Important Information

About Your Flexible Spending Account

Company Name

Account Manager:

Minimum Check Reimbursement: Plan Year:

Health Care FSA Annual Maximum: $2600.00 Payroll Frequency:

Dependent Daycare Annual Maximum: $5000.00 Date of First Payroll Deduction:

PLAN YEAR GRACE PERIOD – At the end of the plan year you will have 90-days to submit claims for expenses incurred during the plan year. After the 90-day grace period the IRS will allow for a carryover of unused medical account balances of up to $500.00 from one plan year to the next. This means that your account balance that is left at the end of a plan year (never to exceed $500.00) will be rolled over into the next plan year and will be added to your annual election for that plan year.

EMPLOYEE TERMINATIONS – If you terminate your employment prior to the end of the plan year, your participation in the Health Care Spending Account and/or Dependent Daycare Spending Account will cease, and no further salary contribution will be made on your behalf. However, you will have ___ **days** to submit claims for expenses incurred through your termination date.

ENROLLMENT FORM – If you are enrolling in a Health Care Account or Dependent Daycare Account, you must complete an enrollment form. **If you do not sign the enrollment form it will be assumed that you do not wish to participate in the Health Care Account and or Dependent Daycare Account for the current Plan Year.** For pre-taxing your Health Insurance Premiums, you will not be required to complete a new enrollment form provided one is already on file. Your premiums will automatically be deducted on a pre-tax basis. If you want to pay your insurance premiums on an after-tax basis, please request a waiver form.

DEBIT CARD ENROLLMENT – If you currently have a debit card for your account you **do not** need to apply for a new card. Your new election amount will automatically be added to your card on the first day of the new plan year. If you do not have a debit card and you would like to have one, please complete the MYSOURCE CARD ENROLLMENT AGREEMENT inside of your packet.

AUTHORIZATION TO USE/DISCLOSE HEALTH INFORMATION – A Federal law, Health Insurance Portability and Accountability Act (HIPAA), requires you and your spouse (if applicable) to provide Flex Administrators with authorization to release personal health information to each other. If you would like your spouse to be able to receive your health information in regards to your Flexible Spending Account, please sign your name under Authorization to Use/Disclose Health Information at the bottom of the enrollment form. If your spouse would like you to receive health information on them with regards to your Flexible Spending Account, please have your spouse sign their name under the Authorization to Use/Disclose Health Information at the bottom of the enrollment form. If this section of the enrollment form is not signed we will be limited to who we can share personal health information with.

If You Have Questions About Your Benefit:

Call Our Automated Voice Response system 24 hours a day: 888.675.8370
Visit our web site (www.flexadministrators.com) to retrieve your account balance and download forms.
To speak to a representative call: 800.968.3539 or 616.456.7908

Our Mailing Address: 77 Monroe Center NW, Suite 1100
Grand Rapids, MI 49503-2911