

## Gilsbar Welcome Letter

Thank you for choosing to participate in the Health Care or Dependent Care FSA. Your FSA plans are administered by Gilsbar, Inc.

**Your Gilsbar group number is S2652 (actual group # for Iredell County Government)**

**Access the MyGilsbar.com Website to Manage your Account 24/7!**

- |  |   |
|--|---|
| <input checked="" type="checkbox"/> View plan year balance                     | <input checked="" type="checkbox"/> Obtain claim forms              |
| <input checked="" type="checkbox"/> Set up or edit ACH/Bank Draft information* | <input checked="" type="checkbox"/> Set up email messaging          |
| <input checked="" type="checkbox"/> Check claim status                         | <input checked="" type="checkbox"/> View payments and payment dates |
| <input checked="" type="checkbox"/> View claim/ receipt images within 24 hours | <input checked="" type="checkbox"/> File appeals to denied claims   |

*\*To participate in the FSA Direct Deposit (ACH / Bank Draft) a valid email address is required.*

**It's easy to get started:**

**Step 1: After your effective date, go to [www.mygilsbar.com](http://www.mygilsbar.com) and register as a new participant.**

You will complete a brief registration form to register with a valid email address and your group number.

**Step 2: Once logged in, click on a selection under the FSA and HRA sections in the left navigation bar.**

If you are a first time user, you will be prompted to enter your email address to sign up for our Reimbursement Account Center email service. This is an important step to ensure you will receive email updates when:

- a. A claim is received
- b. The claim/receipt images are ready to view online
- c. The claim is processed and posted for payment

**Step 3: Click the Accounts tab at the top to confirm that your annual election(s) and address are accurate.** Contact us with any discrepancies.

**Step 4: Confirm that your ACH/Auto Bank Draft information is entered and accurate,** (or to set up direct deposits into your bank account) click the **Profile** tab at the top and click **Edit** under the **Your ACH** section. To update your email address, click **Edit** under the **View / Edit Your Profile** section.

<p><b>For Fastest Processing, FAX Claims and Receipts to: 1.866.635.1329</b></p> <p>Mail Claims and Receipts to: Claims Processing Center PO Box 25123 Lehigh Valley, PA 18002-5123</p> <p><b><i>(Please keep your originals)</i></b></p>	<p><b>Customer Contact Center</b></p> <p><b>7:00 AM – 7:00 PM Central Time</b></p> <p><b>Phone: 1.800.445.7227 ext. 883</b> <b>Email: <a href="mailto:flex@gilsbar.com">flex@gilsbar.com</a></b></p> <p>(Please do not email claims/receipts)</p>
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## ***Gilsbar Health Care Flexible Spending Account***

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***Plan Year: July 1, 2013 - June 30, 2014***

- ***Healthcare Choice Flexible Spending Account Maximum: \$2,500.00***
- ***Healthcare Choice Flexible Spending Account Minimum: \$240.00***
- ***Waiting Period: 1st of the month following 30 days of employment***
- ***Run Off Period: 90 days following the end of the plan year to file for services rendered during the plan year***
- ***FSA is not available for Health Savings Account participants***

**REMINDER:** The Internal Revenue Service (IRS) requires review of all receipts for eligible expenses in a FSA, including debit card transactions and over the counter drugs. As a reminder, participants should keep all of their receipts for the entire plan year in the event that Gilsbar ask for documentation or the IRS requests a copy of a receipt.

Flexible Spending Accounts allow you to use pre-taxed dollars towards health care expenses such as prescription and over-the-counter medication (with a prescription or letter of medical necessity), certain medical procedures, copays, and more. With Flexible Spending Accounts (FSA), you can save a significant amount of money on your health and day care expenses using a Health Care and/or Dependent Care Flexible Spending Account (FSA). The frequently asked FSA questions below will help you understand how to make the most of this program and your paycheck.

### ***General questions regarding Health Care and Dependent Care Accounts:***

#### **What is an FSA?**

Provided by your employer, an FSA is a reimbursement account that allows you to set aside a certain amount of each paycheck, pre-tax, to help pay for your out-of-pocket medical expenses and/or dependent day care expenses. The amount you elect is deducted from gross earnings before federal and state taxes are calculated. By using your FSA to pay for qualified expenses you save on income tax...which means your take home pay increases!

#### **Will I pay taxes on the money I set aside?**

No. FSA contributions and reimbursements are exempt from Federal Income taxes, Social Security (FICA) taxes, and in most cases, state income taxes.

#### **What kind of savings can I realize by participating in this program?**

Actual savings depend on your tax bracket, but most people will save about 30% on their eligible health care and dependent care expenses.

#### **Can I submit expenses I incurred before the beginning of the plan year?**

No. Only expenses incurred during the plan year and while you are a participant are eligible for reimbursement.

**How long do I have to file a claim with Gilsbar after the plan year ends?**

You have a grace period (90 days) after the end of the plan year to submit expenses incurred during the plan year.

**Can I change the amount of my election(s) in the FSA program during the plan year? (i.e. my glasses cost more than I anticipated, I miscalculated my daycare expenses for the year)**

Generally, you may not change your FSA elections during the Plan Year.

However, you may change during the annual enrollment period for the coming Plan Year. There is an exception to this rule: you may change or revoke your deferral rate in the FSA if you have a Change in Dependent Status. Examples of a qualifying status change may include:

- Marriage, divorce, or legal separation
- Birth, adoption or placement for adoption of a child
- Death of a dependent or spouse
- Change in employment status of yourself or your spouse
- A significant change caused by a third party in the cost of your dependent care coverage

*(You have 30 days from the date of the qualifying event to request a change to your FSA election. This must be done in writing to your County Human Resources Department).*

**If I terminate employment, or participation in the FSA, what happens to the money left in my account(s)?**

You will be reimbursed only for expenses incurred prior to your termination date, and submitted within the termination grace period. Any money remaining in your account(s) after the grace period will be forfeited.

**Can I view my FSA balances online?**

Yes! Visit [myGilsbar.com](http://myGilsbar.com) and login to access claims information and FSA balances online. Once you are logged in, select the FSA and HRA links on the left side of the screen to view your account balances. If you are new to myGilsbar, complete the brief site registration to login. You will need your group number, social security number, and a valid email address to complete this section.

**What if I have a question?**

If you have any questions regarding your account balance, claim reimbursement or eligible expenses, you can access your account information at [myGilsbar.com](http://myGilsbar.com) or you can call our Customer Contact Center at 1.800.445.7227 ext. 883.

## How does participating in an FSA save me money?

The following example illustrates how a FSA saves you money. This example shows the per pay period savings for an employee on a bi-weekly payroll, with a tax status of "single" with one exemption:

	With FSA	Without FSA
Salary	\$1000	\$1000
Less Pre-Taxed Dollars:		
Health Care Reimbursement	\$100	\$0
Dependent Day Care Reimbursement	\$150	\$0
Taxable Income	\$750	\$1000
Less:		
Federal Income Tax	\$82.00	\$121.00
State Income Tax	\$17.58	\$23.44
Social Security	\$57.37	\$76.50
Net Take Home Pay	\$593.05	\$779.06
Less Health Care & Dependent Care Expenses	\$0.00	\$250.00
Net After Expenses	\$593.05	\$529.06

Tax Savings This Pay Period: \$63.99  
Annual Tax Savings: \$63.99 X 26 pay periods = \$1,663.74

The Health Care FSA is simple! Provided by your employer, a Health Care FSA is a reimbursement account that allows you to set aside a certain amount of each paycheck, pre-tax, to help you pay for your out-of-pocket medical expenses. The amount you elect is deducted from gross earnings before federal and state taxes are calculated. By using your FSA to pay for qualified medical expenses you save on income tax... which means your take home pay increases.

### **How does the Health Care FSA Work?**

With a Health Care FSA, you must decide on your contribution amount at the beginning of the plan year. The amount you designate will be equally divided between pay periods. To estimate the out-of-pocket expenses that you, your spouse, and your dependents may incur, consider any standard co-pays, prescriptions, office visit, and over-the-counter medications (with a prescription or letter of medical necessity) and planned medical expenses, i.e. braces or LASIK eye surgery. An expense worksheet has been provided at the end of this section to help you determine the amount of money to allocate to your Health Care FSA.

The IRS requires you to forfeit any money that is left in the FSA at the end of the year. Generally, it is better to underestimate the expenses and pay a little extra tax than to overestimate expenses and forfeit money. To help avoid forfeitures, you will receive a notice of your balance prior to the end of each year.

You can access balance information online 24/7 via myGILSBAR.com. Select the "Reimbursement Account Center" link on the left side of the screen to view your balances. Once you decide how much you want to contribute each paycheck, the money is automatically deposited into your account. As you incur eligible expenses, fax your completed claim form and receipts to Gilsbar for reimbursement.

### **What is eligible for reimbursement under the Health Care FSA?**

Eligible health care expenses may include deductibles, co-payments and amounts over the maximum your plan pays, expenses for routine physicals and other expenses not covered by your health care plan. For more complete listing please refer to the "Qualified Medical Expenses Eligible for Reimbursement" list below.

### **How do I get reimbursed?**

For reimbursement of expenses covered under a health care plan:

- Ensure your expenses are submitted to your health carrier
- If you also have coverage through a spousal plan, you must submit your expenses to both carriers before you submit your expenses for FSA reimbursement
- Once processed by your health carrier(s), complete the Health Care Expense Claim form and attach a copy of the "Explanation of Benefits" showing the unpaid expenses
- For reimbursement of expenses not covered under a health care plan: (i.e., over-the-counter medicines) Complete the Health Care Expenses claim form and attach itemized bills for the expense

**FAX CLAIMS AND PROOF OF EXPENSE TO 866.635.1329**

**How much will be reimbursed?**

When you submit a health care expense, you will be reimbursed for eligible expenses claimed up to the maximum amount you elected for the plan year, minus any previous reimbursements.

**Can I use my Health Care FSA for my family's expenses?**

Eligible health care expenses incurred by you, your spouse, or any dependent that you claim as a dependent on your income tax returns are allowable for reimbursement.

**If I don't have any medical insurance through my company, can I still participate in the Health Care FSA?**

Yes. Out-of-pocket expenses for you and your dependents are eligible for reimbursement whether or not you are insured through your company. Health related expenses are reimbursable for your dependents, if you claim them as a dependent on your income tax returns (this definition of a dependent may be different than that used for your health insurance plan).

**Is there anything I have to keep in mind when it comes time to file my taxes?**

Expenses payable through your benefits program (or your spouse's, if applicable) are not eligible for reimbursement under the Health Care FSA. In addition, expenses reimbursed through your Health Care FSA cannot be claimed as a deduction on your income tax returns.

**I am covered under both my health insurance plan and my spouse's. Do I have to submit medical expenses to both plans before I can file for reimbursement from my Health Care FSA?**

Yes. IRS regulations do not permit reimbursement of expenses through the FSA that would otherwise be covered under your health insurance plan. Expenses should first be submitted to your health insurance plan(s), then send any remaining unpaid claims to Gilsbar for reimbursement.

**If I have a question about my account, what should I do?**

If you have any questions, you can access your account information 24/7 at [myGilsbar.com](http://myGilsbar.com), or you can call Gilsbar's Customer Contact Center at 1.800.445.7227 ext. 883.

The following is a brief summary of information and is intended to serve as a quick reference to help determine whether or not an expense may be eligible for reimbursement. This list is not all-inclusive. This information is not tax advice. Tax advice should be obtained from a professional tax advisor.

**Qualified Medical Expenses Eligible For Reimbursement:**

Acupuncture	Guide dog	Orthopedist
Alcoholism Treatment	Gynecologist	Osteopath
Ambulance	Healing service	Over-the-counter medications **
Anesthetists	Hearing aid and batteries	Oxygen
Artificial limbs	Hospital bills	Paid-for medical care service
Birth control pills (by prescription)	Hydrotherapy	Pediatrician
Blood tests	Immunizations	Physician
Braces	Insulin treatments	Physiotherapist
Braille books and magazines	Lab tests	Postnatal treatments
Cardiographs	Lead paint removal	Practical nurse
Chiropractor	Legal fees (to authorize treatment for a mental illness)	Prenatal care
Christian Science Practitioner	Lodging away from home for outpatient care	Prescription medicines
Contact lenses	Medical services	Psychiatrist
Contraceptive devices	Medical Testing	Psychoanalyst
Convalescent home (for medical treatment only)	Metabolism tests	Psychologist
Crutches	Neurologist	Psychotherapy
Dental treatment	Nursing (including board and meals)	Radium Therapy
Dental x-rays	Obstetrician	Registered nurse
Dentures	Operating room costs	Special School
Dermatologist	Ophthalmologist	Spinal fluid tests
Diagnostic fees	Optician	Splints
Drug addiction therapy costs	Oral surgery	Sterilization
Drugs (prescription)	Organ transplant (including donor's expenses)	Stop smoking programs
Equipment (medical)	Orthodontist	Surgeon
Eye exams and eyeglasses	Orthopedic shoes	
FICA and FUTA tax for the handicapped		

\*\* Prescription required as of January 1, 2011.

Telephone equipment to assist the hearing impaired	Transportation expenses relative to health care (Mileage is eligible for the miles driven to and from the doctor's office. The amount that can be reimbursed is twenty-three (23) cents per mile.)	Vasectomy
Television equipment for the hearing impaired	Ultra-violet ray treatment	Vitamins (if prescribed)
Therapy equipment	Vaccines	Weight loss programs* (not food)
Transplants (organ)		Wheelchair
		X-rays

\* May require additional substantiation (documents of medical necessity)

### **Expenses Not Eligible For Reimbursement**

Any expense not considered "medically necessary" by the IRS	Electrolysis	Laetrile
Any expense for your general health, even if your doctor prescribes the program	Face lifts	Liposuction
Babysitting and childcare	Food	Marijuana used medically
Bleaching teeth (cosmetic)	Funeral, cremation, or burial expenses	Maternity clothes
Cosmetic surgery	Hair transplants	Personal use items
Dancing lessons	Health club membership dues	Prescription drugs considered cosmetic
Diaper service	Household help	Rogaine
Dietary supplements	Illegal operations and treatments	Swimming lessons
	Insurance premiums	Vitamins



## ***Over the Counter Drugs***

***Participants are required to have a prescription for Over-the-Counter (“OTC”) products to be eligible under their FSA plan.***

The following is a brief summary of information and is intended to serve as a quick reference to help determine whether or not an expense may be eligible for reimbursement. This list is not all-inclusive. This information is not tax advice. Tax advice should be obtained from a professional tax advisor. IRS Publication 502 can be ordered from the **IRS 1-800-TAX-FORM (1.800.829.3676)**.

## **Drug/Medicine**

Allergy Prevention & Treatment	First Aid Supplies
Antacids and Acid Reducers	Hemorrhoid Treatments
Anticandial	Internal Analgesics / Antipyretic
Antihistamines	Incontinence Supplies
Anti-diarrheal and Laxatives	Liniments
Anti-fungal	Medical Monitoring
Anti-itch Lotions and Creams	Medical Products and Devices
Asthma	Menstrual Cycle Medications
Cold Sore / Fever Blister	Migraine
Condoms and other contraceptive Devices	Motion Sickness Medication
Contact Lenses Solutions	Nicotine Gum or Patches and Smoking Cessation Aids
Cough Suppressants	Pediculicide (head lice)
Decongestant / Nasal Decongestant and Cold Remedies	Smoking Cessation
Diaper Rash Ointments	Toothache/Teething Pain Relievers
Eye Drops for Allergy / Cold Relief	Wart Removal and Medications

## Health Care FSA Expense Worksheet

This worksheet has been prepared to help you determine the amount of money you wish to allocate to your Health Care FSA. You may want to review your checkbook register or credit card statements from last year to identify medical expenses you paid out of your own pocket. Compare last year's typical expenses to those eligible under your Health Care FSA and budget accordingly for the upcoming year, keep in mind to only budget for those expenses specifically eligible under your Health Care FSA.

### HEALTH CARE EXPENSES YOU PAID LAST YEAR COULD INCLUDE:

Deductibles	
(medical and dental)	\$ _____
Benefit percentage/co-insurance	
(The amount NOT paid by your insurance)	\$ _____
Amounts paid over plan limits	
Over reasonable and customary allowance	\$ _____
Over psychiatric limits	\$ _____
Over private room allowance	\$ _____
Expenses NOT covered by your insurance plan	
Physicals	
Prescription drugs	\$ _____
Over-the-counter medications	\$ _____
Vision care	\$ _____
Hearing expenses	\$ _____
Psychiatric care	\$ _____
Dental and orthodontic care	\$ _____
Assistance for the handicapped	\$ _____
Therapy/treatments	\$ _____
Physician's fees/services	\$ _____
Medical equipment	\$ _____
Miscellaneous charges	\$ _____
My out-of-pocket health care	
(expenses last year)	\$ _____

## **Flex Debit Cards**

### **How does the FSA Debit Card work?**

Shortly after the start of the plan year you will receive your FSA Debit Card to use for your eligible medical expenses. If you are a current participant, your card will reflect the new plan year contribution amount on the new effective date of the plan. As you incur expenses, use your FSA Debit Card to have the funds taken directly out of your account so you don't have to pay with cash out of your pocket.

### **Where can I use my FSA Debit Card?**

Your FSA Debit Card will only be accepted at authorized vendors that have the appropriate merchant codes, such as medical clinics, hospitals, dental offices, vision care centers and pharmacies.

### **If I use my FSA Debit Card, is verification of claims still required?**

Per IRS requirements, verification of claims is required for all debit card transactions. A large portion of debit card transaction can be verified using one of the IRS' approved electronic methods; however, not all transactions can be verified electronically. For any expense that cannot be verified electronically, you must provide supporting documentation upon request in the form of an itemized bill or receipt to Gilsbar. Verification should include the patient name, date of service, description of services rendered, cost and patient liability. If Gilsbar does not receive verification within 30 days of the date requested you will be asked to return the un-verified amounts to your employer, or they may be counted as taxable income to you.

### **Are there special rules that are related to prescriptions, over-the-counter (OTC) products, and vision expenses incurred at retail merchants?**

As of January 1, 2011, Over the Counter (OTC) are only eligible with a prescription. You must submit the prescription with the receipt for reimbursement.

### **Can I use my FSA Debit Card for eligible Dependent Care expenses?**

No. Your FSA Debit Card may not be used to pay for eligible Dependent Care expenses. Your card will only be accepted at authorized vendors that have the appropriate merchant codes, such as medical clinics, hospitals, dental offices, vision care centers and pharmacies.

### **What happens if the FSA Debit Card is used for an ineligible expense?**

Gilsbar will review all charges and determine if the card was used for an ineligible expense, according to IRS guidelines. If it was, we will notify you for repayment of the invalid amount. Failure to repay within 30 days of the request can result in the loss of your debit card privileges.

### **What should I do to pay for an expense that is more than my account balance?**

You should tell the merchant to swipe your card for the amount equal to what is left in your account, then use another payment method to pay the remaining balance.

# FSA Substantiation

## Documenting & Submitting Proof of FSA Eligible Purchases

### FREQUENTLY ASKED QUESTIONS:

#### **Previously, I never received notices asking for debit card receipts. Why am I now getting these notices?**

The IRS changed the rules regarding how debit cards need to operate for an FSA. These rules took effect on January 1, 2008. According to the new rules, there are five basic requirements that must be met for you to use a debit card for your FSA. These requirements are:

- Participants must provide certification each year that they will only use the debit card for FSA eligible items. This is done during the enrollment process.
- The participant must retain all receipts for all transactions.
- 100% of the debit card transaction must be reviewed by a third party to ensure that the items purchased are FSA eligible.
- Sampling or employee “self-certification” is not allowed for an FSA.
- Debit cards can only be used at locations that are medical service providers or provide point of purchase review.

Fortunately, in the new rules, the IRS defines several electronic substantiation methods that we can follow to help with the adjudication process. These methods are:

- Co-pay Match – If a transaction equals a co-pay amount or multiples of co-pay amounts under the health plan, no additional information is needed to support a card transaction.
- Recurring Expense – For transactions that were previously substantiated, recurring expenses will also be considered substantiated provided they are incurred with the same provider at the same location for exactly the same amount.
- Real-Time or Merchant Substantiation – If a transaction can be matched against real-time data at the point of purchase identifying it as a medical expense, no additional substantiation is needed.

All in all, with the new rules, about 72% of all debit card transactions fit one of the electronic substantiation categories listed above. Meaning, Gilsbar is asking for detail on about 28% of all debit cards transactions.

#### **Why does the IRS have these rules? Isn't it my money?**

Yes, the money that you put into an FSA is your money; however, in order to receive this money WITHOUT paying taxes you must follow the rules that the IRS has provided for the receipt of an FSA pre-tax reimbursement. At the present time, these rules require all administrators to verify that the money in the FSA is being used for medical care purposes.

#### **What should I do if I receive substantiation letters?**

You should sign and return these notices to Gilsbar when you submit your receipts, and keep a copy of these letters for your records. Remember, you can mail or fax your receipts and forms to Gilsbar:

*Mail: Employee Reimbursement Center/P.O. Box 25123 /Lehigh Valley, PA 18002-5123 / Fax: 1.866.635.1329*

**What are acceptable forms of substantiation?**

Acceptable forms of substantiation include: Explanation of Benefits (EOBs) and register and/or provider receipts showing the date, item bought and dollar amount charged. Credit card receipts are not acceptable forms because they do not provide the specific item purchased; therefore, Gilsbar cannot determine if the expense was an FSA eligible item.

**Is it a requirement that providers, pharmacies, hospitals, etc. provide a receipt with service?**

No, it is not a requirement that they provide a receipt, but we suggest you always ask for and collect a receipt from medical providers and facilities. If you are ever audited by the IRS, they will require these receipts for validation of purchases.

**In addition to sending my receipts to Gilsbar, should I also keep copies of my receipts?**

Because FSAs are federally regulated accounts, we do encourage you to practice good record-keeping habits. Just like you track other items for tax purposes each year, consider your FSA documentation just as important. It is our recommendation that you keep these receipts for your personal records in addition to sending to Gilsbar.

Here are a few organization and record-keeping suggestions:

- Designate a folder to keep copies of only your FSA eligible receipts.
- In this same folder, keep copies of any information you receive from your employer or Gilsbar regarding FSAs. This includes marketing pieces, letters, or notices you may receive.
- Register on myGilsbar.com and start utilizing the Reimbursement Account Center to stay informed and up-to-date on your account. The reimbursement account center allows you to access the following:

- Available balance
- Submitted claims
- Pending claims
- Payments received
- Lists of eligible expenses
- Downloadable forms
- And much more!

**I thought purchases at certain vendors were automatically substantiated and considered approved purchases?**

As of January 1, 2009, no additional substantiation is required for debit card transactions that are approved at the point of sale by merchants (specifically pharmacies) who have adopted the Inventory Information Approval System (IIAS). The IIAS system compares the SKU on the item being purchased to a list of FSA eligible items sold at the store. When a FSA debit card is used, the pharmacy will only allow the card to pay for the FSA eligible items and any non-FSA eligible items will need to be paid for using an alternative method of payment. If merchants have not adopted this system, FSA debit cards might not work at their places of business. Until then, providing copies of receipts, even pharmacy purchases, is still required.

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## ***Gilsbar Dependent Care Flexible Spending Account***

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***Plan Year: July 1, 2013 - June 30, 2014***

- ***Dependent Care Flexible Spending Account Maximum: \$5,000***
- ***The debit card cannot be used with the Dependent Care account***

The Dependent Care FSA helps you pay for child care services which make it possible for you and your spouse (if applicable) to work. It also may be used to help pay for the care of a disabled spouse or dependent.

The Dependent Care FSA creates tax savings on up to \$5,000 of daycare expenses. That can mean \$1,500 in tax savings enough to pay for weeks of eligible child or adult daycare!

### **How Does a Dependent Care FSA work?**

A Dependent Care FSA is a reimbursement account that allows you to set aside a certain amount of each paycheck on a pre-tax basis to pay for your eligible dependent day care expenses. The amount you elect at the beginning of each plan year, is deducted from your gross earnings before federal and state taxes are calculated. By using your FSA to pay for qualified expenses you save on income tax...which means you have more money in your pocket!

To estimate your dependent care expenses, consider your expenses from last year. An expense worksheet is provided at the end of this section to help you determine the amount of money to allocate for your Dependent Care FSA. Remember, the IRS requires that all money in your account be used during the plan year. You can access balance information 24/7 online via [myGilsbar.com](http://myGilsbar.com). Select the "Reimbursement Account Center" link on the left side of the screen to view your balances.

### **Am I eligible to use the Dependent Care FSA?**

To be eligible, you must be at work during the time your eligible dependent receives care. You must also meet one of the following eligibility guidelines:

- You and your spouse are both employed;
- You are a single parent;
- Your spouse is a full-time student at least five months during the year while you are working;
- Your spouse is physically or mentally unable to provide his/her own care; or
- You are divorced or legally separated and have custody of your child most of the time even though your former spouse may claim the child for income tax purposes.

### **Who is an eligible dependent?**

An eligible dependent is defined as any person who can be claimed as a dependent for federal tax purposes and who:

- Is a child under 13 years of age;
- Is a child over the age of 13 who is physically or mentally incapable of caring for himself or herself;
- Is your spouse who is physically or mentally incapable of caring for himself or herself,
- An elderly parent who resides with you and is physically or mentally incapable of caring for himself or herself.

### **What expenses are covered?**

Eligible dependent care expenses are those which allow you and your spouse, if you are married, to work or attend school full- time. Below are some examples of eligible dependent care expenses:

- Day care facility fees
- Before/after school care
- Summer day camp (not overnight)
- Nursery school or preschool, if child is too young for kindergarten
- In home babysitting fees, if not provided by another dependent and claimed as income by the care provider
- Private school tuition, K4 and above is not eligible for reimbursement

### **Is there anything I have to keep in mind when it comes time to file my taxes?**

You are required to provide the name, address and taxpayer identification (or Social Security number) of the dependent care provider on your income tax return. If you are unable to provide this information, both the tax credit and the exclusion for the spending account reimbursement may be denied by the IRS. Verify that this information is available before you elect to participate in the Dependent Care FSA.

Expenses reimbursed from this FSA cannot be used to claim a Federal Income Tax credit; therefore, you will have to determine which approach is best for you. You may even be able to combine the expense account and tax credits to reduce your overall dependent care expenses. However, the maximum expense you can claim when using both the tax credit and FSA is the tax credit limit (\$2,400 for one dependent or \$4,800 for two or more dependents), minus the amount reimbursed under the Dependent Care FSA.



## **How do I get reimbursed?**

As you incur eligible expenses you must submit a completed Dependent Care FSA claim form to Gilsbar with proof of payment from your day care provider or from the individual who provides the care. Dependent Care FSA claims must include the federal tax identification number or Social Security number, name and address of the provider, dates of service, type of service rendered and name of dependent. The individual who provides the care cannot be your spouse or a dependent under the age of 19.

With a Dependent Care FSA, you will be reimbursed as you set funds aside. If you submit a claim for more than what has been set aside for that account, the unreimbursed claim portion will be placed in “pending” status until funds are received through payroll deduction at which time you will receive reimbursement.

## **FAX CLAIMS AND PROOF OF EXPENSE TO 866.635.1329 FOR PROCESSING.**

### **Can I pay my in-home daycare provider through the Dependent Care FSA?**

Yes. You can be reimbursed from your Dependent Care FSA for any qualified daycare expenses, whether performed in your home, the provider’s home or a “daycare center”. Receipts for the expenses and the caregiver’s Tax ID number or Social Security number must be provided.

### **I’m divorced; my ex-spouse claims our child as a dependent for tax purposes. I pay for child care. Can I use the Dependent Care FSA?**

If your child resides with you most of the year, you can use the dependent care account to pay for child care services. However, you might want to call your tax advisor to discuss your particular circumstances before you elect to participate in the account.

### **If I have a question about my account, what should I do?**

If you have any questions, you can access your account information 24/7 at [myGilsbar.com](http://myGilsbar.com) or you can call Gilsbar’s Customer Contact Center at 1.800.445.7227 ext. 883.



## Dependent Care FSA Expense Worksheet

Dependent care expenses you paid last year could include:

Costs of Child or Adult Care Facilities\*

Day Care Center / Nursery School \$ \_\_\_\_\_

Family Day Care / Adult Day Care Centers\*\* \$ \_\_\_\_\_

Wages paid to a nanny or in home care provider\*\*\* \$ \_\_\_\_\_

\* The facility must follow all local and state laws.

\*\* These costs are eligible only if the adult dependent spends at least eight hours per day at home.

\*\*\* Please note these expenses are not eligible if the care services are provided by someone that you claim as a dependent.

Other dependent care expenses considered eligible by the IRS \$ \_\_\_\_\_

TOTAL ESTIMATED DEPENDENT CARE EXPENSES \$ \_\_\_\_\_

Compare last year's typical expenses to those eligible under your Dependent Care FSA and budget accordingly for the upcoming year.

**PLEASE FAX CLAIMS AND PROOF OF EXPENSE TO 866.635.1329 FOR PROCESSING.**

**(PLEASE KEEP YOUR ORIGINALS)**

**Questions? Call Gilsbar's Customer Contact Center at 1.800.445.7227 ext. 883.**

If you prefer to submit your form by mail, please send claim form and receipts to:

Claims Processing Center

P.O. Box 25123

Lehigh Valley, PA 18002-5123

**(PLEASE KEEP YOUR ORIGINALS)**

**REMINDERS:**

- You should keep all of your receipts for the entire plan year in the event that Gilsbar ask for documentation or the IRS requests a copy of a receipt.
- Remember that you will have **90 days** following the end of the plan year to file for services rendered during the plan year. You may send all requests for reimbursement directly to Gilsbar.
- The debit card **cannot** be used with the Gilsbar Dependent Care Flexible Spending Account.

**IMPORTANT!**

Debit cards are mailed to each new participant's home address in a plain white envelope with reference to Reimbursement Account Center. There will be no reference to Gilsbar. Please check thoroughly before throwing mail away. Debit cards are good for three (3) years from the issue date and your account will be replenished only if you **re-elect** the Healthcare FSA each year.

If you have any questions concerning your Plan, please feel free to contact:

**Gilsbar's Customer Contact Center at 1.800.445.7227 ext. 883.**

Fax Claims and Proof of expense to: **1.866.635.1329 for processing**  
**(PLEASE KEEP YOUR ORIGINALS)**

If you prefer to submit your form by mail, please send claim form and receipts to:

Claims Processing Center  
P.O. Box 25123  
Lehigh Valley, PA 18002-5123  
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**WEBSITE: [www.myGilsbar.com](http://www.myGilsbar.com)**

