

# STATE OF DELAWARE

## 2016 Guide to Your FSA Benefits



Administered by





**TABLE OF CONTENTS**

Introduction ..... 2

Health Care Flexible Spending Account..... 3

ASIFlex Card (FSA debit card)..... 7

Dependent Care Flexible Spending Account..... 11

Enrollment ..... 13

Making a Change.....14

Termination/Retirement ..... 15

Flexible Spending Account Claims.....16

Internet Access.....17

Sample Claim Form and Filing Guidelines .....18



## INTRODUCTION

A Flexible Spending Account (FSA) is an employer-sponsored plan that lets you deduct dollars from your paycheck before they are taxed and put them into a special account.

FSA accounts are exempt from federal income taxes, Social Security (FICA) taxes and, in most cases, state income taxes. FSA participation will impact earnings reported to the Social Security Administration. In accordance with Internal Revenue Code Section 125, allowable premiums for health and dental insurance are currently taken on a pre-tax basis. The more money you put in, the more tax you avoid. When you use the money in your account to pay for out-of-pocket family care expenses, you avoid paying taxes on those dollars. Depending on your tax bracket, you will save as much as 25% on out-of-pocket family care expenses.

Flexible Spending Accounts offer tax savings for your out-of-pocket medical expenses. Most people save as much as 25% on each dollar that is set aside.



### How does the FSA work?

When you enroll in the FSA plan, you estimate the amount of family care expenses you are sure you will incur during the plan year. You have that amount deducted from your paychecks in equal amounts throughout the year. Though your actual salary remains the same, your taxable salary as reported to the government is reduced by the amount you put into your FSA.

After you enroll in the FSA, ASIFlex will send you a confirmation of your enrollment and reimbursement forms to your home address. As you incur eligible expenses throughout the plan year, you submit a Reimbursement Form (by fax or mail) along with documentation of the expense, and you are reimbursed with funds from your FSA account. You are not taxed on these reimbursements. After each claim, you will receive an account summary.

Federal rules state that you will only be able to be reimbursed for expenses you incur during the plan year, which runs from January 1, 2016 - December 31, 2016, and the accompanying FSA grace period which runs from January 1, 2017 - March 15, 2017. Plan rules also state that if you do not use all of the money in your account, unused funds will be forfeited to the State.

You can only change your election during the plan year as a result of certain eligible event changes. Also, your Social Security benefits calculations will be based on your lower taxable earnings figures. (You can check with your local Social Security office to explore any effects this may have on your benefits – which are usually very minor.)

The State of Delaware has contracted with ASIFlex to perform certain administrative functions for the Plan. ASIFlex processes all claims for the Health Care Flexible Spending Account and the Dependent Care Flexible Spending Account. If you have any questions concerning claims, please contact ASIFlex, P. O. Box 6044, Columbia, MO 65205, 800-659-3035, email: [asi@asiflex.com](mailto:asi@asiflex.com), or on-line at [www.asiflex.com](http://www.asiflex.com).

## ESTABLISHING AND USING YOUR HEALTH CARE FLEXIBLE SPENDING ACCOUNT

**Estimate your family's annual out-of-pocket health care expenses.** You may include expenses for anyone who is a qualified dependent for tax purposes. (There are exceptions for the expenses of children of divorced parents. Please review IRS Publication 502 at [www.asiflex.com](http://www.asiflex.com), or call ASIFlex at 1- 800-659-3035 for further information.) When calculating your annual election, include predictable expenses only.

**Annual Maximum \$2,550.00**

**Annual Minimum \$50.00**

The Annual Maximum is a change that is required due to the passage of the Affordable Care Act in March, 2010. This Act states that as of January 1, 2013, an individual is not allowed to have more than the federal maximum per plan year allocated to a Health Care FSA. If you have a spouse who has access to a Health Care FSA through his/her employer, you may each set aside up to the \$2,550 maximum through your respective employers, for a total of \$5,000 per household.

**Qualifying Health Care Expenses include all medical, dental and vision expenses** not covered or not reimbursed by insurance which are **incurred by you or your eligible dependent (definition available at [www.asiflex.com](http://www.asiflex.com)) during the Plan Year or Grace Period** for health care as defined in Section 213(d) of the Internal Revenue Code. Please refer to the following list and IRS Publication 502 (available at [www.asiflex.com](http://www.asiflex.com)) for further details on qualifying expenses. **Expenses qualify for the health care FSA based on when they are incurred, not when they are paid. Federal regulations do not allow any insurance premiums or long-term care expenses to be included under the FSA.** Please review the eligible expense listing at [www.asiflex.com](http://www.asiflex.com), or contact ASIFlex at [asi@asiflex.com](mailto:asi@asiflex.com), (800) 659-3035 if you have any questions regarding particular expenses.

**Below is a partial listing of qualified health care expenses.** Expenses can only be claimed based on the date incurred regardless of the date you are billed or pay for the expense.

- Deductibles
- Co-pays
- Doctor's fees
- Dental expenses
- Vision care expenses
- Prescription glasses
- Contact lenses and solutions
- Corrective eye surgery
- Prescription drugs
- Chiropractor's fees
- Over-the-Counter health care products such as bandages, sunscreen, first aid kits, diagnostic tests/monitors, etc.
- Insulin
- Orthodontia/braces (See details on page 5)
- Routine physicals
- Hearing aids including batteries
- Transportation expenses related to seek health care
- Medical equipment

### **Non-Qualifying Health Care Expenses**

This is a **partial** list of related items that **do not** qualify under the Plan. There may be other items that do not qualify that are not listed here.

- Cosmetic procedures; e.g. face-lifts, skin peeling, teeth whitening, veneers, hair replacement, removal of spiderveins
- Clip-on or non-prescription sunglasses
- Warranties & insurance premiums
- Toiletries
- Long-term care expenses
- Medicines, drugs, herbs, or vitamins for general health and not used to treat a medical condition
- Expenses that are merely beneficial to your general health (e.g., vacations)
- Health club dues
- Over-the-counter drugs and medicines (without a prescription)

**NOTICE - Important Information Regarding Over-the-Counter Health Care Products**

Although over-the-counter (OTC) *drugs and medicines* require a prescription in order to be reimbursed by a flexible spending account (FSA), there are many other OTC health care products that are not a drug or medicine ***that do not require a prescription!*** That's right! Take a look at what you can get without a prescription!

<b>FSA <input checked="" type="checkbox"/> OTC PRODUCTS - NO PRESCRIPTION REQUIRED</b>
Bandages, Band-Aids
Baby Care, Breast pumps, nose saline spray/drops, nasal aspirator, medicine dropper, ear syringe, etc.
Diabetic supplies, insulin, glucose monitor, testing strips, syringes, sharps containers, diabetic cases/coolers
Denture adhesives
Eye care, reading glasses, contact lens cleaners/storage kits, eye patches
Family planning, condoms, contraceptive creams, fertility monitors, ovulation prediction kits
First aid kits, first aid supplies
Glucosamine, arthritis formula
Hearing aids, batteries
Incontinence supplies, adult diapers, pads, absorbent underpads
Joint support bandages/braces, wrist, hand, neck, elbow, knee, ankle, etc.
Medic-alert bracelets or necklaces
Medical equipment and repair; crutches, canes, walkers, wheelchairs
Medical monitoring/testing devices, blood pressure monitors, blood glucose testing kits, cholesterol test kits, colorectal cancer test kits, etc.
Orthopedic and surgical supports, aqua casts, splints
Ostomy products, catheters
Sunscreen, SPF15 and higher
Pill holders, pill splitters
Prenatal vitamins
Vaporizers, humidifiers, thermometers

**FSA**  Most drug stores now have online FSA stores where you can shop for eligible FSA products. You can check other sites such as [www.fsastore.com](http://www.fsastore.com) or [www.drugstore.com](http://www.drugstore.com) for comprehensive listings of OTC products that do not require a prescription.

**FSARx**  OTC *drugs and medicines* are eligible **with a prescription**. This includes pain relievers, allergy/sinus medicines, antibiotic treatments, canker/cold sore medicines, cold/cough/flu remedies, laxatives, smoking cessation patches/gum, sleep aids, sedatives.

**If you use the ASIFlex Card at merchants that have implemented the Inventory Information Approval System (IIAS), you will not be able to pay for OTC medicine with the ASIFlex Card, even if you have a prescription on file with ASIFlex. You will be required to submit a reimbursement request, along with a copy of the prescription and the cash register receipt in order to be reimbursed for these expenses.**

**Eligible Dependents** - Expenses for you and your spouse are automatically eligible for reimbursement through the Health Care FSA. Federal rules stipulate that expenses for your children or tax dependents will qualify for reimbursement through the program if one of the following criteria are met: If the individual is a(n):

- 1) **Adult Child** – the individual must be a “child” of the taxpayer (son, daughter, stepson, stepdaughter) or an eligible foster child and be age 26 or younger for the entire plan year in which medical expenses are claimed; or
- 2) Qualify as a tax dependent, as either a Qualifying Child or a Qualifying Relative.
  - a. **Qualifying Child** – in order for someone to qualify as a tax dependent as a Qualifying Child, the individual must:
    - Be the taxpayer’s child (including an adopted child, stepchild or eligible foster child), brother, sister, stepbrother, stepsister or a descendant of one of these relatives;
    - Be under the age of 19 (age 24 if a full-time student);
    - Live with the taxpayer for more than half of the year; and
    - Not have provided over half of his or her own support during the year.
  - b. **Qualifying Relative** – in order for someone to qualify as a tax dependent as a Qualifying Relative, the individual must:
    - Be a blood relative or reside with the taxpayer if not a blood relative;
    - Receive over half of his/her support from the taxpayer; and
    - Be a US citizen.

Under the health care FSA, you may now include qualified expenses for your child(ren) until the end of the month in which your child(ren) reach age 26. Your child does not need to live with you in order for you to claim his/her health expenses that you have incurred on his/her behalf. Please see IRS Notice 2010-38 for further information.

**Orthodontic expenses** may be assumed to be incurred at the time a monthly payment is due and paid. These monthly payments must be spread out evenly over the expected period of orthodontic treatment. Therefore, claims submitted for orthodontic payments that meet the above are allowable. You may also submit a claim for a reasonable down payment of the orthodontic treatment if the down payment is made at the time the appliances are placed. Claims for payments made prior to being due or that otherwise do not meet the above requirements will not be processed. Claims for the entire fee paid at the beginning of treatment will not be processed, nor will claims for an entire year’s payments made at the beginning of the year be processed. To claim orthodontic down payments, you must include a copy of the treatment contract and payment schedule along with proof of payment or a receipt of payment stating the date the braces were placed.



If you have questions about using your FSA dollars for orthodontia expenses, visit [www.asiflex.com](http://www.asiflex.com) or email [asi@asiflex.com](mailto:asi@asiflex.com).

**Enroll in the Health Care Flexible Spending Account Plan.** See the separate open enrollment checklist for detailed open enrollment instructions. Enroll on-line during open enrollment. Print and maintain the confirmation statement as you will be required to provide it if there is

a discrepancy in your election. Your annual election will be divided by 26, the number of paychecks from which a deduction will be taken during the plan year, to get your per paycheck deduction. New employees should contact their Human Resources office for an enrollment form and assistance with enrollment.

**Receive health care services.** A health care expense is **incurred** when the services are provided that create the expense. You must receive the services before you file a claim for those services.

**File claims.** After you have received the health care services and know the amount of your responsibility for the bill, you may submit a claim for those expenses to ASIFlex. See **Flexible Spending Account Claims** for details on claims filing. Extra claim forms are available [www.asiflex.com](http://www.asiflex.com) or [www.ben.omb.delaware.gov/fsa](http://www.ben.omb.delaware.gov/fsa).

**Grace Period:** If you are a participant as of December 31st of a Plan Year, you may continue to incur expenses through March 15<sup>th</sup> of the following year to use any remaining funds in the Plan Year that just ended. Claims for expenses incurred during this Grace Period are paid from the oldest year's funds first unless you request otherwise.

For example: If you have \$50 remaining in your 2015 flexible spending account as of January 1, 2016 and incur an expense for \$100 on February 10, 2016, this claim will be paid \$50 from your 2015 FSA and the remaining \$50 will be paid from your 2016 FSA. If you do not want a claim for services provided January 1<sup>st</sup> through March 15<sup>th</sup> paid out of the old plan year, please write a note and enclose it with your claim form.

**Receive reimbursements.** ASIFlex will review your claim, and if approved will reimburse you for the medical expenses within one to three business days of their receipt of the claim.

**Payment from your Health Care Flexible Spending Account** will be made up to the approved amount of your claim or your remaining annual election, whichever is less. Payment is not limited to the amount in your account at the time of your claim. Your per pay contributions will continue for the remainder of the Plan year.

**Participants on unpaid leave.** To maintain coverage, you must make arrangements prior to going on unpaid leave with your Human Resources Office to pay for coverage after you return from unpaid leave. If you have been on unpaid leave for longer than 30 consecutive days and did not elect to catch up contributions when you return, the election and corresponding coverage will be revoked (effective on the last day worked). Once your coverage is revoked, your ASIFlex Card will be immediately suspended.

A new election may be made upon 31 days of return to work, effective for coverage the first of the month following approval of the submitted form. However, no coverage will exist for months in which no contributions were made if the participant had not elected to catch up contributions prior to the end of the 30 days. There will be a hold put on a participant's account (no claims will be paid) if contributions are not received on two consecutive payrolls and no leave form has been filed with your Human Resources Office.

**Health Care FSA Participants called to Active Duty in the middle of the plan year.** If you are a military reservist who is called to active duty for at least 180 days and are a Health Care FSA participant, you may request a Qualified Reservist Distribution (QRD) to access funds that might otherwise be forfeited. Requesting a QRD will allow you to access funds you have set aside in your Health Care FSA without incurring eligible expenses to seek reimbursement. If you request a QRD, the Plan will pay you the amount contributed to the Health Care FSA, as of the date of the QRD request, minus any reimbursements received as of the date of the request. QRDs are subject to employment taxes and will be included in your gross income and wages. A QRD will be reported as wages on your W-2 for the year in which the QRD is paid.

Once you request a QRD, you will forego the right to claim any additional expenses incurred while you were an active State employee. However, if you return from your military leave and re-enroll in the State

of Delaware's FSA program during the same plan year, you may claim expenses incurred during your NEW period of coverage. All requests for a QRD must be submitted by the end of the FSA grace period (March 15<sup>th</sup>) following the close of the previous plan year. **For example**, if you would like to submit a request for a QRD for the 2015 plan year, you must submit this request no later than March 15<sup>th</sup>, 2016.

If you have questions about electing to receive a QRD, please contact your benefit representative for additional details.

## **Other Considerations Regarding the Health Care Flexible Spending Account**

**Coverage Continuation (COBRA).** To the extent required by COBRA, a participant or his/her spouse or dependent may elect to continue the coverage elected under the Health Care Flexible Spending Account Plan even though the participant's or his/her spouse's or dependent's election to receive benefits expired or was terminated, under the following circumstances:

- 1) Death of the participant;
- 2) Termination (other than for gross misconduct) or a reduction in hours\*;
- 3) After retirement\*;
- 4) Divorce of the participant;
- 5) A dependent child ceases to be a dependent under the terms of this plan.

\* Please see Termination/Retirement on page 15 for additional details related to coverage and reimbursement.

When the Plan is notified that one of the events has occurred, the right to choose **continuation coverage** will be provided to each eligible person(s) if, on the date of the qualifying event, the participant's remaining benefits for the current Plan Year are greater than the participant's remaining contribution payments. The right to elect to continue ends 60 days from the date the notice of the right to continue coverage is provided by the Administrator. It is the responsibility of the participant or a responsible family member to inform their Human Resources Office of the occurrence of an event described in bullet points 3 or 4 above.

Continuation coverage will not extend beyond the end of the current Plan Year but may terminate earlier if the premiums are not paid within 30 days of their due dates. **Payments for expenses incurred during any period of continuation shall not be made until the contributions for that period are received by the Administrator.** An administrative charge of 2% is assessed for each premium paid for continuation coverage.

## **USE THE ASIFLEX CARD TO PAY FOR YOUR HEALTH CARE EXPENSES**

The ASIFlex Card provides a convenient method to pay for out-of-pocket health care expenses for you, your spouse and/or any tax dependents. The IRS has stringent regulations regarding appropriate use of the ASIFlex Card, such as **where the card can be used**, and **when follow-up documentation is required**. **Use of the ASIFlex Card is not paperless and DOES NOT eliminate paperwork.** The ASIFlex Card is a great benefit, but it is important that you take a moment and understand how it works.

### **Where can the card be used?**

Per IRS regulations, the ASIFlex Card can only be used at Health Care Providers (based upon the Merchant Category Code) and at stores that have implemented an Inventory Information Approval System (IIAS).

- 1) Health Care Merchant Category Codes (MCC):** Every merchant that accepts credit cards has an MCC, which is a general category that is assigned when the merchant applies for the right to accept credit cards. The ASIFlex Card will work to pay providers that have an MCC that indicates the merchant is a health care provider (hospital, doctor, dentist, optometrist, chiropractor, etc.).

- 2) Inventory Information Approval System (IIAS):** The IRS also allows the ASIFlex Card to be used at retail stores that have IIAS in place. IIAS restricts purchases with your ASIFlex Card to eligible expenses, and you will never be prompted for follow-up documentation for purchases at these stores. Please note that if you have a medical condition that allows you to claim expenses that are not normally eligible, the ASIFlex Card will not be able to pay for these expenses at these stores. You will have to pay with a separate form of payment and submit a claim. The ASIFlex Card will work at these stores, even if the MCC does not indicate it is a health care provider. **However, you will not be able to pay for OTC drugs or medicines with the ASIFlex Card, even if you have a prescription.**

A list of stores with this system in place now (and some expected in the future) is available online, at [www.asiflex.com/debitcards](http://www.asiflex.com/debitcards). **Purchases at these stores will never require follow-up documentation!!** Please note that as of July 1, 2009, IRS regulations require all pharmacies to have the IIAS in place, or your card may be declined at the point-of-sale.

### When do I have to turn in paperwork?

ASIFlex Card transactions can be accepted by the FSA administrator without any follow up if the merchant is an acceptable merchant type such as a physician's office or hospital and at least one of three other criteria are met. Transactions are electronically substantiated if:

- ✓ The dollar amount of the transaction at a health care provider equals the dollar amount of the co-payment or any combination of any known co-pays up to five times the highest known co-pay, for the **employer-sponsored** health, vision or dental plan that participant has elected;
- ✓ The expense is a recurring expense that matches expenses previously approved as to amount, provider, and time period (e.g., for an employee who pays a monthly fee for orthodontia at the same provider for the same amount); or
- ✓ The merchant maintains a compliant Inventory Information Approval System (IIAS) for over-the-counter supplies (e.g., Band-aids, contact lens solution, etc.) and prescription medication (this system restricts purchases with the ASIFlex Card to FSA-eligible expenses).

Any transaction that does not meet the above criteria will prompt a request for follow-up documentation.

### What happens if I don't submit requested documentation?

As detailed above, there are times when you may use the ASIFlex Card to purchase FSA eligible items or services and additional documentation will be required to substantiate the transaction, in accordance with IRS Regulations. When follow up documentation, or a statement of services is required, ASIFlex will send you an e-mail or letter requesting this documentation. The requested information should include the following information: name of provider, name of member (or member's spouse or dependent), date the service was provided, brief description of the service(s) provided, and the amount that was your responsibility.

ASIFlex will send the initial request for follow up documentation within a few days of the ASIFlex Card transaction. Should you not comply with the request, ASIFlex will make a second request in approximately three weeks. Should you not comply with the second request, a third notice will be sent to you stating that the ASIFlex Card has been "suspended" because the requested documentation was not received by ASIFlex.

When you use the ASIFlex Card for a transaction requiring documentation, those dollars are identified as "overpaid" within your FSA account until the transaction is substantiated. If you submit a manual claim before the ASIFlex Card transaction is substantiated, the dollars associated with the manual claim will be used to offset the overpaid dollars from the ASIFlex Card transaction. This will prevent the manual claim

from being reimbursed in part, or in full, depending upon the dollar amount of the manual claim. Once the ASIFlex Card transaction is substantiated, the manual claim used to offset the ASIFlex Card transaction will be reimbursed in full. See the following examples for further explanation:

**Example 1:** Lisa pays her eye doctor \$250 for contacts using her ASIFlex Card. ASIFlex sends Lisa a notice asking for follow-up documentation for the \$250 purchase. Prior to submitting the detailed statement from her eye doctor, Lisa submits a manual claim to ASIFlex for a \$100 prescription which she paid for out-of-pocket. ASIFlex will process the \$100 claim but no payment will be issued that day. Instead, the amount of the manual claim will be used to offset the ASIFlex Card transaction. This will result in ASIFlex showing Lisa's overpaid amount reduced from \$250 to \$150. Two weeks later Lisa submits the follow up documentation for the ASIFlex Card transaction used to purchase the contacts to ASIFlex. ASIFlex will then process the supporting documentation for \$250 and Lisa will be issued a payment of \$100 for her manual prescription claim.

**Example 2:** John goes to the dentist and pays \$200 for a root canal with his ASIFlex Card. He then receives a notice from ASIFlex requesting follow up documentation. John submits the statement of services from his dentist along with the notice received from ASIFlex. ASIFlex reviews and processes the follow up documentation to substantiate the claim. John's FSA account will no longer be showing as "overpaid" since all follow up documentation was submitted.

If you are unable to provide documentation for an ASIFlex Card transaction in question, you may submit expenses incurred out-of-pocket to offset the ASIFlex Card transaction. The expenses that are incurred out-of-pocket must not be paid for using the FSA ASIFlex Card.

Should you neglect to submit the requested documentation and the plan year comes to a to an end (following the Plan's provision for documentation to be submitted by April 15), ASIFlex will provide notice to the State of Delaware that the claim was not substantiated within the plan year as required by IRS Regulations. You will be asked to repay the unsubstantiated claims by submitting payment by check to the State of Delaware. If you are actively employed by the State of Delaware and do not repay your claims, a wage attachment will be processed to deduct the amount of the unsubstantiated claim/s from your pay.

If you do not provide requested documentation and leave State of Delaware employment or retire, a W-2 will be provided to you for the year in which the funds were not repaid and these funds will be reported to the IRS as earnings for which taxes must be paid. See the following example for further explanation:

**Example:** Lori's daughter Carrie goes to the dentist to receive a crown in 2016. Lori uses her ASIFlex Card for the \$750 expense. Lori terminates employment the following week. ASIFlex sends Lori three notices requesting follow up documentation, and receives no response. At the end of the plan year (following the grace period provision to April 15, 2017) ASIFlex will notify the State of Delaware of the overpayment. The State of Delaware will then issue a W-2 for 2016 in January 2017, to the member and to the IRS, that will report the \$750 overpayment as taxable income.

Concerns and questions regarding this process should be directed to ASIFlex, [asi@asiflex.com](mailto:asi@asiflex.com) or 1-800-659-3035.

## **Is there a cost for the ASIFlex Card?**

Yes. There is a \$6 annual fee that will be deducted from your available balance in January 2016. There are no refunds for the ASIFlex Card if you terminate employment or use up your balance early in the plan year.

## **How do I request an ASIFlex Card?**

You can request to receive an ASIFlex Card through the online enrollment site available during open enrollment, or by completing the ASIFlex Card application form found on the Statewide Benefits website. Generally, it takes about two weeks to receive the card once it has been requested.

## **Can I request additional ASIFlex Cards?**

Yes. Everyone who requests a card will receive two ASIFlex Cards in the mail. If you would like additional cards, they are available by emailing ASIFlex directly at [asi@asiflex.com](mailto:asi@asiflex.com) and placing your request. There is a \$5 fee for each additional ASIFlex Card request. Please note that all ASIFlex Cards will be in the name of the FSA participant.

## **I had an ASIFlex Card for 2015, and re-enrolled in the FSA for 2016. Will my 2015 card still be valid?**

Yes, as long as you have re-enrolled in the FSA program for 2016, your ASIFlex Card will be funded with your new annual election as of January 1, 2016. Please do not throw away your ASIFlex Cards from previous plan years until the expiration date on the physical ASIFlex Card passes. **If you have discarded or destroyed your 2015 ASIFlex Card and would still like to use the card in 2016, you will be assessed a \$5 replacement card fee for each additional card you request. This fee is on top of the \$6 annual card fee.**

## **Can I use the ASIFlex Card to pay for OTC medicine at stores that have implemented IIAS if I have a prescription on file with ASIFlex?**

No, you will not be able to pay for OTC medicine with the ASIFlex Card, even if you have a prescription on file with ASIFlex. You will be required to submit a reimbursement request, along with a copy of the prescription and the cash register receipt in order to be reimbursed for these expenses. However, you may use the card to purchase health care products that are not considered a drug or medicine.

## ESTABLISHING AND USING YOUR DEPENDENT CARE FLEXIBLE SPENDING ACCOUNT

**Estimate your total dependent care expenses for the Plan Year.** Include predictable expenses only.

**Annual (household) Maximum \$5,000.00**

**Annual Minimum \$50.00**

You and your spouse together may include up to \$5,000.00 per year (\$2,500 in the case of a married individual filing a separate tax return for the plan year) or the lesser of your or your spouse's earned income for the plan year. In the case of a spouse who is a full-time student at an educational institution or is physically or mentally incapable of caring for himself or herself, such spouse shall be deemed to have earned income of \$250 per month if you have one dependent and \$500 per month if you have two or more dependents.

**A Qualifying Individual** is your Dependent who is under the age of 13 (when services are incurred) or your Spouse or an older Dependent who is mentally or physically incapable of self-care who lives in your home at least 8 hours each day. If you are divorced, the Qualifying Individual must be your son or daughter for whom you have more than 50% physical custody. Please call ASIFlex before enrolling in this account if you have unique day care or joint custody arrangements. Be sure to notify your Human Resources Office within 31 days of a change in eligibility of a qualifying individual if you need to change your election.

**A Qualified Provider** can provide care in your home or outside your home. If the care is provided outside your home and the facility cares for more than 5 individuals, then it must be licensed by the State. The expenses **may not** be paid to your spouse, a child of yours who is under the age of 19 at the end of the year in which the expenses are incurred, or to an individual for whom you or your spouse is entitled to a personal tax exemption as a dependent.

**The Dependent Care Flexible Spending Account** is an alternative to taking a "Tax Credit" allowed with your tax filing each year. You may receive a tax break on your expenses, but you must choose whether to use the "Tax Credit" or the "FSA". The IRS will not allow you to receive two tax breaks on the same expenses.

- A **Tax Credit** is allowed for child/dependent care expenses of up to \$6,000 per year for two or more dependents (\$3,000 per year for one dependent). You file for the "tax credit" on your annual tax return, at the end of the year. The credit is an amount equal to your dependent care expenses multiplied by a percentage determined by your combined adjusted gross income. The percentage decreases from a high of 35% to a low of 20% as your income increases.
- The **Dependent Care Flexible Spending Account** Plan allows a tax break on up to \$5,000.00 per year, \$2,500 if married filing separately, for any number of dependents; one, two, or more. You will experience "tax savings" throughout the year with every paycheck you receive. Employees who pay federal taxes of 15%, state taxes of approximately 6% and Social Security taxes of 7.65% would save around 28% of expenses through the Dependent Care Flexible Spending Account Plan. As their federal tax percentage rises, they would receive an even higher tax break by using the Dependent Care Flexible Spending Account Plan.

Generally those employees with a combined family income over \$31,000 will have a higher percentage tax break through the Dependent Care Flexible Spending Account Plan. Those employees with a combined income under \$31,000 generally will have a higher percentage tax break using the Tax Credit. **Please contact your tax advisor if you have questions about which is better for you.**

**You are required to file Schedule 2** with your IRS Form 1040A or **Form 2441** with your IRS Form 1040 to support the amount redirected for the calendar year. This is for informational purposes. You will not pay taxes on the redirected amount. Payments made to you under this category are not taxable, but the amount redirected will appear on your W-2 form which informs the IRS that you have received a tax break on that expense.

### Qualifying Dependent Care Expenses

Qualifying Child/dependent care expenses are those that you incur in order for you and your spouse (if married) to be gainfully employed that are considered to be employment-related expenses under Internal Revenue Code §21(b)(2) to the extent that you or another person (if any) incurring the expense is not reimbursed for the expense through any other Plan. Only expenses incurred for care and well-being qualify for this tax break (Kindergarten, summer school and private school expenses, food and transportation do not apply). Day camp fees incurred in order for you to work are allowable but overnight camps are not. Refer to IRS Publication 503 (available at [www.asiflex.com](http://www.asiflex.com)) for additional information. The purpose of Publication 503 is to assist people with their income tax filing. It does not address Dependent Care Flexible Spending Account Plans. However, most of the items listed as eligible for the tax credit in 503 can be claimed through your Dependent Care Flexible Spending Account. You can **only claim expenses based on the date incurred (not paid as stated in 503)**. Please contact ASIFlex at [asi@asiflex.com](mailto:asi@asiflex.com), (800) 659-3035 if you have any questions regarding particular expenses.

**Qualifying Expenses are those that enable you to be gainfully employed including:**

- Daycare centers
- Day camps
- Babysitters
- Nanny, Au Pair
- Before school/after school care
- Preschool, nursery school (not tuition)

### Non-Qualifying Dependent Care Expenses

This is a **partial** list of items that **do not** qualify under the plan. There may be other items that do not qualify that are not listed here.

- Care that is not incurred in order for you to work or look for work
- Kindergarten or other educational expenses
- Amounts paid to your spouse or dependent or to your (or your spouse's) son or daughter who is under 19 years old at the end of the year
- Food, transportation or activity fees
- Care for a child for whom you have 50% or less physical custody
- Care for a child age 13 or older who is not disabled
- Child support payments
- Elder daycare for a dependent with gross income over the Federal exemption limit
- Overnight camps

**Enroll in the Dependent Care Flexible Spending Account Plan.** See the separate open enrollment checklist for detailed open enrollment instructions. Enroll on-line during open enrollment. Print and maintain the confirmation statement as you will be required to provide it if there is a discrepancy in your election. Your annual election will be divided by 26, the number of paychecks from which a deduction will be taken during the plan year, to get your per paycheck deduction. New employees should contact their Human Resources office for an enrollment form and assistance with enrollment.

**Participants on Paid or Unpaid Leave.** Dependent Care expenses are not eligible for reimbursement during a period of leave. Because of this, you may choose to have your deductions stopped prior to going on a paid leave. When you return to work, you will have 31 days to reinstate your coverage with the same or a new annual election.

**Receive dependent care services.** Dependent care expenses are **incurred** when the day care is provided. You must receive the dependent care services before you file a claim for those services.

**File claims.** After you have received the dependent care services, you may submit a claim for those expenses to ASIFlex. Extra claim forms are available by contacting ASIFlex or online at [www.asiflex.com](http://www.asiflex.com) or [www.ben.omb.delaware.gov/fsa](http://www.ben.omb.delaware.gov/fsa).

**Grace Period:** If you are a participant as of December 31st of a Plan Year, you may continue to incur expenses through March 15<sup>th</sup> to use any remaining funds in the Plan Year that just ended. Claims for expenses incurred during this Grace Period are paid from the oldest year's funds first unless you request otherwise.

For example: If you have \$50 remaining in your 2015 flexible spending account as of January 1, 2016 and incur an expense for \$100 on February 10, 2016, this claim will be paid \$50 from your 2015 FSA and the remaining \$50 will be paid from your 2016 FSA. If you do not want a claim for services provided January 1<sup>st</sup> through March 15<sup>th</sup> paid out of the old plan year, please write a note and enclose it with your claim form.

You may have the dependent care provider complete the dependent care section of the claim form and sign on the line provided in lieu of providing separate documentation for dependent care claims.

The tax identification number or Social Security number of the child/dependent care provider should be listed on each of your claim forms. You must provide this number with your federal income tax return. Please check with your childcare provider (**before** enrolling in this category) to be sure that you are able to obtain their tax I.D. number or his/her Social Security number.

**Receive reimbursements.** ASIFlex will review your claim, and if approved will reimburse you within one to three business days of their receipt of your claim up to the amount you have on deposit in your account. If your claim exceeds your available funds, the difference will be recorded and paid as funds become available from payroll.

**Payment from your Dependent Care Flexible Spending Account** will be made up to the approved amount of your claim or your current balance, whichever is less. Any portion of your claim which is not paid will be paid automatically as money is contributed from payroll. Total payments for the year are restricted to your annual election.

## ENROLLMENT

**Eligibility:** All permanent part-time and full-time employees are eligible to participate in this Plan on the 1st of the month after completing an initial waiting period of 90 days counting his or her Employment Commencement Date as the first such day.

**The Plan Year** is the twelve-month period from January 1 through December 31 of the same calendar year.

**Open enrollment** will be held **November 2<sup>nd</sup> through December 1<sup>st</sup>, 2015**. You may enroll during open enrollment each year for the upcoming Plan Year by enrolling on-line during open enrollment. (You may either select an annual amount or a pay-period check amount and the system will compute the rest for you.) You may also enroll during the plan year if you experience a qualifying change in status and enrollment corresponds with a change in eligibility caused by that status change. See the **Making a Change Section** for more information. The Health Care Flexible Spending Account Plan and the Dependent Care Flexible Spending Account Plan have slightly different rules regarding making an election change or enrolling mid-year. Forms are available from your Human Resources office or online at [www.ben.omb.delaware.gov/fsa](http://www.ben.omb.delaware.gov/fsa).

**New employees** must enroll by the first day of the month after completing the initial waiting period of 90 days to participate for the remainder of that plan year. You enroll by completing an enrollment form

available from your Human Resources Office or online at [www.ben.omb.delaware.gov/fsa](http://www.ben.omb.delaware.gov/fsa). Enrollment forms should be sent by the first of the month preceding the date of eligibility to ensure timely enrollment. If you fail to enroll within the time period described above, then you may not elect to participate in the Plan until the next Open Enrollment Period or until an event occurs that would justify a mid-year election change.

**Enrollment during the plan year** is effective the first day of the month following the initial waiting period.

## MAKING A CHANGE

**Except as specified in this section, your election under the Plan is irrevocable for the Plan Year. It is the employee's responsibility to file a change with their agency's Human Resources Office. The election change request must be filed within 31 days of the date of the qualifying event and becomes effective on the 1st of the month following the event or the date the form is signed whichever is later and upon the approval of the request. Requests received after 31 days will not be approved.**

You may change your election if you, your spouse, or a dependent experience an event listed below which results in a gain or loss of eligibility for coverage under the State of Delaware Health Care Flexible Spending Account Plan or Dependent Care Flexible Spending Account Plan or a similar plan maintained by your spouse's employer or one of your dependent's employer and your desired election change corresponds with that gain or loss of coverage. Changes are only allowed if one of the specific events listed below has occurred that caused the needed change in your account. Otherwise, your election is effective through the end of the plan year.

Events 1 - 3 apply to the Health Care Flexible Spending Account Plan and the Dependent Care Flexible Spending Account Plan.

1. Your legal marital status changes through marriage, divorce, death or annulment.
2. Your number of dependents changes by reason of birth, adoption (or placement for adoption), or death. If your child no longer qualifies for dependent care because he or she turned 13, then that is a loss of a dependent under the Dependent Care Flexible Spending Account Plan, but not under any of the other plans.
3. You, your spouse or any of your dependents have a change in employment status (termination, retirement, new employment, change from part time to full time or vice versa) that affects eligibility for health insurance, the Health Care Flexible Spending Account or the Dependent Care Flexible Spending Account with the State of Delaware or a plan maintained by your spouse's or any dependent's employer. Please see page 14 for specifics related to termination of employment from the State of Delaware.

Events 4 - 6 apply to Health Care Flexible Spending Account Plan, but not the Dependent Care Flexible Spending Account Plan.

4. You are served with a judgment, decree or court order, including a qualified medical child support order regarding coverage for a dependent. If the order requires you to pay for medical expenses not paid by insurance for a dependent child, then you may add or increase coverage under the Health Care Flexible Spending Account Plan. If the order requires that another person pay for medical expenses not paid by insurance for the dependent child, then you may drop or reduce coverage under the Health Care Flexible Spending Account Plan.
5. If you, your spouse or a dependent becomes entitled to and covered under Medicare or Medicaid, you may drop or reduce coverage under the Health Care Flexible Spending Account Plan.

6. If you, your spouse or a dependent loses eligibility and coverage under Medicare or Medicaid, you may add or increase coverage under the Health Care Flexible Spending Account Plan.

Events 7 - 8 apply only to the Dependent Care Flexible Spending Account Plan.

7. You change dependent care providers (including school or other free provider). You may make a corresponding change to your Dependent Care Flexible Spending Account and your future salary reductions if you change dependent care providers.
8. You may make a corresponding change to your Dependent Care Flexible Spending Account and your future salary reductions if your dependent care provider who is not your relative changes your costs significantly. A relative is any person who is a relative according to Code §152(a)(1) through (8), incorporating the rules of Code §152(b)(1) and (2).

**Your Salary Reduction** amount for a pay period is, an amount equal to the annual contribution for your FSA election, divided by the number of pay periods in the Plan Year following your effective date. If you increase an election under the Health Care Flexible Spending Account Plan or Dependent Care Flexible Spending Account Plan, your salary reductions per pay period will be an amount equal to your new reimbursement limit elected less the salary reductions made prior to such election change, divided by the number of pay periods remaining in the Plan Year beginning with the election change effective date.

Any increase in your election may include only those expenses that are incurred during the period of coverage on or after the effective date of the increase. Your coverage for the remaining period of the year shall be calculated by adding the amount of contributions made prior to the change to the expected contributions after the effective date of the change and subtracting prior reimbursements.

### TERMINATION/RETIREMENT

**Termination of participation:** Your participation will end on your last day of work or on the date of your last paycheck with an FSA deduction should you terminate employment or retire from the State of Delaware. This means you will no longer be able to make contributions to the plan. Should you return to work as an eligible employee within 30 days during the same Plan Year, your participation will be reinstated as it was. If you return after 30 days during the same plan year, you will have the option of reinstating your coverage at the same annual level you had prior to your termination or reinstating your coverage at the same per pay period amount with a reduced annual amount. Should you choose the same annual amount, your per pay period contributions will be adjusted so that your total contributions for the year will equal your annual coverage amount. You have 31 days after you return to work during the same Plan Year to make a new election for the remainder of the Plan Year (not to exceed the annual plan maximum). Except as specified in the section on Coverage Continuation (COBRA) in the Health Care Flexible Spending Account Plan Summary, expenses incurred while you are not a participant will not qualify for reimbursement. Participation in the Health Care Flexible Spending Account ends on the day of termination or retirement, or on the date of your last paycheck with an FSA deduction. You may continue to file for Dependent Care expenses incurred during the Plan Year after the end of your participation.

Your participation will also end at the end of the expiration of the Period of Coverage, if the Plan is terminated, or if you a file false or fraudulent claim for benefits.

**False or Fraudulent Claims.** If ASIFlex believes that false or fraudulent claims have been submitted, ASIFlex will investigate the submitted claims and forward, with all investigational findings, to the State of Delaware's Statewide Benefits Office for further investigation. In the interim, ASIFlex will deny your claim and notify you that your account has been placed on hold until the situation has been resolved. The Statewide Benefits Office will make a decision as to whether your participation will be terminated in FSA and whether to recover any funds that may have been fraudulently obtained. The State of Delaware has the authority to deny claims found to be false or fraudulent and to terminate your participation in the FSA in accordance with its discretionary duty as the Plan Administrator. The State of Delaware may take legal or disciplinary action against a member found to have committed fraud.

## FLEXIBLE SPENDING ACCOUNT CLAIMS

- Claims processed daily – within 1-3 business days of receipt of qualified claim
- File Claims Online! Go to [www.asiflex.com](http://www.asiflex.com), account detail section, and upload your scanned documentation.
- File Claims by Fax or Mail:  
1-877-879-9038  
P O Box 6044  
Columbia, MO 65205-6044
- Go to [www.asiflex.com](http://www.asiflex.com) for claim forms and personal account information
- Direct deposit is available for claims payment
- Direct deposit notices are sent via E-mail or USPS the day that payment is initiated

**Allowable expenses** must be incurred during the portion of the Plan Year or Grace Period that you are a participant. Claims must be filed by April 15th following the end of the Plan Year. After that, your account will be closed and any balance remaining will be forfeited to the State of Delaware in accordance with federal regulations. If April 15th is a holiday, Saturday, or Sunday, then claims must be filed by the first business day following April 15th.

**You must submit a completed claim** form along with **copies** of invoices or statements **from the provider** to serve as proof that you have incurred an allowable expense in order to receive payment. Statements are **required to include**, the **provider's name**, the **date(s) of service**, a **description of the service(s)**, and the **expense amount**. Copies of personal checks and paid receipts, without the above information, are not acceptable. Documentation or copies will not be returned. For over-the-counter supplies that do not require a prescription, the receipt or documentation from the store must include the name of the item pre-printed on the receipt. You must indicate the existing or imminent medical condition (items such as vitamins and nutritional supplements may require a physician's statement) for which the item will be used on the receipt, on the claim form, or on a separate enclosed statement each time these items are claimed. You will be provided with a supply of claim forms with your enrollment confirmation. Extra claim forms are available by contacting ASIFlex or over the Internet at [www.asiflex.com](http://www.asiflex.com) or [www.ben.omb.delaware.gov/fsa](http://www.ben.omb.delaware.gov/fsa).

Purchases for general good health are not eligible. Claims for items that are purchased for an existing medical condition must be accompanied by a letter from your doctor stating the medical condition and the items that are required as treatment for that specific medical condition (if they would otherwise not qualify as a general good health item). A sample letter is available at [www.asiflex.com](http://www.asiflex.com). This letter can be used as support for 12 months from the date of the letter.

**Direct deposit** into the bank account of your choice is available for your claim payments. By using direct deposit you will not need to wait for a check to arrive and be deposited. A notice that a payment was made

will be sent to you. This direct deposit notice is available by U.S. Mail or by **email** over the Internet. If you prefer, a check can be mailed to you instead of payment by direct deposit.

**If you receive a check for reimbursement and forget to cash it**, the check is valid for six months from the issuance date. If you have received a check and have not cashed it within six months, ASIFlex will attempt to contact you via email or postal mail, and will offer to reissue the reimbursement to you. If ASIFlex cannot reach you, the amount of the uncashed check will be reported and remitted to your state of residence's unclaimed property division. For State of Delaware residents, remittance shall be made to the State of Delaware Department of Finance, Bureau of Unclaimed Property.

**If you have unused funds at the end of the claims filing period**, those funds are forfeited to the State of Delaware and used to a) offset reimbursements to health care FSA participants who terminate employment mid-year and have been reimbursed more than contributed at that point in time and b) pay ASIFlex's administrative fees.

## INTERNET ACCESS

You can access your Health Care Flexible Spending Account and your Dependent Care Flexible Spending Account on the Internet 24/7. Information is updated every morning to reflect the previous day's transactions. Find out if a claim has been processed, a payment has been made, or your current balance. Information for the current Plan Year is available (previous Plan Year as well until April 15th following the end of that Plan Year). There is no personally identifying information on the Internet, which means this information will be meaningful to you, but not to anyone else.

1. Go to [asiflex.com](http://asiflex.com)
2. Click on the "**Participant Login**" button.
3. Login using your User Name.

### **IF YOU ARE LOGGING IN FOR THE FIRST TIME, FOLLOW THESE STEPS:**

1. **To create a User Name**, type your Personal Identification Number (P.I.N). Your PIN is provided on your enrollment confirmation. You can also call ASIFlex at (800) 659-3035 to request your PIN if you do not have it.
2. Click "**Enter**"
3. Enter your Employee ID plus the last four digits of your Social Security Number.
4. Click "**Log In**"
5. Enter a User Name that you want to use for your account.
6. Enter a Password for your account.
7. Select a Security Image from the images displayed.
8. Click "**Continue**"
9. Set up three security questions and answer each one.
10. Select the Plan Year from the drop down box if available. This box will not be displayed if only one Plan Year is available.
11. Select the category you wish to view if you are enrolled in more than one category. All transactions for the Plan Year are shown through the previous day. Information is updated early each morning.
12. Click "**Go**"
13. Be sure to click "**Sign out**" when you finish. This closes out your account for security purposes.

Sample Claim Form and Filing Guidelines



**Flexible Spending Account (FSA) Claim Form**

We do not accept claims sent by email due to privacy regulations.

**NOTE:** If you submit your claim online at [www.asiflex.com](http://www.asiflex.com), this form is not needed.

Your Name (Last, First, MI)		Social Security No. or EID or PIN	Your Employer Name	
Address		City	State	Zip Code

**Dependent Care Flexible Spending Account Claims**

Payment is allowed only for services that have already been provided and not for services to be provided in the future. You may submit for a full month after the month has ended or submit for the previous week's expenses. To substantiate your claim, submit an itemized statement from your provider or simply have your provider(s) sign below to certify\* the care was provided. If your provider signs below, no other supporting documentation is required.

Name of Dependent	Age	Dates Care Was Provided No Future Dates MM/DD/YY thru MM/DD/YY	① Name/Address of Care Provider or Care Facility ② Type of Dependent Care Service (Daycare, Day Camp, Preschool, After School Care, etc.)	Amount Requested
			①	\$
			②	
			①	\$
			②	
			①	\$
			②	
<b>Total</b>				<b>\$0.00</b>

  

<p><b>* Day Care Provider or Care Facility Certification:</b> I certify that I provided dependent care services as detailed above. Print Name: _____ Original Signature:  _____ Date: _____</p>	<p><b>* Day Care Provider or Care Facility Certification:</b> I certify that I provided dependent care services as detailed above. Print Name: _____ Original Signature:  _____ Date: _____</p>
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**Health Care Flexible Spending Account Claims**

Follow the instruction page "How to File Claims" and submit correct documentation to assure rapid claim processing!

Date(s) of Service	Health Care Provider	Type of Expense (Office Visit, Crown, Eyeglasses, Rx, etc.)	Patient Name	Relationship to You	Amount Requested
					\$
					\$
					\$
					\$
					\$
					\$
					\$
					\$
<b>Total</b>					<b>\$0.00</b>

I certify that all expenses for which reimbursement or payment is claimed by submission of this form were incurred by me, an eligible spouse, or an eligible dependent during a period while I was covered under my employer's FSA Plan and that the expenses have not been reimbursed and reimbursement will not be sought from any other source. Any claimed Dependent Care expenses are work-related and were provided for my dependent under the age of 13 or for my dependent who is incapable of self care. I understand that I am fully responsible for the accuracy of all information relating to this claim, and that unless an expense for which reimbursement is claimed is a proper expense under the Plan, I may be liable for payment of all related taxes including federal, state, or local income tax on amounts paid from the Plan which relate to such expense. A claim will only be processed with a completed and signed claim form and correct documentation.

Employee Signature Date: \_\_\_\_\_

FAX TO: 1-877-879-9038 PAGE _____ OF _____ NO COVER PAGE REQUIRED	MAIL TO: ASI PO BOX 6044 COLUMBIA, MO 65205-6044	FILE ONLINE: WWW.ASIFLEX.COM NO CLAIM FORM NEEDED! REV 10/2013
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## How to File Claims

IRS guidelines require specific documentation to substantiate each claim submission. The following chart provides an easy description of how to file claims and the type of documentation that is acceptable. Also included is a description of documentation that is not acceptable.

<p><b>If Covered By Insurance</b></p>	<p>It is recommended that you submit to your insurance carrier first and obtain the insurance explanation of benefits (EOB) as follows:</p> <ol style="list-style-type: none"> <li>1. Have the provider submit claim to insurance payer first.</li> <li>2. Insurance payer will send you an Explanation of Benefits (EOB) showing the amount you owe.</li> <li>3. Complete FSA claim form and include EOB to claim the amount you owe after insurance has paid.</li> </ol> <p>★ <i>Hint: You can register at your insurance carrier's website to view your account and obtain the EOB.</i></p>
<p><b>Prescriptions</b></p>	<p>Complete FSA claim form and include:</p> <ul style="list-style-type: none"> <li>• Pharmacy script or mail order statement showing patient name, name of drug/Rx item, date filled, dollar amount; or,</li> <li>• Itemized printout of prescription from pharmacy.</li> </ul> <p>★ <i>Hint: You may be able to register at your pharmacy website to view your account and obtain an itemized list of prescriptions.</i></p>
<p><b>Over-the-Counter Drugs/Medicines</b> FSARx </p>	<p>Complete FSA claim form and include:</p> <ol style="list-style-type: none"> <li>1. Cash register receipt showing merchant name, date, product description, dollar amount; and,</li> <li>2. Written prescription from the patient's attending physician.</li> </ol> <p>➔ <i>Note: Examples are antacids &amp; digestive aids, allergy &amp; sinus, antibiotic products, anti-diarrheal &amp; laxatives, anti-gas products &amp; stomach remedies, anti-itch &amp; insect bite treatments, baby rash ointments, cold sore remedies, cold/cough/flu/pain relief products, motion sickness, respiratory treatments, sleep aids/sedatives, etc. Some alternative treatments may require a letter of medical necessity from the patient's attending physician.</i></p> <p>★ <i>Hint: Check your drugstore website as many have online FSA sections that are excellent sources of information!</i></p>
<p><b>Over-the-Counter Medical Items</b> FSA </p>	<p>Complete FSA claim form and include:</p> <ul style="list-style-type: none"> <li>• Cash register receipt showing merchant name, date, product description and the dollar amount paid.</li> </ul> <p>➔ <i>Note: Physician prescription is not required for items that are not a drug or medicine. Examples are bandages, birth control, braces &amp; supports, catheters, contact lens supplies &amp; solutions, denture adhesives, diagnostic tests &amp; monitors, elastic bandages &amp; wraps, first aid supplies, insulin &amp; diabetic supplies, ostomy products, reading glasses, wheelchair, walkers, canes, etc.</i></p> <p>★ <i>Hint: Check your drugstore website as many have online FSA sections that are excellent sources of information!</i></p>
<p><b>If Not Covered By Insurance</b></p>	<p>Complete FSA claim form and include an itemized statement clearly showing:</p> <ol style="list-style-type: none"> <li>1. Provider name/address,</li> <li>2. Date service was provided (not the date you paid for the service),</li> <li>3. Patient name,</li> <li>4. Description of service (eye exam, x-ray, crown); and,</li> <li>5. Dollar amount you owe (regardless if paid).</li> </ol> <p>★ <i>Hint: Your health care provider may not automatically provide an itemized statement, so you may need to ask for it.</i></p>
<p><b>Orthodontia</b></p>	<p>Complete FSA claim form and include:</p> <ul style="list-style-type: none"> <li>• Payment coupon for monthly appointment; or,</li> <li>• Itemized statement and payment receipt if claiming one upfront payment (if allowed under your plan).</li> </ul> <p>★ <i>Hint: Some employer plans have specific payment requirements. Check your plan for this information.</i></p>
<p><b>Dependent Care (Work-related Child or Elder Daycare)</b></p>	<p>Complete FSA claim form and include:</p> <ul style="list-style-type: none"> <li>• Provider signature on the claim form; OR,</li> <li>• Itemized statement from provider showing:             <ol style="list-style-type: none"> <li>1. Provider name/address,</li> <li>2. Date the child/elder care services was provided,</li> </ol> <p>➔ <i>Note: Do not submit for services that have not yet been provided or future dates of service. Submit for a full month after the month has ended or submit for the previous week's expenses.</i></p> <ol style="list-style-type: none"> <li>3. Name of dependent for whom the care was provided,</li> <li>4. Type of service (daycare, day camp, preschool, after-school care, etc.); and,</li> <li>5. Dollar amount you owe.</li> </ol> </li> </ul> <p>★ <i>Hint: Save time and paper by having your dependent care provider sign the claim form to certify the care was provided!</i></p>
	<p><b>IRS rules are strict. Examples of unacceptable claim documentation are:</b></p> <ul style="list-style-type: none"> <li>• Cancelled checks</li> <li>• Credit card receipts</li> <li>• Statements that are not itemized and say "balance forward" or "previous balance due" or "paid on account"</li> <li>• Statements for service that has not yet been provided, i.e., future dates of service</li> <li>• Pre-treatment estimates of services to be provided in the future</li> <li>• Statements that do not include the date service was provided</li> <li>• Statements that do not include the description of service</li> <li>• Statements that do not include the provider name, patient name and dollar amount you owe</li> </ul> <p>★ <i>Hint: Just follow the guidelines above to ensure your claim is processed as quickly as possible.</i></p>
<p><b>KEEP YOUR ORIGINAL DOCUMENTATION FOR YOUR RECORDS, AND SUBMIT A LEGIBLE COPY WITH YOUR CLAIM!</b></p>	
<p>★ ★ ★ Go Green! ★ ★ ★</p> <p><b>Save the environment from unnecessary paper and receive communications and payment faster!</b></p> <p><b>Here's how!</b></p> <p><i>Eliminate paper mail! Sign up to receive notice of payments and account information via email or text alerts today!</i></p> <p><i>Don't wait for a check in the mail! Sign up to have payment sent directly to a bank account of your choice!</i></p> <p><i>Eliminate manual claim filing! File your claim online at <a href="http://www.asiflex.com">www.asiflex.com</a> for fastest service!</i></p> <p><i>Have your dependent daycare provider sign the claim form! If you do this, no other paperwork or documentation is necessary!</i></p>	