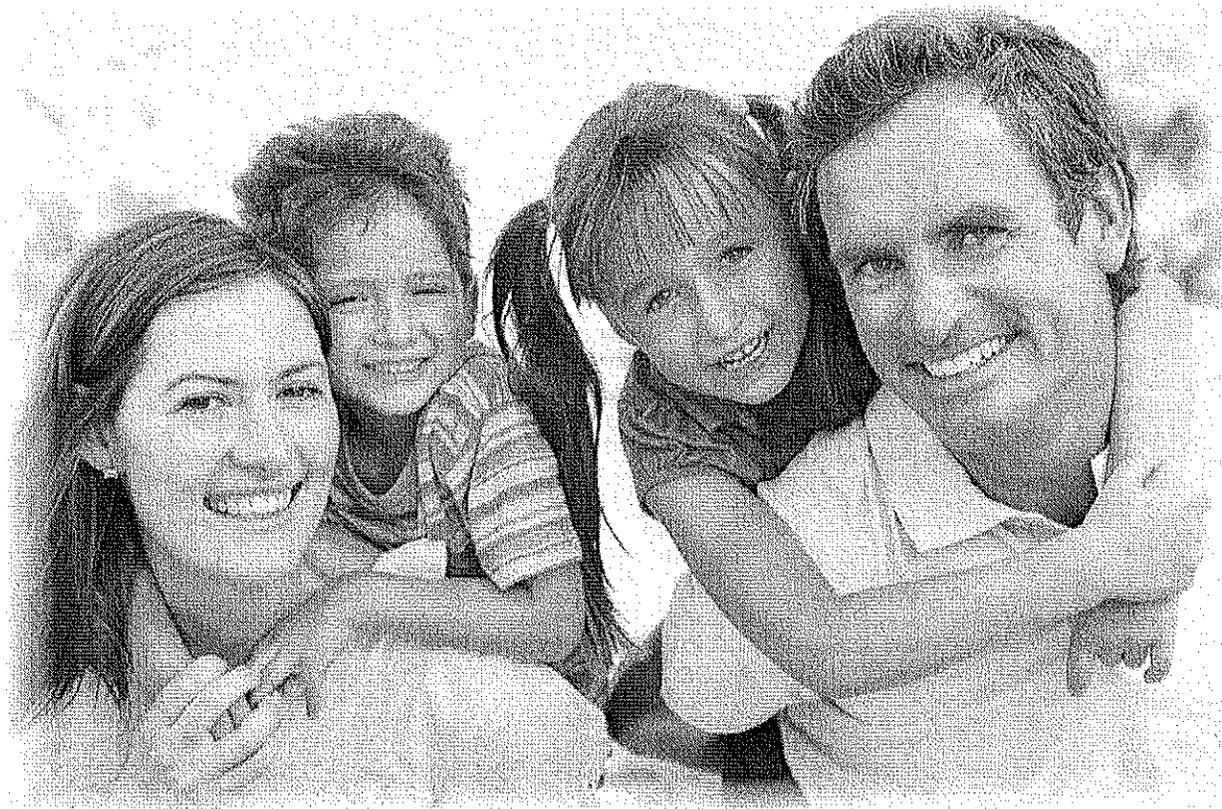


benefit strategies



Flexible Spending Accounts (FSA)

- **Health Care Reimbursement Account (Health FSA)**

For your out-of-pocket medical, dental, vision and hearing expenses.

You and your dependents do not have to be covered under your employer's medical plan for you to be eligible to participate in a Health FSA plan for your family's out-of-pocket health care expenses.

- **Dependent Care Assistance Account (Dependent Care FSA)**

For your expenses related to dependent day care such as after school child care.

Why enroll in an FSA?

- **Give yourself a raise!** Increase your spendable income by reducing the amount you pay in taxes.
Our participants save approximately \$27 in taxes for every \$100 they set aside in an FSA.
- **Easily budget for the cost of health care expenses.**

"The first year I heard about the FSA, I wasn't sure about it. I decided to sign up for just enough to cover a pair of glasses I knew I needed. Using the plan was so easy, plus I saved money. The next year I tripled my election amount, and I still spent all of it well before the plan year ended!"

— JENNIFER, BOSTON, MA



benefit strategies

The FSA Advantage

If you are spending money on health care expenses such as:

- Copays • Coinsurance • Deductibles • Dental Work • Eye Glasses and Contact Lenses • Orthodontia • Other medical, dental, vision and hearing products and services

Or dependent care expenses such as:

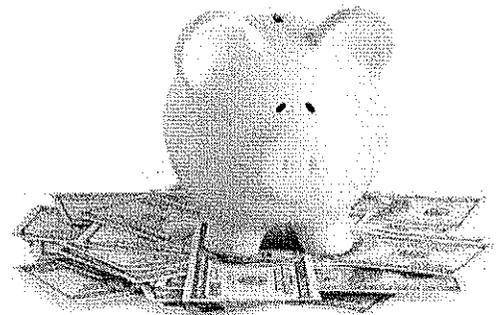
- Child care away from home • Child care in your home • Before and After School Programs • Summer day camps • Adult day care

Then you can benefit from an FSA!

Here's how it works:

1. Decide if you want to enroll in the Health FSA, the Dependent Care FSA, or both.
2. Determine how much you spend annually on health care and dependent care expenses.
 - Use our *Election Worksheet and Eligible Expenses* handout or our Tax Savings Calculator on benstrat.com to help determine your expenses.
 - Refer to your FSA Enrollment Form for the maximum permitted election amounts.
 - **Important:** FSA funds do not rollover. Because you are receiving pre-tax treatment on the funds, IRS regulations require that all FSA funds be spent while you are enrolled in the FSA plan during the plan year, or you lose access to them. Make a conservative election; only consider expenses you and your family expect to incur.
3. Your employer divides your annual election by the number of pay periods in the plan year.
 - This amount is payroll deducted each pay period on a pre-tax basis throughout the year.
 - Having your FSA deductions come out of your pay pre-tax is like giving yourself a raise! You avoid paying: • Federal income tax • FICA taxes • State income tax (in most states)
4. Access your FSA funds throughout the plan year to pay for eligible expenses.
 - Use the FSA debit card
 - Submit for reimbursement through one of our quick and convenient reimbursement methods

"I'm already spending money on these things; it would be crazy not to take advantage of the savings through an FSA."
 — JOHN, MANCHESTER, NH



"I'm always looking for ways to save on taxes, and participating in an FSA has saved me a lot over the years."

— BILL, SPRINGFIELD, MA

Example of Tax Savings Through An FSA	Before Enrolling In An FSA	After Enrolling In An FSA
Annual Earnings	\$36,000	\$36,000
Annual FSA Election Amount	\$0	-\$1,500
Taxable Income	\$36,000	\$34,500
Approximate taxes paid [27.65%]	-\$9,954	-\$9,539
Annual tax savings/Increase in spendable income by enrolling in an FSA:		\$415

Understanding the Health FSA

Health FSA funds can be used for health care expenses incurred by:

- You, your spouse, and your dependents up to age 26

One of the biggest advantages of the Health FSA is that you have access to your full annual election amount on the very first day of the plan year!

Eligible expenses include associated costs with medical, dental, orthodontia, vision and hearing products and services, such as:

- Visits, procedures and services • Equipment/supplies • Laboratory tests • Imaging (i.e., MRI, CT scan) • Prescription medications • Over-the-counter supplies • Prescribed over-the-counter medicine and drugs

You can use the Health FSA for your own and your family members' expenses, even if you and your dependents are not enrolled in your employer's medical plan.

Refer to the *Eligible Expenses* handout for a list of common eligible items, or view an expanded list on benstrat.com.

Understanding the Dependent Care FSA

Dependent Care FSA funds can be used for dependent care expenses you incur so that you (and your spouse if married) can be gainfully employed or attend school full-time.

To be eligible, the dependent must be your tax dependent who is:

- Under the age of 13
- Age 13 or older if physically or mentally incapable of self-care and residing in your home at least half the year

Eligible Providers and Settings:

- Day care centers and nursery schools
- Summer day camps
- Before/After school programs
- Babysitters including nannies, inside or outside the home
 - Relatives must be over 19 and not able to be claimed on your federal tax return. Non-relatives can be under the age of 19.
- Adult day care centers

Ineligible expenses include kindergarten, private school tuition, educational classes, and overnight camps.

As funds accumulate in your Dependent Care account through payroll deductions, you can submit for reimbursement.

Dependent Care FSA compared to IRS Child Care Credit:

- In most cases, a combined family Adjusted Gross Income of \$40,000 and higher will see a greater tax savings through a Dependent Care FSA than the IRS Child Care Credit. A Dependent Care FSA and IRS Child Care Credit Comparison Chart can be found at benstrat.com. Consult with a tax advisor for details on your particular tax situation.



"I think of my Health FSA as an interest free loan; I get the full amount of money up front, and then a small amount comes out of each of my paychecks all year. I don't know how I could have paid for the dental work I needed without my Health FSA."

— BETH, PORTLAND, ME



"I set aside \$5,000 in my Dependent Care FSA; that's almost \$1,300 in tax savings for me! My FSA helps so much with the cost of day care."

— RACHEL, SOMERVILLE, MA



benefit strategies

Using Your FSA Funds

Health FSA Funds: Your full election amount is available on the first day of the plan year.

Dependent Care FSA Funds: Your funds are available as they accumulate through payroll deductions.

"The FSA debit card makes it so easy! It's pre-loaded with my Health FSA annual election amount and whenever I need to pay for a health care expense, I just swipe the card."

— ANTONIO, PROVIDENCE, RI

The FSA Card

It may look like a typical debit or credit card, but the FSA card is a special benefits card pre-loaded with your full annual Health FSA election amount. You use the card to pay for IRS qualified expenses directly at the point of sale or when paying a bill. The card works in settings such as physician offices, dental and orthodontic offices, optometrists, pharmacies, chiropractors, urgent care centers, and hospitals*.

- Two identical cards are mailed to your home address and additional sets of cards can be ordered.
- The IRS requires you keep all original documentation** for purchases associated with the FSA debit card. Benefit Strategies may also request copies of your documentation to verify a debit card purchase.

**If you are enrolled in the Dependent Care FSA, the card can also be used in dependent care settings. Just remember that the card will only work for an amount that does not exceed the available balance in your Dependent Care FSA account on that day.*

Electronic and Paper Reimbursement Methods – 3 to 5 day typical turnaround time

Reimbursements are made payable to you, either by paper check or direct deposit. All reimbursement methods require you to submit documentation.**

- Submit on-line through your secure account at benstrat.com
- Download the Benefit Strategies mobile application to submit through your mobile device
- Complete a paper claim form to submit via fax, secure email, or mail

***To be valid, documentation must include: date the expense was incurred, patient name (if applicable), amount of the expense after any insurance adjustment, provider name, service/product description.*

FSA Account Resources

Your on-line account at benstrat.com

Through your secure on-line account at benstrat.com you can file for reimbursement, upload documentation, set up text message alerts, view claims history, account balances, filing deadlines and more.

Benefit Strategies Mobile Application

Download our mobile application for iPhone, Android and tablet devices to access account information on the go, including filing claims. Use your device's camera to photograph your documentation and upload it through the application!

Customer Relations Team

- 1-888-401-FLEX (3539) or info@benstrat.com
- Monday - Thursday 8:00 AM - 6:00 PM ET; Friday 8:00 AM - 5:00 PM ET
- Automated system available through our toll free number at all times
- Please visit our website at benstrat.com

TLC³

Trust Loyalty Commitment

- Our customers trust we are committed to solving their problems.

Think Like the Customer

- Treat others as you would like to be treated.

Tender Loving Care

- Attending to customers with consideration and compassion – we strive for one-call resolution.



Election Worksheet

The Health FSA and Dependent Care FSA Election Worksheets can help you determine how much to set aside in your FSA. You can also use the Tax Savings Calculator at benstrat.com.

Important: Make a conservative election, only considering expenses that are expected to be incurred by you and your FSA eligible dependents while you are enrolled during the FSA plan year.

Health FSA Election Worksheet

Health Care Expenses Per Plan Year	For You	For Your Spouse	For Your Children
Dental Deductibles	\$	\$	\$
Dental Work	\$	\$	\$
Orthodontia	\$	\$	\$
Eye Exams, LASIK Surgery	\$	\$	\$
Prescription Eyeglasses, Reading Glasses, Contact Lenses	\$	\$	\$
Vision Solutions and Supplies	\$	\$	\$
Medical Deductible	\$	\$	\$
Medical Copays	\$	\$	\$
Prescription Drugs	\$	\$	\$
Medical Supplies	\$	\$	\$
Chiropractic Care and Acupuncture	\$	\$	\$
Total each family member column	(A)\$	(B)\$	(C)\$
Total cost of health care expenses for the plan year (A)+(B)+(C)	(D)\$		
Enter the maximum permitted Health FSA election <i>This can be found on your FSA Enrollment Form</i>	(E)\$		
Election amount. Enter (D) or (E), whichever is less Also enter this amount on your FSA Enrollment Form	(F)\$		
Number of pay periods in a plan year	(G)		
Payroll deduction amount per pay period (F) ÷ (G)	\$		

Dependent Care FSA Election Worksheet

Eligible weekly dependent care cost	(A) \$
Weeks of dependent care you will have in the plan year	(B)
Total cost of dependent care for the plan year (A) x (B)	(C) \$
Enter the maximum permitted Dependent Care FSA election <i>This can be found on your FSA Enrollment Form</i>	(D)\$
Election amount. Enter (C) or (D), whichever is less Also enter this amount on your FSA Enrollment Form	(E) \$
Number of pay periods in a plan year	(F)
Payroll deduction amount per pay period (E) ÷ (F)	(G)

Election Worksheet

The Health FSA and Dependent Care FSA Election Worksheets can help you determine how much to set aside in your FSA. You can also use the Tax Savings Calculator at benstrat.com.

Important: Make a conservative election, only considering expenses that are expected to be incurred by you and your FSA eligible dependents while you are enrolled during the FSA plan year.

Health FSA Election Worksheet

Health Care Expenses Per Plan Year	For You	For Your Spouse	For Your Children
Dental Deductibles	\$	\$	\$
Dental Work	\$	\$	\$
Orthodontia	\$	\$	\$
Eye Exams, LASIK Surgery	\$	\$	\$
Prescription Eyeglasses, Reading Glasses, Contact Lenses	\$	\$	\$
Vision Solutions and Supplies	\$	\$	\$
Medical Deductible	\$	\$	\$
Medical Copays	\$	\$	\$
Prescription Drugs	\$	\$	\$
Medical Supplies	\$	\$	\$
Chiropractic Care and Acupuncture	\$	\$	\$
Total each family member column	(A)\$	(B)\$	(C)\$
Total cost of health care expenses for the plan year (A)+(B)+(C)	(D)\$		
Enter the maximum permitted Health FSA election <i>This can be found on your FSA Enrollment Form</i>	(E)\$		
Election amount. Enter (D) or (E), whichever is less Also enter this amount on your FSA Enrollment Form	(F)\$		
Number of pay periods in a plan year	(G)		
Payroll deduction amount per pay period (F) ÷ (G)	\$		

Dependent Care FSA Election Worksheet

Eligible weekly dependent care cost	(A) \$
Weeks of dependent care you will have in the plan year	(B)
Total cost of dependent care for the plan year (A) x (B)	(C) \$
Enter the maximum permitted Dependent Care FSA election <i>This can be found on your FSA Enrollment Form</i>	(D)\$
Election amount. Enter (C) or (D), whichever is less Also enter this amount on your FSA Enrollment Form	(E) \$
Number of pay periods in a plan year	(F)
Payroll deduction amount per pay period (E) ÷ (F)	(G)



FLEXIBLE BENEFIT PLAN ENROLLMENT FORM
CITY OF PEABODY

A. Employee Information

Please Print Clearly!

Name: _____ Social Security Number (Required): _____
 Home Address: _____
 Check if New: _____
 City: _____ State: _____ Zip Code: _____ Day Phone: _____
 E-mail Address (Required): _____ Date of Birth: _____

B. Flexible Benefit Plan Pre-tax Elections

1. Health Care Reimbursement Account Eligible health expenses include professional medical expenses incurred by my dependents or myself during the Plan Year for "the diagnosis, cure, mitigation, treatment or prevention of disease, or for the purpose of affecting any structure or function of the body".

\$ _____ X _____ = \$ _____ Election allowed \$2550 maximum
 Your Contribution Per Pay Period # of Pay Periods Total Election

2. Dependent Care Assistance Account Eligible dependent day care expenses are incurred to allow you and your spouse (if applicable) to be gainfully employed. Please remember that the IRS will require you to disclose the Tax ID or Social Security Number of your day care provider(s) when you file your income taxes.

\$ _____ X _____ = \$ _____ Election allowed \$5000 maximum (\$2,500 if married filing separately)
 Your Contribution Per Pay Period # of Pay Periods Total Election

C. FlexExpress® Debit Card If you are a new enrollee a set of 2 FlexExpress Cards® will be mailed out to you automatically. If you and/or your dependents already have debit cards, they will automatically be reactivated. Otherwise, please indicate your selection below.

Check One:	<input type="checkbox"/> * If you and/or your dependents have debit cards, they will be automatically reactivated for your renewal. Otherwise, please select from below:	NO action required.
	<input type="checkbox"/> I have cards that were lost, stolen or damaged and would like a replacement set of cards.	Selecting this option will inactivate and replace all of your existing cards. Replacement cards are \$5 per set

Additional Card Information: Please indicate the number of additional cards you would like to request below (If you request a card for yourself you will get 2 to start). Please note that cards are ordered in multiples of 2. (Example: 2, 4, 6, 8, etc.) Additional sets are «AddRep_set_» per set

Number of Additional Sets Requested: _____

D. Direct Deposit Authorization If you would like non debit card reimbursements to be direct deposited to your bank account (rather than receiving paper checks) fill out the information below EACH PLAN YEAR AND attach a voided check. If you do not complete this information each plan year you will be defaulted to check.

Bank Name: (See #1 on sample)	<input type="checkbox"/> Checking Account										
	<input type="checkbox"/> Savings Account										
Routing Number - 9 digits (See #2 on sample): <table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 12.5%;"></td> </tr> </table>										Account Number (See #3 on sample): _____	

- E. Signatures** By signing below, I agree to the following terms and conditions:
- I cannot change this election during the Plan Year unless I have a qualifying change in family status.
 - I must make all of my elections carefully and conservatively. Expenses from Reimbursement Accounts *cannot* be reimbursed from any other source and *must* be incurred during the Plan Year.
 - I understand that my employer may allow me to carryover unused funds up to plan limits at the end of the plan year for deposit into the next following plan year for future use. Any money unclaimed from my Health Care Reimbursement Account(s) at the end of the Plan Year in excess of the carryover limits will be forfeited to my employer after a run-out period. I will not receive it back.
 - For expenses reimbursed through this account I certify I have not been reimbursed and will not seek reimbursement under any other plan covering health benefits.
 - The IRS requires me to keep documentation of all my expenses claimed and supply them to Benefit Strategies if requested.
 - I have read and understood all of the plan details outlined in my Summary Plan Description.

Employee Signature (required): _____	Date: _____
Employer Acceptance (required): _____	Benefit Effective Date: _____
*If this is a mid-year enrollment, please list the first payroll date for deductions.	First Payroll Date: _____