

Section 125 Flexible Spending Account

Employee Enrollment Information



What Is an FSA?

A Flexible Spending Account (FSA) is a pretax benefit that enables eligible employees to set aside a specific pretax dollar amount for unreimbursed



medical, dental, vision, orthodontia, and dependent care expenses. If you have predictable out-of-pocket expenses, you may want to consider enrolling in the FSA.

Depending on your plan, you have the option to join two separate FSA accounts:

An **Unreimbursed Medical Account** can be used for eligible medical, dental, and vision expenses. Examples include:

- Office visit co-pays and deductibles
 Prescription eventases or contacts
 - Prescription eyeglasses or contacts
 - Dental cleanings
 - Orthodontia

Medical expenses to diagnose, treat, or prevent an existing medical condition, that have not been reimbursed through another benefit plan, are eligible. Some items may require a prescription, doctor's note, or additional certification from a medical provider. For a list of common, qualifying expenses, refer to the FSA Eligible Products listing at fsastore.com/paychex.

A **Dependent Care Account** can be used for custodial expenses for a claimed dependent. Examples include:

- A daycare center or babysitter to allow you (and your spouse, if married) to work, actively look for work, or be a full-time student
- Custodial or elder care

Note: The IRS maximum annual employee contribution for Unreimbursed Medical Expenses (UME) is \$3,050 in 2023. Please refer to the Summary Plan Description (SPD) for your plan's maximum contribution as it may be different from this amount.

Why Should I Participate in a FSA?

Tax Savings. FSA deductions come out of your paycheck be fore most withholding taxes are computed, reducing your tax able income.

Budgeting. Regular payroll deductions help you budget medical, dental, vision, and dependent care expenses.

Ease and Convenience. The PBA Employee Website is available 24 hours a day/7 days a week, at www.paychexflex.com.



Still unsure if you'll have FSA-eligible expenses? Check out thousands of eligible FSA products on our partner website at the <u>FSA store</u> or by clicking on the below banner for \$5.00 off your next FSA purchase!



FSA Tools

Visit the PBA Employee Website at <u>www.paychexflex.com</u> or use the Paychex mobile app to:

- Update your email address or home phone number;
- Access, submit, and track FSA claims;
- Review account balances and election amounts.
- Request FSA forms; or
- View important FSA-related balance information.

You can download the PBA mobile app on the website by clicking **Tools & Resources** from the home page.

When Can I Enroll in FSA?

If you meet the plan's eligibility requirements outlined in the SPD, you can enroll or change your annual election for the upcoming year during the **open enrollment period** using the website. The effective date for benefit plans elected during open enrollment is January 1 of the following year. For new plans, you can enroll online two weeks prior to your plan effective date. If you are a new employee whose eligibility date does not occur during the open enrollment timeframe, you need to submit a paper enrollment form to enroll. The form is available online on the PBA Employee Website, Tool & Reports tab, under Forms.

Sole proprietors, partners in a partnership, greater than two percent owners of an S-Corporation, and members of LLCs taxed as such, and their family members, are not eligible to participate in a Section 125 plan.

If you do not submit a change or request to cease participation during open enrollment, your current annual election amount will be used for the following plan year; you do not need to re-enroll.

How Do I Enroll?

You can enroll by logging in to <u>www.paychexflex.com</u> and selecting **Benefits Account (PBA)**.

Enrolling Online

 Log in to <u>www.paychexflex.com</u> and select Benefits Account (PBA). From the left menu saying, I Want To..., click the Enroll Now button.

	Home	Accounts	Tools & Support	Message Center	
	Tasks				
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3	Don't Forget! Update Enrollment	View More	?	<mark>ن ز</mark>	
	l Want To:				
	Enroll Now File A Clair	n Manage My Expenses	Enroll in HSA		

2. After reviewing the general information about your company's plans, click **Begin Your Enrollment Now**. Ask your employer for a copy of the SPD for specific plan details; this page is an overview.



- Verify your Participant Profile information. If you have or would like a Dependent Care plan, you can add a dependent by clicking Yes when asked, "Do you have any dependents?" Add the dependent.
- 4. Approve the plan rules. Again, this is not a substitute for the SPD, so please see your employer for detailed information. Check the boxes and click **Continue.**

Plan Rules	
1 2 3 4 5 6	
It's important to be aware of some of the basic rules of thes make your elections. We also encourage you to review the S accounts. Your employer can provide you with a copy of you	e accounts before you enroll. Make sure you keep these in mind when you summary Plan Description for more detailed rules regarding these pre-tax ur Summary Plan Description.
You must check that you have read and understand eac	ch of the plan rules sections.
FSA	
year, and that I cannot change or revoke my election unless Social 325 and submit the change within 30 days of the st Social Security and federal unemployment benefits may be r release of any information necessary for Flexible Benefits. I eligible expenses, and that I will not be nor have I been pre- these expenses from insurance or any other source. I under	ling basis as indicated above. I understand my reduction is for one flex plan data change. I have a some of the pairs forfatture provision and that my reduced because of my reduced safety for fax purposes. I authorites the volume reduced for these sequences, nor any lasking reimboursement for volumity reimbourse for these sequences, nor any lasking reimboursement for the sequence of the sequences, nor any lasking reimboursement to the sequence of the sequences, nor any lasking reimboursement to the sequence of the sequence of the sequence of the sequence the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence sequence.
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I have read and understand the FSA rules	
Limited Purpose FSA	
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understand that checking this box indicates my acknowled enrollment in this plan.	igement of these plan rules, and that I have the option to enroll or waived
I have read and understand the Limited Purpose FSA rule	las
Dependent Care	
I authorize my employer to reduce my pay on a per-pay-peri year, and that I cannot change or revoke my election unless Social Section 125 and submit the change within 30 days of the st Social Security and federal unemployment benefits may be r release of any information necessary for Flexible Benefits. I	icel basis as indicated above. I understand my reduction is for one fies plas I experience attaus change in accordance with internal Revenue Code attus change. I am aware of the plan's forficture provision, and that my reduced because of my reduced alary for tax purposes. I authorize the hereby certify that the reimbursament requests I will be submitting are like oliculary eminiburiad for these expenses, nor am I seeking reimbursement for ously eminiburiad for these expenses, nor am I seeking reimbursement for
I understand that checking this box indicates my acknowled enrollment in this plan.	dgement of these plan rules, and that I have the option to enroll or waive
I have read and understand the Dependent Care rules	
	Continu

5. Enter your election amount(s) for the plans offered, click **Continue**.

		Company Contribution	Your Election	Max Employee Election
	FSA 🚷	\$500.00	1500.00	\$2,550.00
De	pendent Care 🔞		3000	\$5,000.00
		Total election for the year: 🕘	\$4,500.00	
	1	Total tax savings for the year': 🛞	\$1,350.00	Calculate

6. Select **Check** or **Direct Deposit** for your secondary reimbursement method.

steps: 1 2	3 4 5 6	
Select the method in w	hich you would like to be reimbursed.	
Debit Card		
• • • • • • • • •	ay be used toward qualified purchases at point of sale, i	Cartain purchases may be automatically approved
but many may re will be delivered t note that you are will not receive a	uire substantiation to ensure the expense is qualified p o your home address on file within approximately two v able to submit claims for reimbursement prior to receiv new set of cards, as they are active for 5 years prior to e	par IRS regulations. For new employees, debit cards weeks following your enrollment effective date. Plea ring your debit card. 4lf you have a card already, you expiration.
Please note: The	debit card reimbursement option is not available for d	ependent care accounts.
PAYCHEX Benefit Account 5103 1234 	5678 9010	
	e reimbursed using the Debit Card, please answer the que	
1) What alternate O Check	eimbursement method would you like to use for the reim	sbursement of claims that are filed online?
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7. Verify your enrollment information and click **Submit** if accurate. You can make updates until the close of the Open Enrollment period.

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to must click submit at the	bottom of this page t	o complete your	enroliment.		
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8. A confirmation will display when you are finished.

How Much Should I Elect?

Use the Flexible Spending Account Deduction Worksheet at <u>www.paychexflex.com</u>, or our online calculator at <u>https://www.paychex.com/calculators/employee-fsa-</u>calculator, to calculate your eligible expenses and determine

the per-pay-period FSA deduction amount.

Be sure to consider the maximum amount your employer allows for unreimbursed medical expenses (refer to the SPD). You should also consider any amount your employer is contributing toward the plan. The maximum household deduction allowed for dependent care expenses, per



federal guidelines, is \$5,000. A "household" can be described as the total number of taxpayers (living as spouses as defined under federal law) who are filing tax returns either jointly or separately.

Claims and Reimbursement

Orthodontia

Use the Monthly Orthodontia Claim Form on the PBA Employee Website, under the Tools & Support tab, to submit claims for orthodontia reimbursement:



- If you pay the orthodontia bill up front, you will be reimbursed in full up front. You can elect to submit only one claim form for the total amount of orthodontia care (up to your annual election) as opposed to monthly amounts. You must submit an itemized receipt showing the payment and the date it was paid. This one-time submission option cannot cross plan years; payment date is considered the date of service.
- If you pay the orthodontia bill in monthly installments, you will be reimbursed as services are incurred. Your initial down payment will be reimbursed in full, and services will be allocated over the length of the contract. You have the option of monthly automatic reimbursements, using your debit card to pay for services each month or submitting individual claim forms for reimbursement. The monthly installment option can cross plan years.

Reimbursement Timing

Claims are processed within three business days of receipt; however, reimbursements may take more than two days to receive. You can monitor the claim status on the PBA Employee Website at <u>www.paychexflex.com</u>. If your claim is denied, or needs additional documentation, you will receive notification explaining the reason and/or need for additional documentation.

End of Year Submissions

You have up to 90 days ("closeout period") after the end of the plan year (December 31), or termination of your employment, to submit claims for reimbursement. Eligible expenses must be incurred during the plan year (up to and including your termination date) while you are an active participant.



Your FSA may have one of the following options:

- Your employer may offer a **grace period** up to, and including, March 15 of the following year to incur expenses that can be reimbursed from your prior year's account. This applies only if you were an active participant on the last day of the plan year (December 31) and have a balance remaining in your prior year's account. If a reimbursement received by March 31 is put "on hold" because we need additional documentation, you have until May 15 to submit the required documentation.
- Your employer may offer a **carry-over** of up to \$610 of unreimbursed medical expense funds from the current year to the following year. This allows you to incur expenses, up to and including December 31 of the following year, that can be reimbursed from your prior year's account. This applies only if you were an active participant on the last day of the plan year (December 31) and have a balance remaining in your prior year's account. If a reimbursement received by March 31 is put "on hold" because we need additional documentation, you have until May 15 to submit the required documentation.

If you have a grace period or carryover option, submit reimbursement requests for services from the previous plan year before submitting claims for the current year.

All claims for services incurred on or before December 31 must be submitted by March 31 of the following calendar year. Unclaimed funds remaining in your account after the deadlines are forfeited to the plan and cannot be reimbursed.

FSA Debit Card

If offered by your employer, you can use the PBA Debit Card to pay for FSA-eligible items and services at point-of-sale rather than submitting a claim reimbursement request. You will receive a notification from



Paychex if additional substantiation documentation is required; please respond to the notice promptly so your debit card remains active. To stay up-to-date about vendor card acceptance and accepting merchants, refer to www.sigis.org.

FSA Direct Deposit

FSA direct deposit allows you to receive medical and dependent care claim reimbursement through direct deposit to your bank account.

Termination

If your employment is terminated, you will have 90 days to submit receipts for expenses incurred on or prior to your termination date, or to submit documentation for claims that were placed on hold or required substantiation prior to your termination date.

Can I Change My FSA Election?

Your FSA election cannot be changed during the plan year unless you experience a qualifying event as defined by law:

- Marriage or divorce
- Death of spouse or dependent
- Birth or adoption of a child
- Termination or start of spouse's employment
- Change in employment status from part-time to fulltime or full-time to part-time for you or your spouse*
- Unpaid leave of absence by you or your spouse
- Eligibility or ineligibility of Medicare/Medicaid
- Cost-motivated dependent care changes (for example, relative becomes available to watch child)



If a qualifying event has occurred, you must submit supporting documentation and enrollment modifications to your employer within 30 days of the event. Per federal regulations you cannot move money between your medical and dependent care accounts.

How Do I Submit a Claim?

 To submit a claim, log in to <u>www.paychexflex.com</u> and select Benefits Account (PBA). From the menu saying, I Want To..., click the Reimburse Myself button.

Home	Accounts	Tools & Support	Message Center	
Tasks				
No current Tasks.				
Don't Forg	et! View More	?	Ś.	۲
I Want To:				
Enroll Now Rein	nburse Myself			

2. In the **Pay From** drop-down menu, select the account you'd like to be reimbursed from, and in the **Pay To** drop-down menu, choose **Me**.

Accounts	Tools & Support	Message Center
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	ment fast and easy way to file claims! that and easy way to file claims! be sure you have an itemized rece to acceptable. Select an account	ment That and easy way to file claims! be sure you have an itemized receipt ready to upload in the followin stor acceptable.

 Upload a valid receipt that is a .jpg, .gif, or.pdf file type no larger than 2MB. Be sure to include a receipt with the name of the service provider, date(s) of service, dollar amount of the service, and a description of the service provided.

Home	Accounts	Tools & Support	Message Center	
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4. Complete the required fields with details of your claim and click **Next**.

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5. Add another claim or click **Submit** to complete.

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6. Review the Transaction Confirmation.

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FSA 🕖 \$1,999.00	Dependent Care \$1,153.80			
Confirmation				Print Confirmation
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+ FSA	Мо	\$1.00	\$1.00	Uploaded(1) Upload another Receipt
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7. You can check your claim status by accessing the dashboard at any time

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Add Expense Export E	xpenses		
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Total Eligible to Submit:	\$0.00 😳		
Filter By Reset Filters			
			SUDMITTED STATUS
DATE * EXPENSE	RECIPIENT/PATIENT	MERCHANT/PROVIDER	AMOUNT STATUS





www.paychex.com/login

Paychex Employee Services 877-244-1771