

WELCOME



Congratulations on your recent enrollment in the Flexible Spending Account plan, sponsored by the **City of Seattle**. Flex-Plan Services, Inc. is here to make sure that you get the most out of this valuable benefit. We've outlined some of the administrative details of how your plan works below.

If you have general questions regarding how a Flexible Spending Account plan works, you can visit our website at www.flex-plan.com, or call our customer service center at (800)669-3539. See your Summary Plan Description (available from your employer) for specific details regarding your plan.

ONLINE ACCOUNT ACCESS

To establish your online account, Flex-Plan Services requires your **email address** in advance. Please call them at (425) 452-3500 before setting up your account online if you have not already provided them with an email address on a Benny Card application or direct deposit form.

The online account is available on our website (www.flex-plan.com), select any of the links labeled "Participant" to direct you to the participant information page. From here you can access your account by choosing "Manage My Account". First time users will click "Register with Flex-Plan.com."

To register for online account access you will be requested to provide the following information:

- Last Name, First Initial
- E-mail Address (as noted above, FPS must already have your email address in their system).
- Company Code: **CS1**
- Choose a User Name
- Date of Birth

Do not forget to review and accept the "Terms and Conditions". Shortly after registering for online access you will receive an email confirmation with a temporary password.

CUSTOMER SERVICE

Dedicated customer service agents are available to answer your inquiries, Monday through Friday, 7:00 am to 5:00 pm (Pacific Time). You can reach our customer service at (425) 452-3500 or toll-free at (800) 669-3539. Customer service inquiries can also be sent by email to flexplan@flex-plan.com.

PLAN YEAR

The dates of service for your eligible expenses must be during the plan year, **January 1, 2014** through **December 31, 2014** and while you are an active participant in the plan. Any expenses incurred prior to your effective date or after your termination date cannot be reimbursed.

CARRYOVER

Your plan offers a carryover feature for your health FSA. This feature allows you to roll over up to **\$500.00** of unused health FSA funds to the following plan year. Unused funds from the **January 1, 2014** through **December 31, 2014** plan year will be applied to the 2015 plan year following the end of the claims run-out period. The carryover feature does not apply to unused daycare FSA funds.

CLAIMS & REIMBURSEMENTS

A claim form is enclosed for your convenience. This form must be used when submitting a claim. We suggest making additional copies of the form for use throughout the year. Some other things to keep in mind:

- You may submit claims for reimbursement using one of the following methods (use only one method per submission):
 - Fax – (800)535-9227
 - Mail – PO BOX 532250
Bellevue, WA 98015
 - Email – claims@flex-plan.com
 - Online – www.Flex-Plan.com
- Submit your request for reimbursement at least two (2) full business days prior to your reimbursement date.
- For Day Care FSA claims: this benefit is not pre-funded so we can only reimburse your claim up to the balance available at the time your claim is processed.
- All claims must be submitted prior to the end of the claim filing period. Under this plan, you'll have until **(March 31, 2015)** to submit 2013 claims. Claims postmarked after this date cannot be accepted.

Reimbursements will be mailed to your home or initiated to be deposited into your bank account on Wednesdays.

We look forward to serving you in the upcoming year.

Flex-Plan Services, Inc.



Flexi-Card Employee Overview

*Your company has included the Flexi-Card with your benefit. You will receive your card within 1-2 weeks after enrollment has been processed. **Flex-Plan will reload your Flexi-Card with your annual benefit each year you elect a Flexi-Card. You will not receive a new card until your card expires.***

Your Flexi-Card provides several benefits:

- ✓ Your expense is paid directly from your plan to the provider. When using your Flexi-Card, you will no longer have to pay for items out of pocket and wait for reimbursement.
- ✓ Best of all, we will automatically clear copays or items purchased at participating Inventory Information Approval System (IIAS) retailers that only allow you to purchase eligible items with your card. The IIAS Participating Retailers list can be located at <http://www.flex-plan.com/news.aspx> under Flexi-Card Information.
- ✓ We always recommend that you **save your documentation**.

Using your Flexi-Card is simple:

1. Use the Flexi-Card at your provider just like you would any other credit/debit card. Be sure to save a copy of the bill, statement, invoice or receipt. This documentation must clearly show the **specific date, type and cost of service or product**. (The credit card slip alone does not contain sufficient information.)
2. You will receive an email notification requesting documentation for any charges that require substantiation.
 - If all of the charges were cleared by the copay matching system then you will not receive an email notification.
3. Submit documentation to Flex-Plan Services via the online substantiation tool, our Flexi Mobile app, email, fax or mail.
 - Remember, only the charges specifically listed as action required on your online statement require substantiation, the remainder have either been cleared by our copay matching system or have not yet been settled and will show up after your next notification.
 - If you would like to see a listing of all charges made to your account, even those cleared by the copay matching system, you can view your [Online Statement](#) by visiting our website. (www.flex-plan.com)
4. In the event that there are unresolved charges after 60 days, your card will be temporarily suspended pending the substantiation of your remaining charges.

Miscellaneous Items:

- ✓ Items that are not substantiated may be deducted from your salary.
- ✓ The card deducts funds from your current plan only. You will not be able to access prior plan year funds with your Flexi-Card. To access prior plan year funds you will have to submit claims manually for reimbursement.
- ✓ If you do not re-elect for another plan year, your card will be closed. You will have to submit claims manually for reimbursement.
- ✓ There is a \$5.00 reissue fee for lost or stolen cards, and additional cards requested.
- ✓ We **ALWAYS** recommend that you keep your receipts.

Over-the-counter ("OTC") medicines and drugs are no longer eligible under an FSA or HRA unless you have a prescription from a licensed health care professional. OTC medicines or drugs include items such as Advil, Tylenol, allergy medicine, antacid, etc. You will not be able to purchase these items with your Flexi-Card. Items that are not OTC medicines or drugs (band-aid, gauze, saline solution, reading glasses etc.) are still eligible without a prescription and may be purchased with your Flexi-Card.

CITY OF SEATTLE

FLEXIBLE SPENDING ARRANGEMENT CLAIM FORM

FOR PLAN YEAR JANUARY 1, 2014 through DECEMBER 31, 2014

Section I – Employee Information

Last Name, First Name _____ MI _____ Day Phone _____ Address _____ City _____ St _____ Zip _____ <input type="checkbox"/> Address Change	Employee SSN _____ Email* SEE INFORMATION BELOW _____
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Instructions

1. Complete Section I – Employee Information. This form can only be used for services incurred during the plan year shown above. Do not use this form for Flexi-Card transactions.
2. **Do not staple any documentation to claim form, please tape to separate sheet or include loosely in envelope. Do not send originals (all claims are stored electronically and paper copies will be shredded).**
3. Complete Section II – Day Care Claims. Attach proper third-party documentation showing the date(s) of service, type(s) of service, cost of service, dependent's name, and provider's name and tax ID or social security number (No cancelled checks, balance forwards, or bank card receipts).
4. Complete Section III – Health Care Claims. Attach proper third-party documentation showing the date(s) of service, type(s) of service and cost (No cancelled checks, balance forwards, or bank card receipts). Itemize all expenses to prevent delays in reimbursement.
5. Complete Section IV - Signing the claim form. Fax or mail a signed claim form, but do not do both. Online claims status is available at www.flex-plan.com. Claims must be submitted at least two (2) full business days prior to the scheduled reimbursement date.

Section II – Day Care FSA

Start Date	End Date	Provider's Name, Tax ID/or SSN	Name of Dependent	Age	Cost
See IRC Section 129 for qualifying Day Care expenses or consult your tax advisor for more information.			Total Day Care FSA Request \$		

Section III – Health Care FSA

Service Dates	Type of Service	Name of Provider	For Whom	Net Cost	Flexi-Card Offset? (Y/N)
Did you use your Flexi-Card for any of these expenses?			<input type="checkbox"/> No <input type="checkbox"/> Yes		
See IRC Section 213 for qualifying Health Care expenses or consult a tax advisor for more information.			Total Health Care FSA Request \$		

Section IV – Signature

To the best of my knowledge my statements on this claim form are complete and true. I understand that I am solely responsible for the sufficiency, accuracy, and veracity of claims and all information related to these claims submitted to my Health Care ("HCFS") or Day Care Flexible Spending Arrangement ("DCFSA"), and that unless an expense for which payment or reimbursement is claimed is a proper expense under the HCFS or DCFSA which relate to such expense. I further understand that no day care tax credit is permitted for amounts for which reimbursement is made. I am claiming health care reimbursement for eligible medical care expenses incurred by myself, spouse, and/or dependents during the plan year shown above and certify that these expenses have not been reimbursed under this plan or by any other source and that they will not be reimbursed by any other source or insurance. *By providing an email address, I consent to receive all possible communications regarding the Plan via email. I may withdraw consent at anytime without charge by contacting Flex-Plan by phone, email, or mail. To update your email address contact Flex-Plan by phone, email, or mail. You have the right to receive paper version of an electronic document free of charge. Software requirements will be provided with each electronic document. I hereby authorize my HCFS and/or DCFSA to be reduced by the amount(s) shown above.

Participant's Signature X _____	Date _____
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Fax completed form and documentation to:
FAX: (425) 451-7002 or toll-free (866) 535-9227

Email:
claims@flex-plan.com

Mail forms and documentation to: Flex-Plan Services, Inc.
PO Box 53250 Bellevue, WA 98015-3250

Customer Service Line: (425) 452-3500 or (800) 669-FLEX Visit our Web site at www.flex-plan.com

CITY OF SEATTLE

FLEXI-CARD / DIRECT DEPOSIT AUTHORIZATION FORM

Employee Information

Last Name, First Name		Employee SSN or ID	
Address	City	St	Zip
<input type="checkbox"/> Address Change			
Email - REQUIRED FOR FLEXI-CARD ISSUANCE		DOB (MM-DD-YYYY)	

Flexi-Card Enrollment

Flexi-Card A debit card that pays for your qualifying medical expenses from the Health Care FSA	There is no cost for you to receive the Flexi-Card. You must provide an email address to use the Flexi-Card. By checking YES I acknowledge that I have read the entire form and agree to allow my employer to deduct improper expenses charged to the card from my wages.
<input type="checkbox"/> YES, I authorize Flex-Plan Services, Inc. to issue a Flexi-Card for my Health Care FSA Benefit for this plan year.	
X _____ Employee Signature	_____ Date
If you would like to order a card for your eligible spouse or dependent please indicate their relationship to you and provide their name as it should appear on the card: <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent _____ <div style="text-align: center; margin-top: -10px;">Last Name, First Name</div>	

Direct Deposit Authorization

IMPORTANT: If your Direct Deposit information was provided when you enrolled this year, there is no need to complete this form. However, if your Direct Deposit information has changed, or if you did not provide Direct Deposit information during enrollment, use this form to elect direct deposit for reimbursements.

Direct Deposit Reimbursements are electronically deposited into your bank account.	<input type="checkbox"/> Checking Routing # _____ <input type="checkbox"/> Savings Account # _____
This authority will remain in full force and effect until Flex-Plan Services, Inc. has received written notification from me of its termination in such time and in such manner as to afford Flex-Plan Services, Inc. and the banking institution a reasonable opportunity to act on it.	
<input type="checkbox"/> YES, I authorize Flex-Plan Services, Inc. to electronically deposit my FSA reimbursements into the above specified bank account.	
X _____ Employee Signature	_____ Date

Fax completed form and documentation to:
 FAX: (425) 233-6366 or
 toll-free (866) 535-9227

Email:
 election@flex-plan.com

Mail forms and documentation to:
 Flex-Plan Services, Inc.
 PO Box 53250 Bellevue, WA 98015-3250

Customer Service Line: (425) 452-3500 or (800) 669-FLEX Visit our Web site at www.flex-plan.com

**Please read reverse for important information regarding
Direct Deposit and the Flexi-Card.**

Direct Deposit

Rules & Instructions

- All direct deposits will be initiated on the same day as the normal check reimbursement date. Deposits may take up to two (2) business days to appear in the designated account.
- Returned items due to incorrect banking information are assessed a \$10.00 fee.

Flexi-Card

Rules & Instructions

- Please be sure to include an email address above or no cards will be issued.
- Flexi-Cards are good for 3 years; at expiry you will automatically receive a new set of cards.
- Flexi-Cards will be loaded ONLY with the new-year annual election amount and may only be used for expenses that are incurred during the current plan year. If you have unused funds from the previous plan year or if the plan offers a Grace Period, you may not use the Flexi-Card to claim those funds. You will need to submit a manual claim for reimbursement.

Ineligible Flexi-Card Expenses

- The IRS provides the following 3 methods for correcting the reimbursement of an ineligible Flexi-Card Charge. A participant must: a) repay the plan for the amount of the ineligible expense, or b) request the substitution or offset of future claims to repay the plan. If neither option "a" nor "b" is successful the final option illustrated by the IRS permits the employer to deduct the ineligible expense from the participant's wages or other compensation consistent with federal and state law.
- For example, if you use the card for an ineligible expense the card will be suspended to prevent further use. We will reactivate the card once you reimburse the plan for the amount of the ineligible expense. If you do not reimburse the plan the card will remain suspended. You may still submit claims via fax or mail and, upon request, we will substitute or offset those future claims against the amount of the ineligible expense until the amount of the ineligible expense is repaid. If you do not repay the plan or substitute or offset future claims against the amount of the ineligible expense your employer may withhold the improper payment amount from your wages or other compensation consistent with applicable federal or state law.

Lost or Stolen Flexi-Card

- Participant will be charged \$5.00 for the reissue of any lost, stolen, or otherwise misplaced Flexi-Card. The fee will be deducted from the participant's Health Care FSA.