# Flexible Spending Account (FSA) Enrollment Kit

*Significant Savings*

*24/7 Web access*

*Fast, Efficient, Convenient*

*The benefit that benefits everyone*

**EBS-RMSCO, Inc.**

Employee Benefit Solutions

B-3383

# An FSA means more money in your pocket...can you afford not to sign up?

## The FSA Plan

A Flexible Spending Account is an employee benefit plan established under IRC Section 125 that allows you to pay for everyday health care, dependent care expenses and /or certain individual premium expenses with pre-tax dollars.

You'll save 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.

An FSA means more money in your pocket. Look at the example below to see exactly how much savings can be realized in one year!

| | FSA Plan | No FSA Plan |
|---|---|---|
| Annual Income (before taxes) | $24,000 | $24,000 |
| Pre-tax Health Care Contribution | ($1,500) | $0 |
| Pre-tax Dependent Care Contribution | ($4,000) | $0 |
| Taxable Income | $18,500 | $24,000 |
| Estimated Taxes (25% Federal) | ($4,625) | ($6,000) |
| Health Care Expenses | $0 | ($1,500) |
| Dependent Care Expenses | $0 | ($4,000) |
| Available Income | $13,875 | $12,500 |
| **Estimated Savings = $1,375** | | |

## FSA Plan Components

Planning ahead is important when signing up for your company's FSA Plan, and understanding the benefits offered is critical. You must estimate your expenses for the upcoming year very carefully, and then enroll in one, or all, of the FSA Plan components.

*Health Care Component: $2500 maximum*
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 age 26.

*Dependent Care Component:* 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.

*Individual Premium Account:* An individual premium account reimburses you for premiums paid for certain non-employer sponsored individual policies. Examples include an individual disability policy or a college student insurance policy.

## Know the Details!

Be sure to budget for each account expenses separately. Elections to, and reimbursements from, these accounts cannot be blended. Also, a "use it or lose it" provision applies. Any amounts remaining in your accounts at the end of the Plan year will be forfeited, so plan ahead carefully.

You must re-enroll in this Plan each year, and you cannot change your election during a Plan year unless you incur a "qualifying life event", such as marriage/divorce, birth/adoption, to name a few.

**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.**

# Web Access. Claim Processing. Dedicated Customer Service. Expense Estimator.

## Web Access

View your account online 24/7 via www.ebsrmsco.com. While online, you can:

- Submit claims for reimbursement
- View claims history
- Check your available balance and run reports
- 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
- For even more convenience, download our mobile application to your smart phone!

## Customer Service

Most of your questions can be answered by visiting the website. But if you need to speak with a Customer Service Representative, simply call 800-327-7130 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 ebs.customerservice@ebsrmsco.com.

## Filing a Claim

To receive the fastest reimbursement for an eligible out-of-pocket expense, submit your claims online. Supporting receipts and documentation can be scanned and attached to your online claim, or you can email, fax or U.S. mail the required paperwork. Another option is to download a paper Reimbursement Request form. Complete the form by itemizing your expenses and following the important and detailed instructions found directly on the form. Reimbursement Request forms and required documentation can either be mailed or faxed for processing.

## Know the Details

Claim deadlines apply. For example, active participants have a set number of "run-out" days following the Plan year in which they can continue to submit paperwork for out-of-pocket expenses incurred during the Plan year. Grace periods may also apply to some Plans. Be sure to carefully read your Plan's SPD to understand the terms and deadlines associated with your Plans. There is typically a $30 minimum check amount, except for the final check for the Plan year. There is no $30 check minimum with direct deposit.

Plan Level minimums and maximums apply! The total amount you elect will be deducted from your pay in equal installments each pay period.

## Direct Deposit

Avoid the $30 check minimum and a trip to the bank by completing either a Direct Deposit paper or online form found on the website.

## Email Address

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 RFI Letters (for Card participants).

## Estimate Your Expenses

Use the link on our website called FSA Calculator for a complete, easy-to-use estimated expense worksheet. You can maximize your FSA Account by planning ahead carefully and using this helpful tool. The items to consider are also listed below:

| Health Care Account | Annual Expense |
|---|---|
| Deductibles | $ |
| Co-pays | $ |
| Dental Expenses not covered by insurance | $ |
| Orthodontia | $ |
| Vision Expenses (Exams, Glasses, Lenses) | $ |
| Hearing Expenses (Exams, Hearing Aids) | $ |
| Prescription Drugs | $ |
| Eligible Over-the-Counter Items | $ |
| Diabetic Supplies | $ |
| Therapy (Physical Therapy, Speech, Chiro) | $ |
| Medical Mileage | $ |
| Other | $ |
| Total Estimated Health Care Expenses | $ |
| **Dependent Care Account** | **Annual Expense** |
| Payment to Dependent Care Facility | $ |
| Payment to Dependent Care Individual | $ |
| Payment to Adult Care Provider | $ |
| Total Estimated Dependent Care Expenses | $ |
| Total Health Care PLUS Dependent Care | $ |

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# Direct Deposit Authorization Form

Employer Name

Participant First Name | MI | Last Name

Address

City | State | Zip Code

Date of Hire ( - - ) | Gender | Date of Birth ( - - )

Email Address

Social Security Number (include dashes)/Employee ID | Phone Number ( - - )

| Please check one: | | |
|---|---|---|
| ❑ Set up new Direct Deposit | ❑ Change Direct Deposit | ❑ Cancel Direct Deposit |

| Direct Deposit Election (Check this box ❑ if you DO NOT want Direct Deposit) | |
|---|---|
| Type of Account (Check only one) ❑ Checking ❑ Savings | |
| Name of Bank: | |
| Transit ABA Routing # | Account # |

**Participant Certification**

By submitting this form, I hereby authorize EBS-RMSCO, Inc. 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 EBS-RMSCO, Inc. receives written notice from me of its termination. The set up process is approximately 10 business days. I understand I will be charged $25 for failed transactions due to incomplete or incorrect banking information.

Participant Signature ______________________ Date ______________

- Mail to EBS-RMSCO, Inc., FSA/HRA Dept, PO Box 2330, Blasdell, NY 14219; or fax to 877-256-7228.
- Please be sure to provide your SSN or Employee ID.
- Call Customer Service with questions at 800-327-7130.

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# Flexible Spending Account Enrollment Form

For: ❑ Open Enrollment; Effective Date: __________ or ❑ New Hire

Employer Name

Participant First Name | MI | Last Name

Address

City | State | Zip Code

Date of Hire ( - - ) | Gender | Date of Birth ( - - )

Email Address

Social Security Number (include dashes)/Employee ID | Phone Number ( - - )

| FSA Benefit Election | Per Pay Period Amount | Total Annual Amount | # pays/yr |
|---|---|---|---|
| ❑ Health Care Election-Standard | $ . | $ . | |
| ❑ Health Care Election-limited | $ | $ | |
| ❑ Dependent Care Election | $ . | $ . | |
| ❑ Individual Premium Election | $ . | $ . | |

**Carrier Information**

Check the boxes if you are enrolled in any of these benefits through your employer. ❑ Medical; ❑ Dental; ❑ Vision; ❑ Rx

**Automated Claims Transfer:** If you are eligible for ACT (check with your Employer), certain expenses submitted through your insurance provider may automatically be reimbursed to you, unless you or any of your dependents have Coordination of Benefits (COB) with other Plans. **This feature is not applicable to Debit Card holders. ❑ I do not want ACT—or—I have COB and am not eligible for ACT.**

**Spouse / Dependent Information (Check this box ❑ if attaching additional page)** ***See Rules on Page 2***

❑ I do not have a spouse or any dependents, and therefore, I do not have to complete this section.

| Name | Social Security # | Date of Birth | Gender | Relationship |
|---|---|---|---|---|
| | | | | |
| | | | | |
| | | | | |
| | | | | |

**Direct Deposit Election (Complete this section if you want Direct Deposit)**

Type of Account (Check only one) ❑ Checking ❑ Savings

Name of Bank:

Transit ABA Routing # | Account #

**Participant Certification—Return signed form to your Employer**

By signing below, I agree to participate in my employer's pre-tax program and certify I understand and will comply with the regulations governing such Plan. I understand the basic provisions provided on page 2 of this form are guidelines only and that my Plan's Summary Plan Description prevails.

Participant Signature: ______________________________ Date: ____________________

## *To Be Completed by the Employer*

- Notify Payroll of deduction amount and date
- Keep copy of Enrollment Form for your records
- Forward copy of Enrollment Form to EBS-RMSCO
- During Open Enrollment, consider reporting Employer funded money in a file to EBS-RMSCO

**Indicate First Payroll Deduction Date:** ____________

This Plan has employer funded money: ❑ Yes; ❑ No. If Yes, please complete:

| ER Money: | Payroll Based? | Annual Amount |
|---|---|---|
| ❑ Health Care | ❑ Yes ❑ No | $ |
| ❑ Dependent Care | ❑ Yes ❑ No | $ |
| ❑ Individual Premium | ❑ Yes ❑ No | $ |

# Flexible Spending Account Enrollment Form

**Direct Deposit:**
Direct Deposit sends claim reimbursement payments directly to your personal bank account. Direct deposit notification statements will be emailed to you with the details of the reimbursement. If you provide incorrect information and corrective transactions are required, your account will be charged a $25 processing fee. Direct deposit transactions are not subject to the typically imposed $30 check minimum.

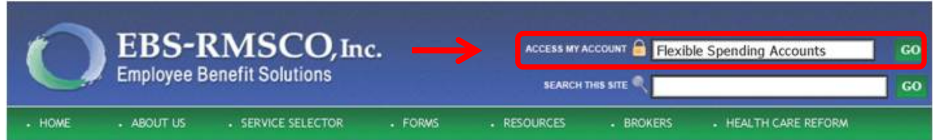
**Things to Consider Upon Enrollment:**
- Your FSA account refers to the combined health care and dependent care components.
- By enrolling in the FSA program, you agree to have your compensation reduced by the amount elected.
- Your election applies to this Plan year only. To continue in the Plan, you must re-enroll each year.
- Annual health care elections are available for reimbursement in full on the first day of the Plan year.
- Dependent care elections are available for reimbursement based on current balance.
- FSA accounts are tracked separately and cannot be combined. These elections are in addition to any premiums you pay on a pre-tax basis for employer sponsored health insurance.
- The dependent care account pays for daycare services needed for a qualifying dependent while you work. A qualifying dependent is a child under age 13 who is claimed 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 in your home and is physically or mentally disabled.
- You may file claims for reimbursement from your FSA accounts for qualified expenses incurred during the Plan year and after becoming a participant. Any amounts remaining in your FSA account after the end of the Plan's run-out period will be forfeited.
- You will pay the Employer for any tax liability or penalties it incurs if you are reimbursed for an expense that is not a qualified expense, unless you repay the amount or off-set that amount with additional eligible claims within the same Plan year.
- You cannot change the amount of your FSA contributions or pre-tax health insurance premiums, unless you have a qualifying "life change" event as defined in the Plan and satisfy any other conditions for changes contained in the Plan and tax law.
- Your FSA contributions will terminate when your employment terminates. You must check with your Employer to determine if you can elect to continue your health care contributions on an after-tax basis, as allowed under COBRA.
- Your employer may change the amount of your FSA elections if necessary to satisfy tax law requirements.
- You understand that you must provide acceptable documentation for every claim you submit, including Debit Card purchases upon request.
- EBS-RMSCO, Inc. is not responsible for retaining copies of your receipts beyond the current Plan year.

**Impact of the Defense of Marriage Act**
- Flexible Spending Accounts and Health Reimbursement Accounts are subject to Federal Law which generally supersedes state law.
- The Defense of Marriage Act is a Federal Law which defines marriage as being a union only between a man and a woman.
- The recent passage of the Marriage Equality Act in New York and similar laws in other states has no bearing on the determination of who is a spouse for purposes of Flexible Spending Accounts and Health Reimbursement Accounts.
- Only spouses (as defined under the Defense of Marriage Act) and dependents for Federal Tax purposes are eligible for tax-free Flexible Spending Accounts and Health Reimbursement Accounts benefits.

# Important FSA/HRA Information

## Welcome!

As part of your employer's FSA/HRA program, you have access to your account… 24 hours a day, 7 days a week. You can access your account online at www.ebsrmsco.com. Select "Flexible Spending Accounts" or "Health Reimbursement Accounts" from the drop down menu in the upper right corner, and click the "Go" button on the right.

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Login

Login to your account
Username:
Password:
Login
Can't login?
I forgot my username

Click on the second green button labeled "Participant Website Login Now". (Please note, before you click on the green button you can read through the helpful information, a website tutorial and updates on this page).

**Your initial username will be your Social Security number** ( or whatever identifier your employer provides to EBSRMSCO). **Your password will be the first letter of your first name** (lower case) **followed by your 5-digit zip code.** If you are a dependent of the employee, you must use the employee's information to log in.

> **For example** - - employee John Smith, SSN#123-44-6789, will login with a username of 123446789 and a password of j14450 (the lower-case "j" is from his first name and 14450 is his zip code).

If this is your first entry to the site, you will be required to change your password. You will also be asked to set up security questions.

From this site, you will be able to:

- File claims online (with an option to scan and attach your receipts, or fax/mail them)
- Update your email address, username, and password
- Manage notification letters from EBS-RMSCO
- View your account summary, and track account contributions and payments
- Complete Plan-related forms directly online, then print and submit for processing
- Access links to related websites
- View a participant website tutorial (http://ebsrmsco.com/FSAAccount/ConsumerPortal/default.html)

**Direct Deposit:** Avoid a trip to the bank and sign up for direct deposit. Simply enter your banking information in the Bank Accounts section of the Profile tab.

**Email Address:** It is essential that you maintain an updated email address at all times. Your email address will be used at EBS-RMSCO strictly for the purpose of communicating important Plan information.

**Questions** regarding your FSA and/or HRA can be directed to our Customer Service Department by phone at (800) 327-7130 or by email at ebs.customerservice@ebsrmsco.com.

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