name(s), dates of service and amount of expense.**

A signed and dated reimbursement form must accompany every claim.

Date of service From m/d/y to m/d/y	Dependent name	Relationship	Age	Name of care provider	Amount of reimbursement request
/ / to / /					
/ / to / /					
/ / to / /					

I certify that I provided care as specified above. Amount of request: $ ______

Dependent care provider signature *(Necessary only if a receipt is not provided.)* Date

I certify that:

1. The above listed expenses have been incurred by me, my spouse or my eligible dependents (as defined by the IRS).
2. All applicable insurance or other medical plan benefits have been exhausted.
3. Listed OTC expenses are to treat a medical condition.
4. I will not deduct these reimbursements as a tax credit on my federal income tax return. I have not been reimbursed for, and will not seek reimbursement of, the above listed expenses under any other plan covering such expenses.
5. I will assume all responsibility for taxes or penalties arising out of any disallowed deductions.
6. I have received the taxpayer ID# of my dependent care provider. I understand that I must provide this information on my federal income tax return.
7. All services for which reimbursement or payment is claimed by submission of this form were provided during a period while the undersigned was covered under the company's FSA and/or HRA with respect to such expenses.
8. To the best of my knowledge, all statements on this form are true, correct and complete.

nployee signature (You must sign this form to be reimbursed.) Date

☐ **I participate in both the HRA and the Health FSA and want Infinisource, Inc. to process my health care claims under both benefits.**

source has incorporated the HIPAA Privacy Requirements to reflect our organization's business practice regarding your insurance coverage

Fringe Benefits Administration • PO Box 488 • Coldwater, MI 49036-0488
866-370-3040 • Fax: 800-379-5670 • www.infinisource.net • E-mail: fsa@infinisource.net

FSA-2694-V2-P

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INSTRUCTIONS AND DOCUMENTATION REQUIREMENTS FOR FSA AND/OR HRA REIMBURSEMENT

Claim confirmation: You can easily view your claim status 24 hours a day, 7 days a week at www.infinisource.net (Choose FSA or HRA Participant from the Login drop-down menu). If you choose to mail your claim, please do not fax the same claim. Claims may be faxed to 800-379-5670. Keep the fax confirmation for your records. If faxed, allow two business days before checking the website or calling for the status of your claim.

Please read these instructions before completing the front of this form.

1. Complete all required information on the Reimbursement Form.
2. Sign and date the form.
3. Attach appropriate documentation.
4. Keep copies of this form and the documentation for your tax records.
5. Mail or fax to Infinisource.

You must sign and date the claim form and attach a copy of a bill, invoice or other written statement from a third party containing the patient name, provider name and address, a description of each expense, the date it was incurred, the amount of the expense and the amount insurance paid, if applicable. The IRS does not allow check copies, charge slips, "balance forward" and/or "previous balance" statements as acceptable documentation. (For orthodontia requirements, see item #3 below.) You may combine family members on one form. You must supply separate reimbursement forms for different plan years.

Documentation requirements for Health Care expense reimbursement:

1. For **medical or dental** expenses that will be processed by your medical plan, please submit the expenses to your medical plan administrator or insurance carrier first. Then submit copies of this form and the Explanation of Benefits containing all the supporting documentation listed above. Proof of expense payment is **not** required.
2. If you do not have medical plan coverage for **dental** or **vision** expenses, submit an itemized statement from your service provider showing the patient name, provider name and address, date of service, description of service and amount charged. To be reimbursed for contact lens solutions and cleaners, you may submit a cash register showing a description of the item. If the cash register receipt does not describe the item, provide a copy of the package indicating the price and product name.
3. **Orthodontia:**
   - **If your plan prohibits advance payment for orthodontia expenses**, please submit a copy of the Truth in Lending Statement, orthodontia contract or financial agreement with your initial submission itemizing the treatment period, down payment, monthly payment amount and the amount covered by insurance, if any. If this will be a recurring expense, please indicate and payment will be automatically made on a monthly basis.

     Submit a copy of your monthly payment coupon and/or an itemized receipt each time you request reimbursement for ongoing treatment. **NOTE**: The plan can reimburse orthodontia expenses paid in advance. The payment date determines the plan year.

     Any additional fees such as x-rays, molds, etc., are reimbursable when incurred. The banding fee (fee paid for attaching brackets/bands on teeth) can be paid in full when incurred. Down payments are reimbursed after they have been made and banding has taken place. Please submit an itemized receipt showing down payment.
   - **If your plan allows advance payment for orthodontia expenses, please submit a copy showing payment for orthodontia.**
4. For **prescriptions**, submit a copy of the receipt showing the patient name, drug name, date the prescription was filled and co-payment amount charged. Cash register prescription receipts or charge slips showing the prescription and the amount charged cannot be accepted, as the patient name and drug name or number are required.
5. For **over-the-counter (OTC) expenses** you must indicate the drug name and its purpose to treat the patient. All claims for OTC drugs must be accompanied by an itemized receipt. If you submit a cash register receipt, it must include: provider name and address (drug or grocery store), purchase date, OTC expense name (if the drug/medicine name is not on the cash register receipt, you must submit a portion of the packaging with the drug/medicine name and price with the cash register receipt). Please note: some OTC drugs are not eligible for reimbursement unless a specific medical condition exists. If your reimbursement request is for one of the ineligible drugs listed below, the request must include a physician recommendation for the purchase and a listing of the medical condition.
   - Drugs purchased for cosmetic reasons (Rogaine, etc.)
   - Weight loss drugs
   - Drugs purchased for general health reasons (vitamins, etc.)
6. For other expenses, always submit itemized statements. A letter of medical necessity may need to accompany some charges (i.e., massage therapy, capital improvements and cosmetic procedures).

Documentation requirements for Dependent Care reimbursement:

Options for reimbursement as listed on front.

- Complete FSA Request for Reimbursement Form and have dependent care provider sign and date. Submit to Infinisource for reimbursement.
- Complete FSA Request for Reimbursement Form and attach supporting documentation which must include: **provider name and address, dependent name(s), service dates and amount of expense.** A cancelled check alone is insufficient documentation.

IMPORTANT:

- Claims must be fully incurred before reimbursement. Except as indicated above, Infinisource cannot process claims for future dates of service.
- Some expenses associated with dependent care are not eligible, including overnight camp, food and transportation costs. If you are submitting charges for a day camp, please make sure the documentation shows that it is a day camp.
- You must provide the IRS with the name, address and tax ID (or Social Security Number) of the dependent care provider on your federal income tax return. If you are unable to provide this information, the IRS may deny the exclusion for the dependent care spending account.

Claims appeal: If your claim is denied in whole or in part, you may appeal by requesting a review of the denied claim. Your request must be in writing and must be submitted in accordance with the instructions set forth in the denial notice within 180 days after you receive notice of the denial. If there are two levels of appeal, you will have a reasonable amount of time as described in the denial notice in which to request a second review by the Plan Administrator. You will be notified in writing of the reviewed decision as soon as reasonably possible but no later than 60 days after the request for review is received. Your Summary Plan Description outlines this in more detail.

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