Health Care Reimbursement Expenses Filing Instructions

Who is eligible?
- An employee who is enrolled in the Plan, and their legal spouse or tax dependent.

Examples of qualifying expenses
Medical, dental, vision, prescriptions and hearing expenses not covered by your health insurance.

Please note: Legislation recently signed a law that mandates OTC drugs and medicines will no longer be eligible for reimbursement under health FSA effective January 1, 2011.

Documentation must show
- A. The date the expense was incurred (not the date paid).
- B. The name of provider of services.
- C. A description of the service and/or expense.
- D. The amount of the expense for which you are responsible.

Be sure to attach a copy of the itemized receipt(s), or if you have insurance, please send the Explanation of Benefits Statement. Keep original receipts for your tax records.

Please Note: Cancelled checks, credit card receipts, and balance forward statements are NOT acceptable forms of documentation.

Dependent Care Reimbursement Expenses Filing Instructions

Who is eligible?
- A “qualifying child or dependent” is someone whose principal place of abode is with you; who is under age 13, or physically/mentally incapable of caring for him/herself and doesn’t have income in excess of IRS tax code.

Contact your tax or legal counsel if you have questions regarding the definition of “dependent”.

Examples of qualifying expenses
The receipts submitted must be for preschool or daycare expenses, before and after school programs, day camp, or care of disabled dependents.

Documentation must show
- A. The date the services were provided.
- B. The name of the provider of services.
- C. A description of the service.
- D. The amount of the expense for which you are responsible.
- E. A provider signature may be obtained using the Providers Signature box on the claim form in lieu of a receipt.

Please note: Cancelled checks, credit card slips or statements showing only a balance forward are not accepted as valid receipts.

Additional Information
- Please note: You will be required to provide the name, address and taxpayer ID number (TIN) or, if no TIN, the Social Security number of the dependent care provider on your federal income tax return. If you plan to claim a federal Dependent Care Credit on your tax returns, you must first deduct the amount you were reimbursed through your Dependent Care FSA account this year.
- The person providing the dependent care services must not be a parent of the child, a child of yours under the age of 19, or a dependent for whom you will be entitled to a personal exemption on your federal income tax return.
- The Dependent Care Account is not pre-funded. Therefore, you must have sufficient funds in your Dependent Care account to cover the payment amount you are requesting.
- Expenses must be incurred on or after your effective date for the plan year and before the end of the plan year (or grace period, if adopted by the employer). In accordance with Internal Revenue Service (IRS) rules, reimbursements will not be made until the services have been provided.

If you have any additional questions regarding your plan please contact us by phone at (603) 647-4666 or (888) 401-FLEX (3539).
Visit us online at www.benstrat.com.
FSA Election Worksheets and Eligible Expenses List

Health FSA Eligible Expenses

Visit benstrat.com for an expanded list of eligible expenses. If you have questions on what constitutes an FSA eligible expense, please contact our Customer Relations Team: 1-888-401-FLEX (3539) or info@benstrat.com.

Ace bandages  
Acne treatments*  
Acupuncture  
Allergy and sinus medicine*  
Antacids and digestive aids*  
Antibiotic ointments*  
Antifungal and anti-itch*  
Aspirin and other pain relievers*  
Asthma medicine*  
Athletic treatments*  
Band-aids  
Blood pressure monitors  
Canker and cold sore remedies*  
Chest rubs*  
Chiropractic care  
Cholesterol meter test kit and supplies  
Cold and flu medicines*  
Contact lenses  
Contact lens cleaning solution  
Coinsurance  
Copays  
Corn and callus removers*  
Cough medicine*  
CPAP machine  
Crutches, canes and walkers  
Deductibles  
Dental care (routine and corrective)

Dentures  
Diabetic monitors and supplies  
Diaper rash ointments*  
Eye exams  
Eye glasses  
Eye related equipment  
Family planning products  
Fertility monitors  
First aid kits  
Gastrointestinal medication*  
Genetic testing**  
Glucosamine*  
Group therapy  
Hearing aids and batteries  
Hearing care  
Herbal medicine**  
Hospitalization costs  
Hypnosis – treatment of illness  
Immunizations  
Imaging scans  
Incontinence supplies  
Individual therapy  
Laboratory fees  
Lasik eye surgery  
Laxatives*  
Lice treatments*  
Massage therapy**  
Medical equipment  
Medical monitoring and testing  
Mileage to receive medical care  
Motion and nausea medicine*  
Nutritional supplements**  
Orthodontia  
Orthopedic and surgical supports  
Orthotics  
Physical exams  
Physical therapy  
Physician services  
Pregnancy tests  
Prescription drugs  
Psychoanalysis and mental health therapy  
Reading glasses  
Sleep aids*  
Smoking deterrents*  
Sunscreen (SPF 30 and higher)  
Thermometers  
Toothache gels*  
Urological products  
Vision care  
Vitamins**  
Wart removal treatment*  
Weight loss drugs and programs**  
Wheelchairs and repairs

Examples of ineligible expenses include: Cosmetic surgery and procedures (including teeth whitening); Custodial nursing care; Dental hygiene products; Health club dues; Insurance premiums.

* Although Over-The-Counter (OTC) medicines and drugs do not need a prescription to be purchased, one is needed for an OTC medicine/drug to be FSA eligible. See note below.

**Dual Use items and services are those that can be used for general health as well as to treat an illness or physical defect. If the item/service is prescribed to treat an illness or physical defect, a Physician Statement form needs to be submitted to Benefit Strategies for it to be FSA eligible. This form can be found on benstrat.com, or by contacting our Consumer Relations team. See note below.

NOTE: OTC Medicines/drugs and Dual Use items/services will not work with the FSA card. You will need to pay with another means and submit for reimbursement through one of our reimbursement methods. Remember to submit the prescription or Physician Statement, along with the purchase documentation.
**Election Worksheet**

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

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

### Health FSA Election Worksheet

<table>
<thead>
<tr>
<th>Health Care Expenses Per Plan Year</th>
<th>For You</th>
<th>For Your Spouse</th>
<th>For Your Children</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dental Deductibles</td>
<td>$</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>Dental Work</td>
<td>$</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>Orthodontia</td>
<td>$</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>Eye Exams, LASIK Surgery</td>
<td>$</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>Prescription Eyeglasses, Reading Glasses, Contact Lenses</td>
<td>$</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>Vision Solutions and Supplies</td>
<td>$</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>Medical Deductible</td>
<td>$</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>Medical Copays</td>
<td>$</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>Prescription Drugs</td>
<td>$</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>Medical Supplies</td>
<td>$</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>Chiropractic Care and Acupuncture</td>
<td>$</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td><strong>Total each family member column</strong></td>
<td>(A)$</td>
<td>(B)$</td>
<td>(C)$</td>
</tr>
<tr>
<td><strong>Total cost of health care expenses for the plan year (A)+(B)+(C)</strong></td>
<td>(D)$</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Enter the maximum permitted Health FSA election

*This can be found on your FSA Enrollment Form*

**Election amount. Enter (D) or (E), whichever is less**

Also enter this amount on your FSA Enrollment Form

**Dependent Care FSA Election Worksheet**

<table>
<thead>
<tr>
<th>Eligible weekly dependent care cost</th>
<th>(A) $</th>
</tr>
</thead>
<tbody>
<tr>
<td>Weeks of dependent care you will have in the plan year</td>
<td>(B)</td>
</tr>
<tr>
<td>Total cost of dependent care for the plan year (A) x (B)</td>
<td>(C) $</td>
</tr>
</tbody>
</table>

Enter the maximum permitted Dependent Care FSA election

*This can be found on your FSA Enrollment Form*

**Election amount. Enter (C) or (D), whichever is less**

Also enter this amount on your FSA Enrollment Form

**Number of pay periods in a plan year**

**Payroll deduction amount per pay period (E) ÷ (F)**