Flexible Spending Account (FSA) Enrollment Kit

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

<table>
<thead>
<tr>
<th>Health Care Account</th>
<th>Annual Expense</th>
</tr>
</thead>
<tbody>
<tr>
<td>Deductibles</td>
<td>$</td>
</tr>
<tr>
<td>Co-pays</td>
<td>$</td>
</tr>
<tr>
<td>Dental Expenses not covered by insurance</td>
<td>$</td>
</tr>
<tr>
<td>Orthodontia</td>
<td>$</td>
</tr>
<tr>
<td>Vision Expenses (Exams, Glasses, Lenses)</td>
<td>$</td>
</tr>
<tr>
<td>Hearing Expenses (Exams, Hearing Aids)</td>
<td>$</td>
</tr>
<tr>
<td>Prescription Drugs</td>
<td>$</td>
</tr>
<tr>
<td>Eligible Over-the-Counter Items</td>
<td>$</td>
</tr>
<tr>
<td>Diabetic Supplies</td>
<td>$</td>
</tr>
<tr>
<td>Therapy (Physical Therapy, Speech, Chiro)</td>
<td>$</td>
</tr>
<tr>
<td>Medical Mileage</td>
<td>$</td>
</tr>
<tr>
<td>Other</td>
<td>$</td>
</tr>
<tr>
<td>Total Estimated Health Care Expenses</td>
<td>$</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Dependent Care Account</th>
<th>Annual Expense</th>
</tr>
</thead>
<tbody>
<tr>
<td>Payment to Dependent Care Facility</td>
<td>$</td>
</tr>
<tr>
<td>Payment to Dependent Care Individual</td>
<td>$</td>
</tr>
<tr>
<td>Payment to Adult Care Provider</td>
<td>$</td>
</tr>
<tr>
<td>Total Estimated Dependent Care Expenses</td>
<td>$</td>
</tr>
<tr>
<td>Total Health Care PLUS Dependent Care</td>
<td>$</td>
</tr>
</tbody>
</table>

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.

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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. You can also call 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 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 Login button in the upper right hand corner of your screen, and select Members. From there, 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 (lower case) followed by your five digit zip code.
The Health Spending Card

The Health Spending Card is a convenient payment method...you simply swipe the card without incurring an out-of-pocket expense! Behind the scenes, the provider is paid and the amount is deducted from your account balance. You don’t have to file a claim form for reimbursement—the payment function is fully automated.

Cashless but Not Paperless:
Each time you use your Health Spending Card, you must be able to prove you used it to pay for a Plan eligible item or service. Fortunately, technology behind the Health Spending Card automatically substantiates the vast majority of your transactions. You will receive a letter asking you to send in copies of your receipt and necessary documentation for those transactions that can’t be automatically substantiated with supporting technology.

Paying for Services with the Card:
Paying a doctor’s office copay is an example of paying for services with the card. However, in some cases, services provided at a medical, dental or vision office cannot be auto-substantiated. In these cases, you will receive an RFI letter asking for copies of your receipt and necessary documentation.

Important Health Spending Card Tips:
• Keep all receipts associated with your Health Spending Card in a central location, and promptly reply when asked for a copy.
• The IRS states that services are eligible for reimbursement after the services have been rendered. Prepaying for services such as weight loss or fitness memberships is not allowed.
• The Health Spending Card will be mailed directly to your home address. Read all information enclosed with the card and sign the card to agree to the terms.
• If a merchant will not accept the card, just pay out of pocket and submit for reimbursement.

Remember—the Health Spending Card is cashless, but not always paperless! Be prepared to submit copies of your receipts and other documentation when requested.

All information about purchases may apply depending on what the Plan allows on the card.
### Qualifying Health Care Expenses

<table>
<thead>
<tr>
<th>Acupuncture</th>
<th>Drug overdose, treatment of drug abuse</th>
<th>Occlusal guards to prevent teeth grinding</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alcoholism treatment</td>
<td>Eye examinations, eye glasses, equipment and materials</td>
<td>Operations</td>
</tr>
<tr>
<td>Ambulance</td>
<td>Fluoridation services</td>
<td>Optometrist</td>
</tr>
<tr>
<td>Artificial limbs</td>
<td>Guide dog; other service animal</td>
<td>Organ donors</td>
</tr>
<tr>
<td>Artificial teeth</td>
<td>Hospital services</td>
<td>Orthodontia</td>
</tr>
<tr>
<td>Asthma treatments</td>
<td>Immunizations</td>
<td>Osteopath fees</td>
</tr>
<tr>
<td>Body scans</td>
<td>Laboratory fees</td>
<td>Oxygen Physical exams</td>
</tr>
<tr>
<td>Braille books and magazines</td>
<td>Laser eye surgery; Lasik</td>
<td>Physical therapy</td>
</tr>
<tr>
<td>Breast reconstruction surgery following mastectomy</td>
<td>Lodging at a hospital or similar institution</td>
<td>Preventive care screenings</td>
</tr>
<tr>
<td>Chelation therapy</td>
<td>Mastectomy-related special bras</td>
<td>Prosthesis</td>
</tr>
<tr>
<td>Chiropractors</td>
<td>Medical alert bracelet or necklace</td>
<td>Psychiatric care</td>
</tr>
<tr>
<td>Co-insurance amounts</td>
<td>Medical information plan charges</td>
<td>Radial keratotomy</td>
</tr>
<tr>
<td>Co-payments</td>
<td>Medical records charges</td>
<td>Screening tests</td>
</tr>
<tr>
<td>Deductibles</td>
<td></td>
<td>Seeing eye dog</td>
</tr>
<tr>
<td>Dental sealants</td>
<td></td>
<td>Sleep deprivation treatment</td>
</tr>
<tr>
<td>Dental treatment</td>
<td></td>
<td>Smoking cessation programs</td>
</tr>
<tr>
<td>Diagnostic items/services</td>
<td></td>
<td>Speech therapy</td>
</tr>
<tr>
<td>Drug addiction treatment</td>
<td></td>
<td>Stop smoking program</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Supplies to treat medical condition</td>
</tr>
</tbody>
</table>

### Potentially Qualifying Health Care Expenses

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

<table>
<thead>
<tr>
<th>AA meetings, transportation to Alternative healers</th>
<th>Dyslexia treatment</th>
<th>Hypnosis</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alternative healers</td>
<td>Fitness programs</td>
<td>Lactation consultant</td>
</tr>
<tr>
<td>Automobile modifications</td>
<td>Gambling problem, treatment</td>
<td>Lamaze classes</td>
</tr>
<tr>
<td>Birthing classes</td>
<td>Health club fees</td>
<td>Language training</td>
</tr>
<tr>
<td>Blood storage</td>
<td>Home improvements (such as exit ramps, widening doorways, elevator, etc.)</td>
<td>Lead-based paint removal</td>
</tr>
<tr>
<td>Books, health related</td>
<td></td>
<td>Lodging of a companion</td>
</tr>
<tr>
<td>Car modifications</td>
<td></td>
<td>Long-term care services</td>
</tr>
<tr>
<td>Childbirth classes</td>
<td></td>
<td>Massage therapy</td>
</tr>
<tr>
<td>Counseling</td>
<td>Hormone replacement therapy</td>
<td>Mineral supplements</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Nursing services</td>
</tr>
</tbody>
</table>

### Ineligible Health Care Expenses

Appearance improvements | Electrolysis or hair removal | Late fees (e.g., for late payment of bills for medical services) |
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Car seats</td>
<td>Funeral expenses</td>
<td>Maternity clothes</td>
</tr>
<tr>
<td>Controlled substances in violation of federal law</td>
<td>Hair removal and transplants</td>
<td>Mattresses</td>
</tr>
<tr>
<td>Cosmetic procedures</td>
<td>Household help</td>
<td>Missed appointment fees</td>
</tr>
<tr>
<td>Ear piercing</td>
<td>Illegal operations and treatments</td>
<td></td>
</tr>
</tbody>
</table>

### Qualifying Over-The-Counter (OTC) Items

<table>
<thead>
<tr>
<th>Acne treatment</th>
<th>Bactine</th>
<th>Cold medicine (Examples: Comtrex, Sudafed)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Allergy medicine</td>
<td>Bandages (Examples: Band-Aid, Curad, Ace)</td>
<td>Contact lenses, materials and equipment</td>
</tr>
<tr>
<td>Antacids (Examples: Maalox, Prilosec OTC, Zantac)</td>
<td>Blood pressure monitoring devices</td>
<td>Cough suppressants (Examples: Pediacare, Robitussin, cough drops)</td>
</tr>
<tr>
<td>Antibiotic ointments (Examples: Bacitracin, Neosporin)</td>
<td>Blood sugar test kits and test strips</td>
<td>Crutches</td>
</tr>
<tr>
<td>Antihistamines (Examples: Benadryl, Claritin)</td>
<td>Calamine lotion</td>
<td>Decongestants (Examples: Dimetapp, Sudafed)</td>
</tr>
<tr>
<td>Anti-itch creams (Examples: Benadryl, Cortaid, Ivarest)</td>
<td>Carpal tunnel wrist supports</td>
<td>Dentures, denture adhesives</td>
</tr>
<tr>
<td>Arthritis gloves</td>
<td>Claritin, an allergy drug</td>
<td>Diabetic supplies (including Insulin)</td>
</tr>
<tr>
<td>Aspirin</td>
<td>Cold/hot packs</td>
<td>Diaper rash ointments and creams (Example: Desitin)</td>
</tr>
</tbody>
</table>

Continued
Eligibility rules for OTC items may change. 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.

Qualifying Over-The-Counter (OTC) Items

- Gauze pads
- Glucose monitoring equipment
- Hearing aids
- Hemorrhoid treatments (Example: Preparation H)
- Insect bite creams and ointments (Examples: Benadryl, Cortaid)
- Lactose intolerance tablets (Example: Lactaid)
- Laxatives (Example: Ex-Lax)
- Medical monitoring and testing devices
- Menstrual pain relievers
- Motion sickness pills (Examples: Bonine, Dramamine)
- Nasal strips or sprays
- Orthopedic shoe inserts
- Pain relievers (Examples: Advil, Aspirin, Tylenol)
- Petroleum jelly
- Pregnancy test kits
- Reading glasses
- Sinus medications (Example: Sudafed)
- Support braces
- St. John’s Wort
- Sunburn creams and ointments
- Sunscreen
- Thermometers
- Throat lozenges (Examples: Cepacol, Chloraseptic)
- Toothache and teething pain relievers (Example: Orajel)
- Walkers
- Wart remover treatment
- Yeast infection medications

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

Potentially Qualifying OTC Expenses

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

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

Ineligible OTC Expenses

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

Eligible Menstrual Product Expenses

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

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.
Direct Deposit Authorization Form

Employer Name: ____________________________________________
Participant Name (First, Ml, 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 211126, Eagan, MN 55121
  OR
• Fax to: 877-256-7228.
• Call Customer Service with questions at 800-327-7130.
The cure for benefits as usual.