

# *Section 125 Flexible Spending Account Employee Enrollment Information*



**PAYCHEX**<sup>®</sup>  
HR Services

## 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 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
- 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 [benefits.paychex.com](https://benefits.paychex.com).

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



## 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, orthodontia, and dependent care expenses.

**Ease and Convenience.** The PBA Employee Website is available 24 hours a day/7 days a week, at <https://benefits.paychex.com> and you can contact Paychex Employee Services at [PaychexBenefitAccount@paychex.com](mailto:PaychexBenefitAccount@paychex.com) or by phone at 877-244-1771 Monday through Friday from 8:00 a.m. to 8:00 p.m ET.

## When Can I Enroll in 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 will be able to 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 ineligible 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:** The IRS maximum annual employee contribution for Unreimbursed Medical Expenses (UME) for 2015 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 [benefits.paychex.com](https://benefits.paychex.com) or request a copy from your employer.

### 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, which 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 Do I Know How Much to Contribute?

Use the Flexible Spending Account Deduction Worksheet in the back of this booklet to calculate your eligible expenses and determine the per-pay-period FSA deduction amount. You can also use our online calculator at [www.paychex.com/print/fsa-calc](http://www.paychex.com/print/fsa-calc).

**Important:** 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, 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. 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 using one of the following options:

### 1. Online

- Log in to [benefits.paychex.com](http://benefits.paychex.com) and select **Paychex Benefit Account**.
- If you have not already registered, select **Register for a New Account** and follow the prompts. Use the Online Enrollment Instructions section of this booklet to help you enroll.

### 2. Phone

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



# How Do I Get 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 to show expenses are eligible.

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 on the PBA Employee Website at <https://benefits.paychex.com> on the Tools & Support tab.

## Submitting Claims

After you have paid for a medical or dependent care expense using out-of-pocket funds, claims and appropriate documentation can be easily submitted online at <https://benefits.paychex.com> 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 issued after the claim is processed and may take more than two days. Please continue to check the status of the claim on the PBA Employee Website for confirmation that the claim has been accepted and approved.

If your claim denied, or needs additional documentation, you will receive an email or written notification explaining the reason for the denial or need for additional documentation. You can access your claims status anytime at <https://benefits.paychex.com> or by calling 877-244-1771.

## 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, and reimbursement of medical expenses prior to services being rendered is not permitted. You can use the Flexible Spending Account (FSA) Reimbursement Claim Orthodontia Services f 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, 2016, is put “on hold” because we need additional documentation, you have until May 15, 2016, to submit the required documentation.
- 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, 2016, is put “on hold” because we need additional documentation, you have until May 15, 2016, to submit the required documentation.

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](http://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](http://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 at <https://benefits.paychex.com>.

## 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.

## 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, 2016, 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.

## What Tools Can I Use to Manage My FSA?

Visit the PBA Employee Website at <https://benefits.paychex.com> 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 <https://benefits.paychex.com> or click **Download Mobile App** from your home page.

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



# Claims Submission Instructions

1. Log in to <https://benefits.paychex.com>, and select Paychex Benefit Account.
2. 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.

3. Click **File Claim**.

4. Fill out all the information to submit the claim.
  - a. Account Type will be a drop down of Medical or Dependent Care depending on what the plan allows and/or if dependents are listed on the account.
  - b. You cannot file a claim without having a valid receipt.
  - c. Receipt upload must be .jpg, .gif or .pdf file type and cannot be larger than 2MB.

5. Click **Add Claim**. This will bring you to your Claims Basket where you can either add more claims or complete the submission process.

Account	Expense Details	Claim Amount	Actions
FSA (01/01/2015 - 12/31/2015)	\$50.00 on 2/1/2015 From Bright Smiles for SCOTT BROWN Dental Copay Payable to SCOTT BROWN	\$52.30	<a href="#">Update</a> <a href="#">Remove</a>

**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 in between login sessions.

- To submit, confirm that you've read the Terms and Conditions, and then click **Submit Claim**.

**Claim Confirmation**

**Claim Successfully Submitted**  
You may print your [Claim Confirmation Form](#) as a record of your submission.

We will process your reimbursement within two business days following the date we receive the required documentation from you.

Account	Claim Details	Receipt Status
FSA (01/01/2015 - 12/31/2015)	\$52.30 on 2/1/2015 From Bright Smiles for SCOTT BROWN Payable to SCOTT BROWN	<a href="#">Uploaded</a> <a href="#">Upload another Receipt</a>

- You may also access a copy of the Claims confirmation form.

You have successfully filed the claim(s) listed below.

We will process your reimbursement within two business days following the date we receive the required documentation from you.

Claim Number	Plan	Date of Service	Provider / Merchant	Recipient	Receipt Amount	Mileage Amount	Receipt Status
S435SS150311P0000101	FSA	2/1/2015	Bright Smiles	SCOTT BROWN	\$50.00	\$2.30	Uploaded
<b>Totals:</b>					<b>\$50.00</b>	<b>\$2.30</b>	

Remember, regardless of which (if any) receipts you are required to submit, you are responsible for retaining a copy of all receipts for three years in the event you or your Pre-tax Account plan are audited by the IRS.

You can check the status of a claim at any time by accessing your Dashboard.

**PAYCHEX ONLINE**

Last Login: 2/18/2015 - Online

Home Accounts Profile Statements & Notifications Tools & Support Dashboard

**Dashboard** View Non-Healthcare

Expense Summary	Total Healthcare Expenses	Total Paid Expenses	Total Unpaid Expenses
	<b>\$180.75</b>	<b>\$71.15</b>	<b>\$109.60</b>

Total Eligible to Submit: **\$0.00**

Date	Expense	Recipient/Patient	Merchant/Provider	Submitted Amount	Status
02/17/2015	Pharmacy	Marcia Brown	Doctor	\$52.30	🔴
02/01/2015	Pharmacy	SCOTT BROWN	-	\$26.15	🟡
02/01/2015	Dental	SCOTT BROWN	Bright Smiles	\$52.30	🔴

**Payment Details**

Claim Number: S435SS150311P0000101	Date(s) of Service: 2/1/2015
Account: FSA	Requested On: 3/11/2015
Expense Category: Dental	Pending: \$52.30
Source: Online	
Receipt Status: Uploaded	
<a href="#">Upload Receipt(s)</a>	<a href="#">View Receipt(s)</a>

Date	Expense	Merchant/Provider	Submitted Amount	Status
01/20/2015	Medical	SCOTT BROWN	\$50.00	🟢

## Online Enrollment Instructions

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

- Log in to your Paychex Benefit Account at <https://benefits.paychex.com>, and select **Paychex Benefit Account**.
- When Open Enrollment is available, you will see the option to **Enroll Now**.

**PAYCHEX ONLINE**

Home Accounts Profile Statements & Notifications Tools & Support Dashboard

I Want To...  
[Enroll Now](#)  
[Manage My Expenses](#)

Available Balance: No active plans available.

**Don't Forget!**  
It's Annual Enrollment Time  
[Enroll Now](#)

**Message Center**  
Download Mobile App  
[Quick View](#)

Contact Us - Call Paychex Benefit Account Services at (877) 244-1771, Toll Free at (877) 244-1771 or Email us at [PaychexBenefitAccount@paychex.com](mailto:PaychexBenefitAccount@paychex.com)

- 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.

**Enrollment**

Are you ready to enroll? [Begin Your Enrollment Now](#)

Enrolling in a Pre-Tax Benefit plan allows you to save Federal, State, Social Security and Medicare taxes on dollars you put into the plan. **You could save approximately 30% on every plan dollar you spend, depending on your tax bracket.**

Review your available plans to find out how to best use these programs. To learn more about the benefits offered, click on the appropriate Plan Description link below.

**FSA** [Plan Description](#)

A Medical Flexible Spending Account (FSA) allows the employee to set aside pretax dollars to pay for medical expenses that are not paid by insurance, the employer, or reimbursed by any other source. The annual election maximum is based on the plan's design. The annual election that the employee determines is irrevocable once the employer's open enrollment period is over unless the employee experiences a status change. The election must be requested for reimbursement for services within the plan year and/or while actively participating in the plan.

**Dependent Care** [Plan Description](#)

A Dependent Care Spending Account allows the employee to set aside pretax dollars to pay for day care expenses for children under the age of 13 or for adult day care for a disabled spouse or other disabled dependent. The IRS rules about what constitutes eligible dependent care expenses apply. A maximum of \$5,000 can be set aside in a Dependent Care Spending Account for each plan year for married couples filing joint tax returns and single head of household tax returns. Married couples filing separate returns are allowed to claim a maximum of \$2,500 each.

**Questions?**  
Contact Paychex Benefit Account Services at: (877) 244-1771 Or toll free at: (877) 244-1771 or [PaychexBenefitAccount@paychex.com](mailto:PaychexBenefitAccount@paychex.com)

- You will then be asked to verify your profile information.

- 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.

- 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**.

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

	Company Contribution	Your Election	Max Employee Election
FSA	\$500.00	1500.00	\$2,550.00
Dependent Care		3000	\$5,000.00
Total election for the year:		\$4,500.00	
Total tax savings for the year:		\$1,350.00	

- Select **Check** or **Direct Deposit** to indicate your secondary reimbursement method. Direct deposit instructions are shown here.



- 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

steps: 1 2 3 4 5 6

You must click submit at the bottom of this page to complete your enrollment.

**Profile** Edit Information

Name: [REDACTED]  
 Address: [REDACTED]  
 Home Phone: [REDACTED]  
 Birth Date: [REDACTED]  
 Gender: [REDACTED]  
 Marital Status: [REDACTED]  
 Email Address: jplilley123@gmx.com  
 Do you have any dependents? Yes

**Dependents** Edit Information

Full Name	Birth Date	Gender	Full Time Student	Relationship
Testing Dependent	1/7/2003	Male	No	Dependent

**Enrollment Elections** Edit Information

	Employee Contribution	Company Contribution
FSA	\$1,500.00	\$500.00
Dependent Care	\$3,000.00	
Total Election for the year:		\$4,500.00

**Method of Reimbursement** Edit Information

You have chosen **Debit Card** as your method of payment.  
 Your alternate reimbursement method is Direct Deposit.  
 Separate debit cards will be issued to the following dependents:  
 No dependent debit cards issued

Submit Cancel

- Your confirmation message will display.

### Enrollment Confirmation

Please print this page for your records.

Congratulations, you have successfully enrolled in the following Benefit Plans. Please Note: Employer Contribution values displayed are at the discretion of your Employer and the value could change. If you have questions on an Employer Contribution, please speak to your Company's Plan Administrator.

Plan	Company Contribution	Employee Contribution
FSA	\$500.00	\$1,500.00
Dependent Care		\$3,000.00

You have elected Debit Card as your reimbursement option. Your alternate reimbursement method is Direct Deposit.

You may begin filing claims for eligible expenses on 4/15/2015. All claims must be filed for expenses incurred while you are a participant, within the plan year 4/15/2015 - 12/31/2015

You will receive a confirmation email with instructions on how to file a claim, check your account balance, and obtain additional information about your pre-tax benefit plans. You can also view this information now by downloading the [Next Steps](#) document.

Print

## Employee Resources Summary

Resources	Description	Employee Website Tab
Flexible Spending Account Deduction Worksheet	Helps participants calculate eligible expenses and how much the FSA deduction will be each pay period.	Tools & Support
Enrollment Form	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.	Tools & Support
FSA Medical Expense Listing	Lists eligible and ineligible FSA expenses for UME.	Tools & Support
Direct Deposit Sign Up Form	Allows Paychex to directly deposit claim reimbursements into participant bank accounts.	Tools & Support
Employee Enrollment Guide	Explains FSA benefits to employees and includes the forms they need to enroll in your plan.	Quick Links

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Paychex Employee Services

877-244-1771