



FREQUENTLY ASKED QUESTIONS ABOUT FLEXIBLE BENEFIT PLANS

What is the Flexible Benefit Plan?

The Flexible Benefit Plan is an employer-sponsored plan that allows you to pay for certain premiums, eligible medical expenses and dependent care expenses on a pre-tax basis. Paying for these expenses with pre-tax dollars saves you money by lowering your taxable income.

What is the tax advantage of the Flexible Benefit Plan?

The tax advantage of a Flexible Benefit Plan is that you don't pay federal income or Social Security taxes on the money you use to pay for expenses permissible by the plan. In most states, you don't pay state taxes either.

Money is deducted from your paycheck on a pre-tax basis to pay your portion of medical and/or dental plan premium(s) and may be set aside in a Flexible Spending Account (FSA) to pay for eligible medical and dependent daycare expenses.

What other tax consideration should I be aware of?

It is always best to consult your tax advisor to determine how the Flexible Benefit plan may affect your tax situation.

Please be aware that your Social Security benefits may be reduced in the future. Please consult your tax advisor to determine how today's overall tax savings compare to possible reductions in future benefits.

What are eligible Flexible Benefit expenses?

Pre-tax Premiums: Premium contributions you pay for the group medical and/or dental plan can be paid on a pre-tax basis.

Health Care Reimbursement FSA: You can set aside a certain dollar amount each month to pay for eligible medical expenses. Dollars are deducted from your paycheck on a pre-tax basis and can be used to pay for office visit copays, deductibles, prescription drug copays, eyeglasses and more. Refer to the appropriate section of this newsletter for more information.



Dependent Daycare FSA: This plan allows you to pay for eligible expenses for dependent care on a pre-tax basis. Care must be for a qualifying individual that allows you and your spouse to work or look for work. Read on for more information.

How much money can be set aside in my Health Care Reimbursement FSA and Dependent Daycare FSA?

Health Care Reimbursement FSA: The Plan maximum is set by your employer, please check with your HR dept. or call OS1 to find out.

Dependent Care FSA: This is also set by your employer, but most often it is \$5,000 per plan year maximum if married filing jointly or \$2,500 per plan year maximum if single or married but filing separately. Please contact your HR dept. or OS1 to verify.

You should only set aside amounts that you expect to *incur* during the Plan year. Amounts can include expenses for yourself, your spouse or your dependents as long as you claim them as a dependent.

If you participate in both FSA accounts, please be aware that dollars cannot be commingled between accounts.

Any amounts left in your account at the end of the plan year will be forfeited; essentially use-it-or-lose-it. Therefore, please plan carefully when making your election. It cannot be changed during the plan year unless you have a qualified status change.

Can I change my annual election?

Once you've made your annual election amount at the beginning of the plan year, it cannot be changed unless you experience a *qualified status change*. Any changes you make to your election must correspond with the qualified status change.

Please refer to the Summary Plan Description for a full explanation of qualified status changes allowed by the plan. Examples are:

- Marriage
- Divorce or legal separation
- Birth of a child
- Adoption of a child
- Death of spouse or dependent
- Termination or commencement of employment
- Changing from full-time to part-time or vice versa

If I made an election to participate in last year's Plan, will that same election carry over to the this Plan year?

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Revised 04/13/11 sk



No, you need to make a new election for each Plan year.

What are the rules for the Dependent Daycare FSA?

Gainfully employed: IRS regulations require that both you and your spouse must be gainfully employed. Expenses must be incurred in order for you and your spouse to work, look for work or be a full-time student.

Care must be for a qualifying individual: The individual who receives care must be under the age of 13, physically or mentally incapable of self-care, or a spouse who is physically or mentally incapable of self-care and has the same principal place of abode for more than half of the year.

Can I also claim a dependent care tax credit or deduction?

No, this is considered “double-dipping” and is not allowed. You should determine which of the two is most advantageous to you: the tax deduction/credit or the Dependent Daycare FSA. As well, you cannot be reimbursed for these expenses from another source.

Can FSA dollars be used to pay for over-the-counter medications?

Drugs purchased to alleviate or treat personal injuries or sickness qualify as medical care expenses (allergy medicine, pain reliever, cold medicine). However, items purchased for the promotion of general health do not qualify (diet supplements, toiletries, vitamins).

May I use my FSA to pay for health insurance premiums?

You cannot use your FSA dollars to pay for health insurance premiums.

What is my plan year?

It is typically a 12 month time period, please contact your HR dept. or OS1 Customer Service to verify.

Can I participate in my employer’s Health Care Reimbursement FSA if I am also covered by my spouse’s insurance?

Yes.

How do I get reimbursement from my FSA account?



Once you have incurred an eligible expense, (if you did not use your FSA debit card) you must submit a claim reimbursement request form to OutsourceOne with proper documentation. OutsourceOne will process your claim and provide you reimbursement via paper check mailed to your residence or by direct deposit if desired.

How do I submit a claim to OutsourceOne?

Claims can be sent via fax, US mail, or email. Contact information is listed below.

Once I submit a claim, how long will it take to get reimbursed?

Reimbursements are processed regularly, the schedule varies by employer. Some schedules are daily, and others are set for a particular day each week. Please call us for your specific processing schedule.

When should I request reimbursement from my FSA account?

Once you have incurred an eligible expense, you may submit a claim for reimbursement.

You have until the end of your Plan's grace period to submit eligible expenses incurred during the plan year. Any amounts left in your account after this date will be forfeited.

What is the IRS 75-day extension?

The IRS ruled that employers could add up to a 75-day extension at the end of their plan year. This means that any expense incurred during that 75-day extension period can be reimbursed out of the previous plan year's funds. OutsourceOne will automatically exhaust the balance in your previous plan year account before reimbursing from your current plan year account. *Not all employers have adopted this extension, please check with your HR dept. or call OS1 to verify.

What documentation do I need to provide with my claim reimbursement request form?

Proper documentation includes itemized receipts or a statement from your provider indicating that an expense had been incurred and the amount of the expense. A voided check is not considered proper documentation. All documentation should include the date of service, or in the case of eligible purchases you make, the date of purchase.

For dependent care expenses, proper documentation can be in the form of the provider's signature on your claim form, verifying the date and cost of service. Also, a formal or informal bill or statement from your provider is sufficient.



I submitted a claim for reimbursement, but I haven't received my reimbursement yet. What should I do?

Please contact the OutsourceOne Flexible Spending Department to check on the status of your claim. Contact information is listed below.

What happens if I submit a request for reimbursement for an expense that is not eligible, or if I do not submit the appropriate documentation?

OutsourceOne reviews all claims for appropriate expenses and documentation. If there is an expense on your claim form that is not eligible or does not have adequate documentation, OutsourceOne will send you a letter explaining what the issue is with that expense and what steps you will need to take for reimbursement to be completed (provided the expense is eligible).

I submitted a doctor's note of medical necessity for an expense last year. Why am I being asked to submit a note again this year?

Typically, prescriptions written by physicians are only good for one year. You will need to submit a new prescription each year to replace the expired prescription. In addition, several expenses that require a doctor's note (i.e. weight loss treatments, health club memberships, massages) are only eligible as long as the condition that the expense was incurred to alleviate still exists. Once the condition no longer exists, that expense is no longer eligible. For example, if a doctor prescribes a weight-loss program to treat an obese patient, once that patient is no longer obese by medical definition, the weight-loss program will no longer be an eligible expense.

Does OutsourceOne offer direct deposit as a form of reimbursement?

Yes. You will need to complete a direct deposit enrollment form and submit it to OutsourceOne, along with a copy of a voided check (deposit slips are not accepted) to set up direct deposit. OutsourceOne makes every attempt to set up direct deposits as they are received, but please allow up to 10 business days for the set up to clear the bank.

Do I need to sign up for direct deposit each year?

No, once you are set up for direct deposit it will stay in place until OutsourceOne receives written notification from you to cancel your direct deposit. You do not need to complete an direct deposit form each year.

What if I want to change my account that my reimbursements are deposited into?



There is a section on the direct deposit form where you can indicate that you are changing your account information, or you are canceling your direct deposit.

What if I don't use all of my election by the end of the plan year?

You forfeit any unused funds at the end of the plan year.

What if I terminate employment from the company and still have money in my FSA?

You typically have a grace period to submit eligible expenses that were *incurred* during your employment. Any services incurred after your date of termination cannot be reimbursed by your account. Any amounts left in your account after the plan year and run-out period will be forfeited.

Under certain circumstances, you *may* be able to continue your participation in the Health Care Reimbursement FSA by electing COBRA continuation of this benefit. If the plan allows you COBRA continuation of this benefit, your administrator will communicate this opportunity to you.

Who may I call if I have further questions?

OutsourceOne is the administrator of our plan. The Flex Department can be reached at:

Customer Service:

Phone (612) 436-2778

Toll free (877) 491-5979

flex@outsourcneone.com

Claims Submission:

Fax: (612) 335-9217

Toll free fax: (877) 491-6016

flex@outsourcneone.com

Address:

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