

EMPLOYEE ENROLLMENT CHECKLIST

- Determine what qualifying expenses you, your spouse, or dependents will have for the upcoming plan year. Below is a partial list of some common expenses. Please review Account Rules on back of form.

QUALIFYING MEDICAL EXPENSES*

- Chiropractic Care
- Co-payments
- Contact Lenses/Solutions
- Deductibles
- Dental Treatment
- Doctor Visits
- Eye Exams
- Glasses
- Hearing Aids/Batteries
- Hospital Services
- Laser Eye Surgery
- Mental Health Care
- Orthodontics ◆
- Over-the-Counter Medicines ◆
- Prescription Drugs

**Cosmetic procedures such as teeth bleaching or face lifts are not qualifying expenses.
Expenses that are reimbursed under your health care coverage are not qualifying expenses.

QUALIFYING DEPENDENT CARE EXPENSES*

Your dependents must be -

- A child under age 13
- A child, spouse, or other dependent who is physically or mentally incapable of caring for himself/herself AND spends at least 8 hours a day in your household.

You (if single) or you and your spouse (if married) must be -

- Gainfully employed (working or looking for work)

Your expenses can include-

- Day care center expenses
- Nursery/preschool expenses
- Before/after school care
- Babysitting expenses (provided the babysitter is not a relative under age 19 or a tax dependent of you or your spouse)

**A dependent care credit is available on your annual Federal Income tax return. Whether you choose to participate in the Dependent Care reimbursement account or use the tax credit depends on your income, filing status, number of dependents, and annual daycare expenses. The final decision should be made after consulting with your tax advisor.*

- Calculate your annual election(s). Based on the qualifying expenses listed above, estimate the total amount of expenses you, your spouse, and dependents will incur during the upcoming plan year.

Annual Medical Expenses: \$ _____ Annual Dependent Care Expenses: \$ _____

- If desired, use the following formula to estimate the amount you will save annually by participating in the plan. This calculation is for estimating purposes only.

- ① Annual Medical Expenses: _____
(Enter amount estimated above)
- ② Annual Dependent Care Expenses: _____
(Enter amount estimated above)
- ③ Total Annual Expenses: _____
(Add 1 and 2)
- ④ Tax Bracket Percentage: _____ %
(See table at right)
- ★ **Annual Tax Savings:** _____
(Multiply 3 by 4)

TAX ESTIMATE TABLE*

**Based on a combination of social security, federal, and state income taxes. These are estimates based on national averages and may not reflect your actual tax rate.*

If your annual household earnings are:	Estimated tax rate is:
Less than \$30,000.....	25%
\$30,000 to \$40,000.....	29%
\$40,000 to \$70,000.....	31%
Greater than \$70,000.....	33%

- Complete the enclosed Enrollment Form based on the amounts estimated above. Be sure to sign and date the form, then forward to **your employer's** Human Resources Department.

- ◆ Visit www.hradministrators.com and click on Forms for additional information.

For more information:

☞ Visit www.HRAAdministrators.com or ☞

☎ (610) 282-4215 ☎

Account Rules and Claim Filing Instructions



Rules for Both Dependent and Medical Accounts

1. You cannot submit a claim unless you are participating in the Cafeteria Plan.
2. You can be reimbursed only for eligible expenses incurred* during the coverage period in which your contributions are made. Expenses incurred* during the Grace Period can be reimbursed if so stated in the Summary Plan Description.
3. You can submit a claim at any time during the plan year and for a specified duration of time after the plan year as described in the Summary Plan Description.
4. If you terminate employment, you can submit a claim for a specified duration of time after the date of termination if so stated in the Summary Plan Description as long as the service occurred before your date of termination.
5. Money in one account can not be used for expenses incurred in another account. For instance, any unused amounts left in the medical account can not be used to reimburse dependent care expenses.
6. You cannot receive payment from any other source for expenses reimbursed by claim, and you certify that you are not eligible to bill any other source for the reimbursed expenses.
7. If you have received reimbursement for expenses, you cannot claim the expenses for income tax purposes.
8. If you or your spouse is enrolled in an HSA program you are not eligible to participate in the health care reimbursement portion of the Flexible Spending Account.
9. You cannot bill for a service period that begins in one plan year and ends in the next plan year. File two reimbursement claims, one for each plan year covering the period during that plan year.
10. Complete ALL the information on the claim form for each amount claimed for reimbursement.
11. Attach copies of receipts from service providers or the Explanation of Benefits Form from Insurance Carriers to the claim.
12. Sign and date the claim.
13. Make a photocopy of the claim for your records.
14. Submit the Claim with attached receipts according to the procedures provided.

Dependent Care Expenses

1. You can use a Dependent Care Spending Account only if you pay dependent day care expenses to be able to work. Your day care services can take place either inside or outside of your home. If you are married, your spouse must also work, go to school full time, or be incapable of self-care for you to be eligible.
2. Only (a) dependents under the age of thirteen or (b) dependent adults or children thirteen years or older who are mentally or physically incapable of self-care are covered.
If your plan includes the Grace Period provision, please be advised that the amount not used for services incurred* prior to the end of the plan year will need to be reduced from the amount contributed to the next plan year. Your Maximum Contribution Amount can not be more than \$5,000 per calendar year if your tax filing status is married filing jointly and or single head of household or \$2,500 per calendar year if your tax filing status is 'married filing separately'.
3. You cannot claim expenses if the service provider is your child or stepchild and are under age 19 or if you claim the service provider as a dependent for Federal income tax purposes.
4. To be reimbursed, you must include the facility's name, address, and tax identification number or the Social Security number of the individual providing the dependent day care service. Overnight camps or educational schooling is not covered.
5. The maximum amount you can be reimbursed during the time you are covered in the Plan Year can not exceed the salary reduction amounts you have elected and made under the Dependent Care Assistance Plan less any previous reimbursements paid.

*Incurred means the date services are rendered.

Reminder Notice

Dear FSA Participant:

Since the plan year is coming to a close, it is recommended that you check your account balance at www.hradministrators.com and click on the myRSC icon. All expenses must be *incurred** during the current plan year or during the Grace Period (as applicable to your Summary Plan Description.) Claims can be submitted for reimbursement during the Run Out Period. Any unused deferrals to FSAs will be forfeited after the Run-Out Period.

If you have additional questions, please call Human Resource Administrators, Inc. at (610)282-4215.

