What Is an FSA?

Your benefits package includes a Flexible Spending Account (FSA), which allows 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 should 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
- Deductibles
- Prescription eyeglasses or contact lenses
- Dental cleanings
- Orthodontia

For a list of common medical, dental, and health-related expenses typically considered to be qualifying expenses, please refer to the list on the back of the Flexible Spending Account (FSA) Reimbursement Claim Form for Unreimbursed Medical Expenses in this booklet or go to [www.paychex.com/login](http://www.paychex.com/login).

A **Dependent Care Account** can be used for custodial expenses for a claimed dependent. Examples include:
- Day care 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 $2,550. Please refer to the SPD* for your plan’s maximum contribution as it may be different from this amount.

You can view the SPD at [www.paychex.com/login](http://www.paychex.com/login) or request a copy from your employer.

Why Should I Participate in an FSA?

**Tax Savings.** FSA deductions come out of your paycheck before most withholding taxes are computed, reducing your taxable income and **increasing your take-home pay!**

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

**Ease and Convenience.**
- Access the PBA Employee Website 24 hours a day / 7 days a week: [www.paychex.com/login](http://www.paychex.com/login).
- You can email Paychex Employee Services at PaychexBenefitAccount@paychex.com.
- You can call us at 877-244-1771 Monday through Friday from 8:00 a.m. to 8:00 p.m ET.

**Avoid Out-Of-Pocket Expenses.** Utilize the debit card to pay for FSA-eligible services to avoid having to pay out of pocket. Please note that many debit card transactions must be substantiated.

Still unsure if you'll have FSA-eligible expenses? Check out thousands of eligible FSA products on our partner website at fsastore.com or by clicking on the below banner for $10.00 off your next FSA purchase!
When Can I Enroll in an FSA?

Open Enrollment
If you meet the plan’s eligibility requirements outlined in the Summary Plan Description (SPD)*, you can enroll or change your annual election for the upcoming year during the open enrollment period using our website or automated phone system. The effective date for benefit plans elected during open enrollment is January 1 of the following year.

Note: For new plans, you can enroll online or by phone approximately two weeks prior to your plan effective date.

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.

You do not need to re-enroll in the FSA plan each year. If you do not submit a change or a request to cease participation during open enrollment, the annual election amount currently on file will be used for the following plan year.

Note: If your employer subscribes to our BeneTrac service, then you DO need to re-enroll each year. Contact your employer for more information.

Entry Date Enrollment
If you are a new employee who has met the eligibility requirements outlined in the SPD, you need to submit a paper enrollment form. Enrollment forms can be obtained online on the PBA Employee Website on the Tool & Reports tab, under Forms or from your employer. If you are eligible for enrollment, but do not enroll prior to your eligibility/effective deadline, you will not be eligible again until January of the following year unless a qualifying event occurs.

How Much Should I Elect?
Use the FSA Deduction Worksheet in the back of this booklet to calculate your eligible expenses and determine the per-pay-period FSA deduction. You can also use our online calculator at www.paychex.com/print/fsa-calc.

Be sure to consider the maximum amount your employer allows for unreimbursed medical expenses (refer to the SPD) and any amount he is contributing toward the plan. The maximum household deduction* allowed for dependent care expenses is $5,000.

* A "household" can be described as the total number of taxpayers (living spouses as defined under federal law) who are filing tax returns either jointly or separately. The amount of dependent care assistance is limited to $5,000 per tax year ($2,500 for married individuals filing separate returns).

Enrolling
You can enroll in the FSA plan online or by phone.

Online
- If you have not registered, select Register for a New Account. Use the Online Enrollment Instruction section of this booklet to help you enroll.

Phone
- Call 877-244-1771, say Flexible Spending Account, then Enrollment, and follow the prompts.

How Will I Be Reimbursed?

Eligible Expenses
Medical expenses are eligible for reimbursement provided that they are to diagnose, treat, or prevent an existing medical condition, and you have not been reimbursed for them through any other benefits plan. Some items may require a prescription, doctor’s note, or additional certification from a medical provider.

For a list of common medical, dental, and health-related expenses typically considered to be qualifying expenses, please refer to the list on the back of the Flexible Spending Account (FSA) Reimbursement Claim Form for Unreimbursed Medical Expenses go to the PBA Employee Website at www.paychex.com/login on the Tools & Support tab.

Submitting Claims
After you have paid for a medical or dependent care expense, claims and appropriate documentation can easily be uploaded online at www.paychex.com/login to via the Paychex Benefit Account mobile app to request reimbursement.

Receipts must include: the name of the service provider, date(s) of service, dollar amount of the service, and a description of the service provided. A prescription must be included with the receipt for over-the-counter medicine and drug purchases other than insulin.

Use the Submitting Claims instructions section of this booklet to help you submit claims online.

Claims are processed within two business days of receipt, payments are initiated two business days after the claim is processed. Please monitor the status of the claim on the PBA Employee Website for confirmation that the claim has been accepted and approved.

If your claim is denied, or needs additional documentation, you will receive an email or written notification explaining the reason for the denial or the need for additional documentation. You can access your claims status at www.paychex.com/login.
Orthodontia

For orthodontia reimbursement, you must provide a copy of an orthodontia contract indicating the length of treatment and schedule of payments. This information is required since treatment of orthodontia is ongoing. Reimbursement of medical expenses prior to services being rendered is not permitted. You can use the Flexible Spending Account (FSA) Reimbursement Claim Orthodontia Services on the PBA Employee Website on the Tools & Support tab.

You will not be reimbursed in full if the orthodontia bill is paid up front. Once Paychex receives the contract, you must submit a claim form and itemized receipt from the service provider in order to be reimbursed. The claim form and receipt must match the amount listed on the payment schedule of the orthodontia contract.

Note: You can elect to submit only one claim form each plan year for the total amount of orthodontia care as opposed to monthly amounts. Services will be allocated over the length of the contract, and you will receive reimbursement as services are incurred.

Reimbursement Request Timeframes

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 employer may choose to offer one of the following options for your FSA plan.

• 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, 2017, is put "on hold" because we need additional documentation, you have until May 15, 2017, to submit the required documentation. Any debit card transaction that is not substantiated by May 15, 2017, will need to be repaid.

• Your employer may offer an option to carry over up to $500 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, 2017, is put "on hold" because we need additional documentation, you have until May 15, 2017, to submit the required documentation. This plan option does not apply to dependent care expenses.

Reimbursement requests will be processed in the order in which they are received. If your employer offers a grace period or $500 carryover, submit reimbursement requests for services from the previous plan year before you submit claims for the current year to ensure that you receive the maximum benefit.

FSA Debit Card

You can use your PBA debit card to access your funds and pay for FSA-eligible items and services at a point-of-sale terminal rather than submitting a reimbursement claim request online.

You can also use your FSA debit card at www.paychex.com/fsastore-employee to purchase FSA-eligible products.

Depending on the items purchased, you may still need to submit documentation to validate the expense as eligible under the plan. You will receive a notification from Paychex if 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 see the most current list of accepting merchants, refer to www.sig-is.org.

FSA Direct Deposit

FSA direct deposit allows you to receive medical and dependent care claim reimbursement through direct deposit to your bank account. You can set this up on the PBA Employee Website: www.paychex.com/login.

Termination

If your employment is terminated, you will have 90 days to submit receipts for expenses incurred on or prior to your termination date. Additionally, you have 90 days from your termination date to submit documentation for any claims that were placed on hold or required substantiation prior to your termination date.
What Tools Can I Use to Manage My FSA?

Visit the PBA Employee Website at www.paychex.com/login or use the Paychex mobile app anytime to:

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

Note: To find out how to download the PBA mobile app to your smartphone, go to www.paychex.com/login or click Download Mobile App from your home page.

You can also call the automated Paychex Employee Services phone line at 877-244-1771.

Forfeitures

All claims for services incurred on or before December 31 must be submitted by March 31 of the following calendar year. If unclaimed funds remain in your account after the claim filing and resolution deadlines, they are forfeited to the plan and cannot be reimbursed.

If your employer offers the grace period, you will have until March 15 to incur expenses; however, you must submit requests for reimbursement by March 31. If unclaimed funds remain in your account after this time, they are forfeited to the plan and cannot be reimbursed.

If your employer offers the carryover option, you can carry over up to $500 of your prior year’s remaining account balance; however, any amounts in excess of the plan’s carryover limit will be forfeited to the plan and cannot be reimbursed.

Please contact your plan administrator to determine whether your company offers the grace period or carryover option.

Changing Your Election

Your FSA election cannot be changed during the plan year unless you experience a qualifying event. Qualifying events include:

- Marriage* or divorce
- Death of your spouse* or dependent
- Birth or adoption of a child
- Termination or commencement of spouse’s* employment
- Change in employment status from part-time to full-time 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, such as cost increases/decreases (for example, relative becomes available to watch child)

*As defined under federal law.

Please refer to the SPD for more information about changing your deduction. If a qualifying event has occurred, you must submit supporting documentation and enrollment modifications to your employer within 30 days of the event.

In addition, under federal regulations you cannot move money between your medical and dependent care accounts.
Claims Submission Instructions

1. Log in to www.paychex.com/login, and select Paychex Benefit Account. You will go to your Home Page, where you can see a quick view of your plan information and available balance(s) for the plan year.

2. Click File A Claim on the left side at the top.

3. Create Reimbursement
   a. In the Pay From drop-down menu, select the account you'd like to reimbursed from.
   b. In the Pay To drop-down menu, choose Me.

4. Upload Valid Documentation
   You must have a valid receipt to file a claim. Receipt upload must .jpg, .gif or .pdf file type and cannot be large than 2MB.

5. Complete the required fields with details of your claim, then click Next.
Online Enrollment Instructions

These steps will help you navigate the Employee Website during Open Enrollment.


2. When Open Enrollment is available, you will see the option to Enroll Now.

3. Click Enroll Now to see the plans your company offers for the plan year. Some basic plan information will display, but if you need specific plan details, please ask your employer for a copy of the Summary Plan Description (SPD). The site information does not replace the SPD. Click Begin Your Enrollment Now to continue.

Note: If you log out of your PBA account at any time without submitting the claims in the Claims Basket, you will need to re-enter your claims. The Claims Basket does not save data between login sessions.

6. Transaction Summary
You can either add more claims click Submit to complete the submission process.

7. Review the Transaction Confirmation
You can check the status of a claim at any time by accessing your Dashboard.
4. You will then be asked to verify your profile information.

5. If you have or would like a Dependent Care plan, you can add a dependent by clicking Yes to “Do you have any dependents?” and adding the dependent information.

6. You must then approve the plan rules. Again this is not a substitute for the SPD, so please see your employer for additional information. Click Continue.

7. You will be asked for your election amount(s) for the plans offered. Use www.paychex.com/print/fsa-calc if you need help calculating what you should contribute for the year.

8. Select Check or Direct Deposit to indicate your secondary reimbursement method. Direct deposit instructions are shown here.
9. Verify your enrollment information. **Submit** if everything appears to be correct. You can change/update this amount until the close of the Open Enrollment period.

   ![Enrollment Verification]

   - **Profile:**
     - Name:
     - Address:
     - Home Phone:
     - Born Date:
     - Gender:
     - Marital Status:
     - Email Address:
     - Do you have any dependents? Yes

   - **Dependents:**
     - Full Name: [Test Dependent]
     - Birth Date: [01/01/2000]
     - Gender: Male
     - Full-Time Student: No
     - Relationship: Dependent

   - **Enrollment Details:**
     - Employee Contribution: $5,500.00
     - Company Contribution: $500.00
     - Dependents:
       - Dependent A: $3,000.00
       - Total: $8,000.00

   - **Method of Reimbursement:**
     - You have chosen **Debit Card** as your method of payment.
     - Your alternate reimbursement method is Direct Deposit.

   - **Confirmation:**

8. Your confirmation message will display.

   ![Enrollment Confirmation]

   - **Plan:**
     - Company Contribution: $500.00
     - Employee Contribution: $1,000.00
     - Total: $1,500.00

   - **Dependents:**
     - Dependent A: $3,000.00

   - **Method of Reimbursement:**
     - You have elected **Debit Card** as your reimbursement option. Your alternate reimbursement method is Direct Deposit.

   - **Additional Information:**
     - The [Debit Card] will be issued to the following dependents:
       - [Dependent A]
     - [No Dependent debit cards issued]

   - [Print]
# Employee Resources Summary

<table>
<thead>
<tr>
<th>Resources</th>
<th>Description</th>
<th>Employee Website Tab</th>
</tr>
</thead>
<tbody>
<tr>
<td>Flexible Spending Account Deduction Worksheet</td>
<td>Helps participants calculate eligible expenses and how much the FSA deduction will be each pay period.</td>
<td>Tools &amp; Support</td>
</tr>
<tr>
<td>Enrollment Form</td>
<td>This form needs to be completed by all newly-eligible employees signing up for FSA and all current FSA participants who are making changes to their current Medical or Dependent Care deduction.</td>
<td>Tools &amp; Support</td>
</tr>
<tr>
<td>FSA Medical Expense Listing</td>
<td>Lists eligible and ineligible FSA expenses for UME.</td>
<td>Tools &amp; Support</td>
</tr>
<tr>
<td>Direct Deposit Sign Up Form</td>
<td>Allows Paychex to directly deposit claim reimbursements into participant bank accounts.</td>
<td>Tools &amp; Support</td>
</tr>
<tr>
<td>Employee Enrollment Guide</td>
<td>Explains FSA benefits to employees and includes the forms they need to enroll in your plan.</td>
<td>Quick Links</td>
</tr>
</tbody>
</table>