

# Flexible Spending Account

## Plan Enrollment Materials

No matter which health insurance plan you enroll in this year, you will likely have out-of-pocket costs. **Save up to 30% on qualifying out-of-pocket expenses** by setting aside pre-tax dollars from your paycheck with a flex account!

Medical FSA				Dependent Care Account (DCA)	Commuter Account (TRN/ PKG)
					

Medical      Pharmacy      Dental      Vision      Childcare Expenses      Commuter Expenses

## How does it work? It's simple.



Choose your annual election for each flex plan, based on your anticipated expenses.

Your annual election is deducted pre-tax from your paycheck in equal amounts during the plan year.

Swipe your card for eligible expenses or submit a claim for reimbursement.

This lowers your taxable income!





# Save up to \$990 on medical expenses this year!

Participating in an FSA is like receiving a 30% discount from your medical providers.

## How does an FSA work?

A medical FSA is a flexible spending account that allows you to set aside pre-tax dollars for eligible medical, dental, and vision expenses for you and your dependents.

Choose an annual election amount, up to **\$3,300\***. This amount will be deducted from your paychecks in equal installments throughout the year. Your full election will be available for spending on the first day of the plan year!

## Why should I enroll in an FSA?

Almost everyone has some level of out of pocket medical costs. If you expect to incur medical expenses, you'll want to take advantage of the savings this plan offers.

Money contributed to a healthcare FSA is free from federal and most state taxes. On average, participants enjoy a 30% tax savings on their annual contribution, saving up to **\$990** per year!

## Helpful hints...

- Your election can only be changed during the plan year if you experience a qualifying event.
- Save your receipts. You may need itemized invoices to verify card swipes or for claim reimbursements.
- If your employment terminates, your account will be terminated.
- Up to **\$660** of unused funds will rollover into the next plan year. Unused funds over this amount will be forfeited at the end of the plan year.
- Reminder: You can't contribute to an FSA and HSA within the same plan year.



## Spending your FSA funds

Swipe your Flex Facts debit card to pay for eligible expenses or pay with your personal funds and submit a claim for reimbursement.



## Common eligible expenses

- Copays, deductible, coinsurance
- Doctor office visits, lab work, x-rays
- Hospital charges
- Dental and orthodontia
- Vision exams, glasses, contact lenses, laser vision correction
- Physical therapy
- Chiropractic care
- Medical supplies and first aid kits
- Rx and over-the-counter meds
- And much more...

Visit <http://fsastore.com/FlexfactsEL> for full list.



## Download our app

Search 'Flex Facts' on the App Store or Google Play.

\*based on 2025 IRS Contribution Limit.

Please note: Your employer may limit the maximum annual limit to a lesser amount.



# Save up to \$1,500 on dependent care expenses this year!

Participating in a dependent care FSA is like receiving a 30% discount from your care providers.

## How does a DCA work?

A dependent care FSA (DCA) is a flexible spending account that allows you to set aside pre-tax dollars for dependent care expenses that allow you to work or look for work. This includes daycares, babysitters and before/after school care.

Choose an annual election amount, up to **\$5,000**/family. This amount will be deducted from your paychecks in equal installments throughout the year.

## Why should I enroll in an DCA?

Child and dependent care is a large expense for many families. If you pay for care of dependents in order to work, you'll want to take advantage of the savings this plan offers.

Money contributed to a dependent care FSA (DCA) is free from federal and most state taxes. On average, participants enjoy a 30% tax savings on their annual contribution, saving up to \$1,500 per year!

## Helpful hints...

- Funds will be made available in your DCA account, as deductions are taken each payroll.
- Your election can only be changed during the plan year if you experience a qualifying event.
- Save your receipts. You may need itemized invoices to verify card swipes or for claim reimbursements.
- If your employment terminates, your account will be terminated.
- You will have an additional 2.5 month grace period to spend your DCA funds after the plan ends. Be sure to spend your funds by then, as unspent funds will be forfeited.



### Spending your funds

Swipe your Flex Facts debit card to pay for eligible expenses or pay with your personal funds and submit a claim for reimbursement.



### Qualifying Dependents\*

- Your qualifying child under age 13
- Your spouse or qualifying adult child or relative who is physically or mentally incapable of self-care



### Eligible Expenses

- Before school or after school care for children 12 and younger
- Custodial care for adult dependents
- Licensed day care centers
- Nanny / Au Pair
- Nursery Schools or preschools
- Late Pick-up fees
- Summer or Holiday day camps

A full list of eligible expenses can be found at [www.flexfacts.com](http://www.flexfacts.com).



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# Save up to \$1,170 on commuting expenses this year!

Participating in a commuter account is like receiving a 30% discount on mass transit and parking expenses.

## How does a commuter account work?

A commuter account allows you to set aside pre-tax dollars for mass transit and parking expenses associated with your daily commute to work.

There are two types of commuter accounts:

1. Transit (TRN)
2. Parking (PKG)

You can enroll in one or both commuter accounts. Choose a monthly election amount, up to **\$325/month** for mass transit expenses and **\$325/month** for parking expenses.

## Why should I enroll in a commuter account?

If you take public transportation to work or pay for parking, you'll want to take advantage of the savings these plans offer.

Money contributed to a commuter account is free from federal and most state taxes. On average, participants enjoy a 30% tax savings on their annual contribution, saving up to **\$1,170** per year!

## Helpful hints...

- Funds will be made available in your commuter account(s), as deductions are taken each payroll.
- You can change or cancel your election amount at any time.
- Save your receipts. You may need itemized invoices to verify card swipes.
- If your employment terminates, your account will be terminated.
- Any unused funds that remain in your account at the end of the year will be carried over into the next plan year.



### Spending your funds

Swipe your Flex Facts debit card to pay for commuting expenses such as the bus, ferry, or metro, as well as ride sharing apps, or to pay parking vendors.



### Eligible Expenses

- Bus, ferry, train, subway tickets and passes
- Parking at/near your place of work. This also includes parking at the location from which you take mass transit to get to work



### Ineligible Expenses

- Tolls
- Taxis
- Gas or fuel
- Mileage
- Non-shared Uber or Lyft rides



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# Flex Facts Enrollment Form

Please return this form to your human resources representative

## Personal Information

Employer: \_\_\_\_\_

Full Name: \_\_\_\_\_  
 Last \_\_\_\_\_ First \_\_\_\_\_ M.I. \_\_\_\_\_

Address: \_\_\_\_\_  
 Street Address \_\_\_\_\_ Apartment/Unit # \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

Phone: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Birth Date: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Effective Date: \_\_\_\_\_ Plan Year Start: \_\_\_\_\_

## Benefit Election

I ELECT THE FOLLOWING:	Amount Per Pay Period	# of Pay Periods	Annual Election
Medical FSA Account	\$ _____	_____	\$ _____
Dependent Care Account	\$ _____	_____	\$ _____
Limited Purpose FSA (HSA only)	\$ _____	_____	\$ _____
Transit Account	<b>Monthly Election:</b> \$ _____		
Parking Account	<b>Monthly Election:</b> \$ _____		

**Frequency of Pay:** Weekly Bi-Weekly Semi-Monthly Monthly Other

**Date of First Deduction:** \_\_\_\_\_

## Spouse or Dependent Card Information

Full Name: \_\_\_\_\_  
 Last \_\_\_\_\_ First \_\_\_\_\_ M.I. \_\_\_\_\_

Mail Card to: Address listed above Alternate Address: \_\_\_\_\_  
 Street Address \_\_\_\_\_ Apt. /Unit # \_\_\_\_\_

Date of Birth: \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

Soc. Sec. Number: \_\_\_\_\_ Relationship: \_\_\_\_\_

## Employee Authorization

- If this form is not returned to your employer by your effective date, you will not be able to participate in the plan until the following plan year.
- Your accounts will not automatically renew. You must sign a new election form each year at open enrollment.
- You cannot change the FSA election during the plan year unless you have an eligible change in status.
- This agreement is subject to the terms of the company's Flexible Benefits Plan.
- By signing this form, I agree that my cash compensation will be redirected by the amounts set forth above.

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