

Flexible Spending Account (FSA) Enrollment Form

I. Account Holder Profile Information

First Name:		Last Name:		SSN:
Date of Birth:		Email Address:		
Mailing Address Line 1:				
Mailing Address Line 2:				
City:		State:		Zip:
Home Phone:			Cell Phone:	
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Single		Employer:	

II. Election

I authorize my employer to make the following pre-tax deductions from my paycheck according to the elections I have chosen below. These elections cannot be changed until the beginning of the next plan year or if I have a qualifying event such as marriage, divorce, death, or birth. I will only submit claims for reimbursement or through my VISA that are eligible. If I am reimbursed for a claim that wasn't eligible, I will be responsible for paying the ineligible amount back into the plan through sending payment or having it deducted from my paycheck.

Effective Date:		1 st Payroll Deduction Date:	
Number of Payrolls this plan year: <input type="checkbox"/> 52 <input type="checkbox"/> 26 <input type="checkbox"/> 24 <input type="checkbox"/> 12 <input type="checkbox"/> Other # _____			
Healthcare Standard FSA	Employee Annual Election: \$ _____	Per Pay Period Election: \$ _____	
Healthcare Limited FSA (Only if enrolled in a HSA)	Employee Annual Election: \$ _____	Per Pay Period Election: \$ _____	
Dependent Care Account	Employee Annual Election: \$ _____	Per Pay Period Election: \$ _____	

III. Direct Deposit Setup

Bank Name: <input type="checkbox"/> Checking <input type="checkbox"/> Savings		
Account Number:		
Routing Number:		
Address:		
City:	State:	Zip:

JON SMITH 1234 5th St. S. FARGO, ND 58102		1200
DATE: _____		
MEMO: _____		
:0123456789: *68590134*		1200
Routing Number		Account Number

IV. Debit Card

A Debit Card will automatically be issued in the account holders name and shipped to the address above. Once the enrollment is processed it should arrive within 10-14 days.

Note: To issue separate debit cards to any dependents 18 years of age or older, please complete the following section.

Name:	DOB:	SSN:	Relationship:
Name:	DOB:	SSN:	Relationship:

V. Authorization

Signature _____	Date _____	Employer Authorization: _____
**Please be sure to return this form to your employer for approval. **		

Healthcare Flexible Spending Account (FSA)

SAVE MONEY WHILE KEEPING YOU AND YOUR FAMILY HEALTHY

Why enroll in a Healthcare Flexible Spending Account?

- Save an average of **30%** on a wide variety of eligible healthcare expenses by paying for them on a **pre-tax basis**
- No waiting—access the full amount of your annual election on the first day of your plan year
- Save time—choose from several convenient, hassle-free payment and reimbursement options.



How Does the FSA Work?

You chose to enroll in the FSA through your employer, which is administered by HRCTS. Complete the election form indicating how much you would like to withhold from your payroll on a pre-tax basis. HRCTS sends you a VISA debit card preloaded with your full election amount to pay for qualified medical, dental, and vision expenses during the FSA Plan Year. You save money by putting the funds away pre-tax, and you have the entire election available to you on day one to help cover out-of-pocket healthcare expenses for you, your spouse, and eligible tax dependents.

Examples of Eligible Expenses

- **Medical** – deductibles, co-pays, co-insurance, diagnostic tests, lab work, chiropractic care
- **Dental** – orthodontia, x-rays, fillings, sealants, crowns, root canals, and dentures
- **Vision** – contacts, glasses, Lasik eye surgery, prescription sunglasses and contact lens solution
- **Prescriptions** – all prescriptions are covered
- **Over-the-Counter** – medications, first aid supplies, hearing aids, orthopedic inserts, thermometers, menstrual products and sunscreen

* *Treatments for cosmetic reasons are not covered.*

* *Some services/purchases need to have a letter of medical necessity to be eligible.*

* *You can access an updated list of eligible expenses at: <http://expenses.hrcts.com>*

* *Please note this list of eligible expenses is subject to change according to the IRS Regulations.*

How Do I know How Much to Elect?

You may elect up to the employer's designated maximum, not to exceed the IRS maximum. However, we have provided you with an expense worksheet to help you calculate how much you should put away pre-tax per year. You then take the total amount you wish to elect for the year, and divide it by the number of payrolls your company has in a year, and this determines your payroll deduction.

This money comes out before you pay Federal Tax, FICA Tax, and State Tax. When you add up your tax savings with your money in this account, you have effectively increased your take home pay.





Dependent Care Flexible Spending Account (DCA)

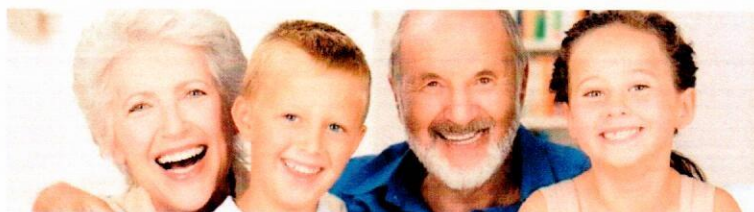
IT'S YOUR MONEY SO WHY NOT KEEP MORE OF IT?

Your Estimated Tax Savings			
WITHOUT Dependent Care FSA		WITH Dependent Care FSA	
Gross Annual Pay	\$60,000	Gross Annual Pay	\$60,000
Average Tax Rate (30%)	- \$18,000	Max Annual DCA Contribution (PRE-TAX DEDUCTION)	-\$5,000
Net Annual Pay	= \$42,000	Adjusted Gross Pay	= \$55,000
Annual Dependent Care Expense	-\$5,000	Average Tax Rate (30%)	- \$16,500
Final Take Home Pay	= \$37,000	Final Take Home Pay	\$38,500
TAKE HOME THIS MUCH MORE WITH A DEPENDENT CARE FSA			\$1,500

All figures in this table are estimates, and based on an annual salary of \$60,000 and maximum contributions to the benefit account. Your salary, tax rate, dependent care expenses, and tax savings may be different.

How Does a Dependent Care Account Work?

A DCA is a pre-tax saving account which the IRS allows you to put funds into. You can then use these funds for qualified dependent care expenses, such as **preschool, summer day camp, before or after school programs, and child or adult daycare**. You may choose to enroll in the DCA through your employer, which is administered by HRCTS. Complete the election form indicating how much you would like to withhold from your payroll on a pre-tax basis. It is a smart, simple way to save money while taking care of your loved ones so you can continue to work.



SAVE money, while
caring for the ones you
LOVE!

Guidelines

**You must follow the guidelines set below in order for your dependent care expense to be eligible for reimbursement.*

1. Dependent care expenses cover qualified dependent children 12 or younger, or a spouse/tax dependent who is mentally or physically incapable of caring for themselves.
2. Dependent care expenses incurred must allow a single parent or both married parents to be gainfully employed or attend school full time during the time the child is being taken care of.
3. Your dependent must live in your home for at least 8 hours each day.
4. Any day care center or program must meet the state and local requirements in order to be eligible.
5. A babysitter can watch the dependent inside or outside the home, as long as the sitter is at least 19 years of age, and is not your spouse or someone you claim on your tax return as a dependent.

SET UP YOUR ONLINE ACCOUNT

Go to our Online Account Setup page <http://hrcts.com/setup> for instructions on retrieving your username, creating an account password, and entering new user security questions to complete your online account profile.

Note: Your online account will be available to you **within 30 days** of your plan effective date.

If you already have an account you can login directly from <https://employee.hrcts.com>



TROUBLE ACCESSING YOUR ACCOUNT?

1. Your password must be a minimum of six characters, and is case sensitive.
2. When resetting your password, the answers to your security questions are case sensitive.
3. Password History: Your password must not be one of your last 12 passwords used.
4. Account Inactivity: After 180 days of inactivity, you must follow the password reset process in order to access your account again.

HRCTS MOBILE APP:

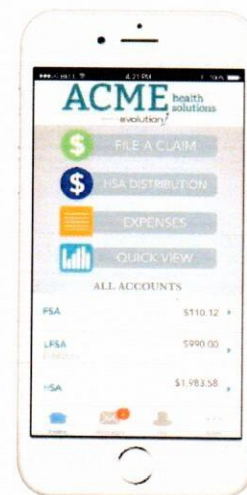
Download the **HRC Total Solutions App** and check your balance and final filing date, submit claims, and upload receipts on any Android or iOS device.

View all claims requiring receipts, and submit new receipts by taking a picture with your mobile device.

SMS TEXT ALERTS

SMS text message alerts are available for all mobile devices on AT&T, Sprint, Verizon, US Cellular and T-Mobile networks! You can opt in/out via the [Consumer Portal](#) and configure which alerts you prefer to receive by selecting "Update Notification Settings" under the Statements & Notifications tab. Some alert options include:

✓ Claim Confirmation	✓ Receipts Needed for Debit Card Transaction
✓ Claim Denial	✓ Receipt Reminder
✓ HSA Account Summary	✓ Expense Notification



AUTOMATIC PHONE SYSTEM

- You can access your available balance, final filing date, final service date, eligible amount, and your most recent transactions all from a toll-free automated phone service!
- This service is available 24/7 to all participants enrolled in an FSA, DCA, HRA, or HSA plan. Just select option 6 when calling HRCTS, or you can reach this service directly by calling (877) 415-8093.
- You will need to have a phone number on file in your online account, along with your ZIP code, in order to use this service.

Don't know how to spend your **FSA money?**

Did you know you could use your FSA to save money on everyday health essentials like baby health items, health trackers, pain relief products and more?

Use your FSA funds or risk forfeiting your money.



The largest selection
of guaranteed
FSA-eligible products



24/7 support,
FREE shipping on
orders over \$50



**Are your health
needs eligible?**
Easily check with our
expansive Eligibility List



Need an Rx?
We'll work with you to
make getting one easier



Learning Center
Get daily money-
saving info



Use your FSA card
or any major credit card

\$10 OFF

One use per customer

Want 10 bucks to spend on your health?

Visit **FSAstore.com/FlyerHRCTS** and
use code **FCHRCTS10** at checkout.