

Flexible Spending Account (FSA) Enrollment Kit

**Get started today.**



- Save money pre-tax
  - Plan ahead for dependent care or unexpected health care expenses
  - Maximize your benefits with easy-to-use resources
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# Enroll in an FSA **today.**

An FSA is a special account you can use to put money aside pre-tax for certain out-of-pocket health care or dependent care costs. It's a smart and simple way to prepare for unexpected expenses and increase your spendable income.

**An FSA saves you even more money by reducing your taxable income.** With an FSA, your contributions are taken out before taxes, then taxes are calculated on the lower amount that remains.

## Types of FSAs



### Medical

As health care costs continue to rise, you can stay ahead by using this account to pay for qualified medical expenses not reimbursed by insurance. This includes everyday out-of-pocket expenses such as copays, coinsurance, prescription drugs, orthodontics, vision expenses, hearing aids, dental services, eligible over-the-counter (OTC) items and more.



### Dependent Care (\$5,000 maximum)

Have kids in day care or other family members who depend on you? Plan ahead for ongoing expenses for dependent children and adults.



### Limited Purpose

This FSA type focuses on helping you cover dental and vision expenses for you and your family. It can be used together with a Health Savings Account – another type of tax-advantaged benefit plan.

## Plan ahead for your FSA!

Planning ahead is important when signing up for your company's FSA plans. Understanding the benefits offered is critical.

## Estimate your expenses

You can maximize your FSA account using this helpful planning tool. You may also use the FSA calculator on our website at [lifetimebenefitsolutions.com/fsa-calculator](https://lifetimebenefitsolutions.com/fsa-calculator). Some common items to consider are listed in the chart below:

Medical FSA Account	Annual Expense
Deductibles	\$
Copays	\$
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	\$

**Read your Summary Plan Description (SPD) carefully to understand the specific terms of your plan. The plan document and SPD govern your rights and benefits under each plan and are 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 to understand the terms and deadlines associated with your plan.

## Customer Service

Most of your questions can be answered by visiting the website. You can also call 1-800-327-7130 and utilize our automated interactive voice response system to check your balance, the status of a claim or contributions

when it's most convenient for you. Or, if you prefer to speak with a customer service representative, you can call that same number Monday – Thursday from 8 a.m. to 5 p.m. ET and Friday from 9 a.m. to 5 p.m. ET. You can also email our Customer Service department at [lbs.customerservice@lifetimebenefitsolutions.com](mailto: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.

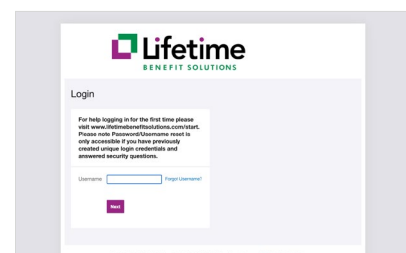
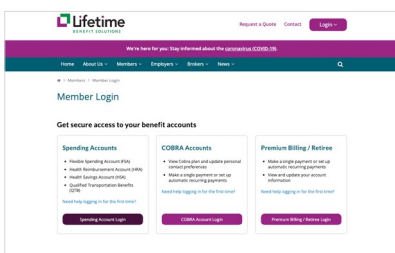
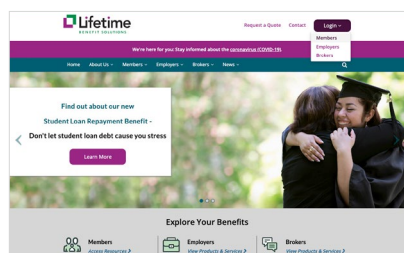
Provide or update your email address online and help us go green. You'll receive only plan-related information such as account statements, claim-related information and Request for Information (RFI) letters (for card participants).

## Digital access

View your account online 24/7 via the mobile app or on a mobile device at [LifetimeBenefitSolutions.com](http://LifetimeBenefitSolutions.com). While online, you can:

- Submit claims for reimbursement
- View claims history
- 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](http://LifetimeBenefitSolutions.com) and click on the Login button in the upper right hand corner of your screen, and select Members.

You can choose the Spending Accounts Login, which will bring you to the correct portal.

Your initial username will be the first letter of your first name, your last name, followed by the last four digits of your Social Security number. Your password will be the first letter of your first name (lowercase) followed by your five-digit zip code.



# What health care expenses **qualify?**



## Qualifying health care expenses

Acupuncture	Diagnostic items/services	Operations	Speech therapy
Alcoholism treatment	Drug addiction treatment	Optometrist	Surgery
Ambulance	Drug overdose, treatment of	Organ donors	Television for hearing-impaired persons
Artificial limbs	Guide dog; other service animal	Orthodontia	Therapy
Artificial teeth	Hospital services	Osteopath fees	Transplants
Asthma treatments	Immunizations	Oxygen	Transportation expenses for medical care
Body scans	Laboratory fees	Physical exams	Vaccines
Braille books and magazines	Lodging at a hospital or similar institution	Physical therapy	Vision care (including eyeglasses, contact lenses, LASIK surgery)
Breast reconstruction surgery following mastectomy	Mastectomy-related special bras	Preventive care screenings	Wheelchair
Chiropractors	Medical alert bracelet or necklace	Prosthesis	X-ray fees
Coinurance amounts	Medical supplies	Psychiatric care	
Copays	Obstetrical expenses	Screening tests	
Deductibles	Occlusal guards	Seeing eye dog	
Dental sealants		Sleep deprivation treatment	
Dental treatment		Smoking cessation programs	

## Potentially qualifying health care expenses

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

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

## Ineligible health care expenses

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

## Qualifying Personal Protective Equipment (PPE)

**PPE for the primary purpose of preventing the spread of COVID-19 are eligible expenses.**

Masks  
Hand sanitizer  
Sanitizing wipes

Continued

## Qualifying over-the-counter (OTC) items

Acne treatment	Contact lenses, materials and equipment	First aid kits	Pain relievers
Allergy medicine	Cough suppressants	First aid spray	Petroleum jelly
Antacids	Crutches	Gauze pads	Pregnancy test kits
Antibiotic ointments	Decongestants	Hearing aids	Reading glasses
Anti-itch creams	Dentures, denture adhesives	Hemorrhoid treatments	Sinus medications
Arthritis gloves	Diabetic supplies (including insulin)	Insect bite creams and ointments	Support braces
Aspirin	Diaper rash ointments and creams	Laxatives	Sunburn creams and ointments
Bandages	Diarrhea medicine	Medical monitoring and testing devices	Sunscreen
Blood pressure monitoring devices	Eczema treatments	Menstrual pain relievers	Thermometers
Calamine lotion	Expectorants	Motion sickness pills	Throat lozenges
Carpal tunnel wrist supports	First aid cream	Nasal strips or sprays	Toothache and teething pain relievers
Cold/hot packs		Orthopedic shoe inserts	Walkers
Cold medicine			Wart remover treatment
			Yeast infection medications

## Potentially qualifying OTC expenses

Items in this category require a **Certification of Medical Necessity form** completed by your physician.

Air conditioner	Dietary supplements	Humidifier	Rogaine®
Air purifier	Fiber supplements	Incontinence supplies	Special foods
Allergy treatment products; household improvements to treat allergies	Glucosamine	Nutritional supplements	Sunglasses
Chondroitin	Herbs	Probiotics rehydration solution	Treadmill
Compression hose	Holistic or natural healers, dietary substitutes, and drugs and medicines	Retin-A	Vitamins
			Wigs

## Ineligible OTC expenses

Dental floss	Hair colorants	Safety glasses	Toiletries
Deodorant	Mouthwash	Shampoos	Toothbrushes
Diet foods	Perfume, cologne	Shaving cream or lotion	Toothpaste
Face creams	Permanent waves	Skin moisturizers, hand lotion	

## Eligible menstrual product expenses

Cups	Pads	Tampons
Liner	Sponges	Other similar products used by individuals with respect to menstruation

Eligibility rules for OTC items may change. The ability to pay for eligible items with the 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.

Reimbursement for any items contained on this list are also subject to the terms and conditions of your employer plan.

## Eligible dependent care expenses

- Care in your home, someone else's home, or in a day care center for child care and/or elder care. Licensing requirements may apply.
- Registration fees for a day care.
- 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, your spouse, child or a tax dependent.
- Day camp (not overnight) expenses if the camp qualifies as a day care center.

# 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 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 medical 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 medical 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 account for qualified expenses incurred during the Plan year, 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 offset 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 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.

# Flexible Spending Account (FSA) Enrollment Form



Employer Name: \_\_\_\_\_

Participant Name (First, MI, Last): \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_

City, ST, ZIP: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Date of Hire: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

☐ I agree to receive communications regarding my FSA via email from Lifetime Benefit Solutions (LBS).

FSA Benefit Election	Per Pay Period Amount	Total Annual Amount	# Pays Per Year
<input type="checkbox"/> Medical/Health FSA	\$	\$	
<input type="checkbox"/> Dependent Care FSA	\$	\$	
<input type="checkbox"/> Limited Purpose FSA	\$	\$	

## Carrier Information

If you are eligible for Automatic Claims Transfer (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 Automatic Claims Transfer (ACT).

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

Name	Social Security No.	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: \_\_\_\_\_

ABA Routing Transit Number: \_\_\_\_\_ Account Number: \_\_\_\_\_

## 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 LBS

This Plan has employer funded money: ☐ Yes ☐ No  
If Yes:

Employer Money	Payroll Based?	Annual Amount
<input type="checkbox"/> Medical Care	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
<input type="checkbox"/> Dependent Care	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$



# 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 Services/ Items Purchased	# of Miles	Claim Reference Number
John Sample	10/1/2022	\$150.00	F	Doctor visit copay	12	Example
						01
						02
						03
						04
						05
						06

Use one of the Plan Codes 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. In this example, remaining expenses will be applied to your HRA, if eligible.

*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 located in the Forms section of <a href="https://www.LifetimeBenefitSolutions.com">LifetimeBenefitSolutions.com</a>
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 211126 Eagan, MN 55121

**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 [LifetimeBenefitSolutions.com](https://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 Reference Number.
- 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.
- Retain a copy of the Reimbursement Request Form and receipts for your own personal records.
- Call Lifetime Benefit Solutions Customer Service with questions at (800) 327-7130 during standard weekday business hours.
- Mail OR fax (but not both!) completed form with required documentation to:

### Lifetime Benefit Solutions Claims Dept.

PO Box 211126

Eagan, MN 55121

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.
- 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

- 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.

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**The cure for benefits as usual.**