

Flex Facts Enrollment Form

Please return this form to your human resources representative

Personal Information

Employer: _____

Full Name: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

_____ *City State ZIP Code*

Phone: _____ Social Security Number: _____

Birth Date: _____ E-mail Address: _____

Effective Date: _____ Plan Year Start: _____

Benefit Election

I ELECT THE FOLLOWING:	Amount Per Pay Period	# of Pay Periods	Annual Election
Medical FSA Account	\$ _____	_____	\$ _____
Dependent Care Account	\$ _____	_____	\$ _____
Limited Purpose FSA (HSA only)	\$ _____	_____	\$ _____

Frequency of Pay: Weekly Bi-Weekly Semi-Monthly Monthly Other

Date of First Deduction: _____

Spouse or Dependent Card Information

Full Name: _____
Last First M.I.

Mail Card to: Address listed above Alternate Address: _____
Street Address Apt. /Unit #

Date of Birth: _____
City State ZIP Code

Soc. Sec. Number: _____ Relationship: _____

Employee Authorization

- If this form is not returned to your employer by your effective date, you will not be able to participate in the plan until the following plan year.
- Your accounts will not automatically renew. You must sign a new election form each year at open enrollment.
- You cannot change the FSA election during the plan year unless you have an eligible change in status.
- This agreement is subject to the terms of the company's Flexible Benefits Plan.
- By signing this form, I agree that my cash compensation will be redirected by the amounts set forth above.

Signature: _____ Date: _____

Flexible Spending Account

Plan Enrollment Materials

No matter which health insurance plan you enroll in this year, you will likely have out-of-pocket costs. **Save up to 30% on qualifying out-of-pocket expenses** by setting aside pre-tax dollars from your paycheck with a flex account!

Medical FSA



Medical



Pharmacy



Dental



Vision



Over-the-Counter

Dependent Care Account (DCA)



Childcare Expenses

How does it work? It's simple.



Choose your annual election for each flex plan, based on your anticipated expenses.



Your annual election is deducted pre-tax from your paycheck in equal amounts during the plan year.



Swipe your card for eligible expenses or submit a claim for reimbursement.

This lowers your taxable income!





Save up to \$915 on medical expenses this year!

Participating in an FSA is like receiving a 30% discount from your medical providers.

How does an FSA work?

A medical FSA is a flexible spending account that allows you to set aside pre-tax dollars for eligible medical, dental, and vision expenses for you and your dependents.

Choose an annual election amount, up to **\$3,200**. This amount will be deducted from your paychecks in equal installments throughout the year. Your full election will be available for spending on the first day of the plan year!

Why should I enroll in an FSA?

Almost everyone has some level of out of pocket medical costs. If you expect to incur medical expenses, you'll want to take advantage of the savings this plan offers.

Money contributed to a healthcare FSA is free from federal and most state taxes. On average, participants enjoy a 30% tax savings on their annual contribution, saving up to **\$915** per year!

Helpful hints...

- Your election can only be changed during the plan year if you experience a qualifying event.
- Save your receipts. You may need itemized invoices to verify card swipes or for claim reimbursements.
- If your employment terminates, your account will be terminated.
- You will have an additional 2.5 month grace period to spend your FSA funds after the plan ends. Be sure to spend your funds by then, as unspent funds will be forfeited.
- Reminder: You can't contribute to an FSA and HSA within the same plan year.



Spending your FSA funds

Swipe your Flex Facts debit card to pay for eligible expenses or pay with your personal funds and submit a claim for reimbursement.



Common eligible expenses

- Copays, deductible, coinsurance
- Doctor office visits, lab work, x-rays
- Hospital charges
- Dental and orthodontia
- Vision exams, glasses, contact lenses, laser vision correction
- Physical therapy
- Chiropractic care
- Medical supplies and first aid kits
- Rx and over-the-counter meds
- And much more...

Visit <http://fsastore.com/FlexfactsEL> for full list.



Download our app

Search 'Flex Facts' on the App Store or Google Play.



Save up to \$1,500 on dependent care expenses this year!

Participating in a dependent care FSA is like receiving a 30% discount from your care providers.

How does a DCA work?

A dependent care FSA (DCA) is a flexible spending account that allows you to set aside pre-tax dollars for dependent care expenses that allow you to work or look for work. This includes daycares, babysitters and before/after school care.

Choose an annual election amount, up to **\$5,000/family**. This amount will be deducted from your paychecks in equal installments throughout the year.

Why should I enroll in an DCA?

Child and dependent care is a large expense for many families. If you pay for care of dependents in order to work, you'll want to take advantage of the savings this plan offers.

Money contributed to a dependent care FSA (DCA) is free from federal and most state taxes. On average, participants enjoy a 30% tax savings on their annual contribution, saving up to \$1,500 per year!

Helpful hints...

- Funds will be made available in your DCA account, as deductions are taken each payroll.
- Your election can only be changed during the plan year if you experience a qualifying event.
- Save your receipts. You may need itemized invoices to verify card swipes or for claim reimbursements.
- If your employment terminates, your account will be terminated.
- You will have an additional 2.5 month grace period to spend your DCA funds after the plan ends. Be sure to spend your funds by then, as unspent funds will be forfeited.



Spending your funds

Swipe your Flex Facts debit card to pay for eligible expenses or pay with your personal funds and submit a claim for reimbursement.



Qualifying Dependents*

- Your qualifying child under age 13
- Your spouse or qualifying adult child or relative who is physically or mentally incapable of self-care



Eligible Expenses

- Before school or after school care for children 12 and younger
- Custodial care for adult dependents
- Licensed day care centers
- Nanny / Au Pair
- Nursery Schools or preschools
- Late Pick-up fees
- Summer or Holiday day camps

A full list of eligible expenses can be found at www.flexfacts.com.



Download our app

Search 'Flex Facts' on the App Store or Google Play.

*additional restrictions may apply. See Internal Revenue Code Section 152.

Questions? Contact us at info@flexfacts.com or 877-943-2287