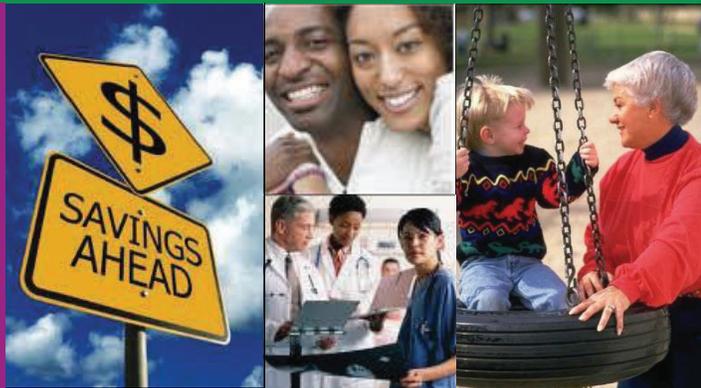


# Flexible Spending Account (FSA) Enrollment Kit



*Significant Savings*

*24/7 Web access*

*Fast, Efficient, Convenient*

*The benefit that benefits everyone*



With the



# An FSA means more money in your pocket...can you afford not to sign up?

## The FSA Plan

A Flexible Spending Account is an employee benefit plan established under IRC Section 125 that allows you to pay for everyday health care, dependent care expenses and/or certain individual premium expenses with pre-tax dollars.



You'll save money by reducing your taxable income. The FSA amount you elect will be subtracted from your gross income. Federal, state and FICA taxes are then calculated on the lower amount. When you (or your spouse or dependents) incur an eligible expense, you'll receive reimbursement from the funds you've set aside from your paycheck.

An FSA means more money in your pocket. Look at the example below to see exactly how much savings can be realized in one year!

	FSA Plan	No FSA Plan
Annual Income (before taxes)	\$24,000	\$24,000
Pre-tax Health Care Contribution	(\$1,500)	\$0
Pre-tax Dependent Care Contribution	(\$4,000)	\$0
Taxable Income	\$18,500	\$24,000
Estimated Taxes (25% Federal)	(\$4,625)	(\$6,000)
Health Care Expenses	\$0	(\$1,500)
Dependent Care Expenses	\$0	(\$4,000)
Available Income	\$13,875	\$12,500
Estimated Savings = \$1,375		

## FSA Plan Components

Planning ahead is important when signing up for your company's FSA Plan and understanding the benefits offered is critical. You must estimate your expenses for the upcoming year carefully and then enroll in one, or all, of the FSA Plan components.

### Health Care Component: \$2,550 maximum

This account helps you save money on everyday out-of-pocket medical expenses such as medical copays, coinsurance, prescription drugs, orthodontics, vision expenses, hearing aids, dental services, eligible over-the-counter (OTC) items and more. Qualifying dependents for FSA purposes include children through the end of the year in which they turn age 26.

**Dependent Care Component:** This account helps you save money on daycare expenses for dependent children and adults so you can work. Qualifying dependents include children under age 13, whom you claim as a dependent on your federal income tax return (special rules apply for divorced parents), a disabled spouse and any other dependent on your tax return who resides with you and is physically or mentally disabled.

**Individual Premium Account:** An individual premium account reimburses you for premiums paid for certain non-employer sponsored individual policies. Examples include an individual disability policy or a college student insurance policy.

## Know the Details!

Be sure to budget for each account expenses separately. Elections to and reimbursements from these accounts cannot be blended. Also, a use it or lose it provision may apply, so plan ahead carefully.

You must re-enroll in this Plan each year. You cannot change your election during a Plan year unless you incur a qualifying life event, such as marriage/divorce, birth/adoption, to name a few.



Read your Summary Plan Description (SPD) carefully to understand the specific terms of your Plan. The Plan Document governs your rights and benefits under each Plan and is available through your Employer.

## Web Access

View your account online 24/7 via [www.lifetimebenefitsolutions.com](http://www.lifetimebenefitsolutions.com).

While online, you can:

- Submit claims for reimbursement
- View claims history
- Check your available balance and run reports
- Access forms such as Direct Deposit, Certification of Medical Necessity, Release of Information and various Reimbursement Request Forms
- Enter your email address to receive important Plan related materials
- Use our online services, such as our online calculator to estimate your out-of-pocket expenses and our online eligible expense listing

For even more convenience, download our mobile application to your smart phone!



## Customer Service

Most of your questions can be answered by visiting the website. If you need to speak with a Customer Service Representative, simply call 800-327-7130 Monday-Thursday from 8am EST to 5pm EST and Friday from 9am EST to 5pm EST. You can also email our customer service department at

[lbs.customerservice@lifetimebenefitsolutions.com](mailto:lbs.customerservice@lifetimebenefitsolutions.com).

## Filing a Claim

To receive the fastest reimbursement for an eligible out-of-pocket expense, submit your claims online. Supporting receipts and documentation can be scanned and attached to your online claim, or you can email, fax or mail the required paperwork. Another option is to download a paper Reimbursement Request form. Complete the form by itemizing your expenses and following the important and detailed instructions found directly on the form. Reimbursement Request forms and required documentation can either be mailed or faxed for processing.

## Know the Details

Claim deadlines apply. For example, active participants have a set number of “run-out” days following the Plan year in which they can continue to submit paperwork for out-of-

pocket expenses incurred during the Plan year. Grace periods may also apply to some Plans. Be sure to carefully read your Plan’s SPD to understand the terms and deadlines associated with your Plans. There is typically a \$30 minimum check amount, except for the final check for the Plan year. There is no \$30 check minimum with direct deposit.

## Direct Deposit

Avoid the \$30 check minimum and a trip to the bank by completing either a Direct Deposit paper or online form found on the website.



## Email Address

Provide or update your email address online and help us go green. You’ll receive only plan related information such as account statements, claim related information and RFI letters (for Card participants).

## Estimate Your Expenses

Use the link on our website called FSA Calculator for a complete, easy-to-use estimated expense worksheet. You can maximize your FSA Account by planning ahead carefully and using this helpful tool. The items to consider are also listed below:

Health Care Account	Annual Expense
Deductibles	\$
Co-pays	\$
Dental Expenses not covered by insurance	\$
Orthodontia	\$
Vision Expenses (Exams, Glasses, Lenses)	\$
Hearing Expenses (Exams, Hearing Aids)	\$
Prescription Drugs	\$
Eligible Over-the-Counter Items	\$
Diabetic Supplies	\$
Therapy (Physical Therapy, Speech, Chiro)	\$
Medical Mileage	\$
Other	\$
<b>Total Estimated Health Care Expenses</b>	<b>\$</b>
Dependent Care Account	Annual Expense
Payment to Dependent Care Facility	\$
Payment to Dependent Care Individual	\$
Payment to Adult Care Provider	\$
<b>Total Estimated Dependent Care Expenses</b>	<b>\$</b>
<b>Total Health Care PLUS Dependent Care</b>	<b>\$</b>

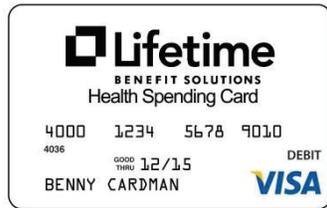
Plan level minimums and maximums apply! The total amount you elect will be deducted from your pay in equal installments each pay period.

# The Health Spending Card

## The Health Spending Card

Understanding how the Health Spending Card works is the key to its success.

The card is a convenient payment method...you simply swipe the card without incurring an out-of-pocket expense!



Behind the scenes, the provider is paid and the amount is deducted from your account balance. You don't have to file a claim form for reimbursement—the payment function is fully automated.

## Cashless But Not Paperless

The IRS requires that each time you use your Health Spending Card, the transaction must be substantiated. That means you must be able to prove you used your Health Spending Card to pay for a Plan eligible item or service. Fortunately, technology behind the Health Spending Card automatically substantiates the vast majority of your transactions. For transactions that cannot be automatically substantiated with supporting technology, you will receive a Request for Information (RFI) letter asking you to send in copies of your receipt and necessary documentation.

## Purchasing Items with the Card

When you purchase items with the card, such as over-the-counter (OTC) items, they may be auto-substantiated if the merchant uses a special bar-coding system called Inventory Information Approval System (IIAS). You will not be sent an RFI letter for transactions that are automatically substantiated. A list of merchants who comply with IIAS is available on our website.

Eligible OTC items classified as not drugs and medicines, such as bandages, have the IIAS bar-codes directly on the product. These items may be purchased with the card; no additional rules apply.

The IRS states that OTC items classified as drugs and medicines, such as cough syrup, are only eligible if they are accompanied by a doctor's

prescription. To pay for eligible drugs and medicines that are accompanied by a doctor's prescription with the Health Spending Card, additional rules apply: 1) the pharmacist must assign an Rx number; and 2) the pharmacist must retain a record of the Rx with the transaction details. Only if all rules are met can eligible OTC drugs and medicine be paid for with a Health Spending Card. If the pharmacy is unable to meet the IRS rules, you must pay for the items out of pocket and then submit a claim form with the proper documentation including the doctor's prescription.

## Paying for Services with the Card

Paying a doctor's office copay is an example of paying for services with the card. The IRS does offer some auto-substantiation guidance for services, such as storing your copayment amounts in our system, and remembering if you've had an identical appointment at a specific office. However, in some cases, services provided at a medical, dental or vision office cannot be auto-substantiated. In these cases, you will receive an RFI letter asking for copies of your receipt and necessary documentation.

## Important Health Spending Card Tips

- Keep all receipts associated with your Health Spending Card in a central location, and promptly reply when asked for a copy.
- The IRS states that services are eligible for reimbursement after the services have been rendered. Prepaying for services such as weight-loss or fitness memberships is not allowed.
- The Health Spending Card will be mailed directly to your home address. READ all information enclosed with the Card and sign the Card to agree to the terms.
- If a merchant will not accept the Card, simply pay out of pocket and submit for reimbursement.

**Remember—the Health Spending Card is cashless, but not always paperless! Be prepared to submit copies of your receipts and other documentation when requested.**

## Qualifying Health Care Expenses

Acupuncture	Eye examinations, eye glasses, equipment and materials	Operations	Taxes on medical services and products
Adoption	Fluoridation services	Optometrist	Telephone for hearing impaired persons
Alcoholism treatment	Guide dog; other service animal	Organ donors	Television for hearing impaired persons
Ambulance	Hospital services	Orthodontia	Therapy
Artificial limbs	Immunizations	Osteopath fees	Transplants
Artificial teeth	Laboratory fees	Oxygen Physical exams	Transportation expenses for person to receive medical care
Asthma treatments	Laser eye surgery; Lasik	Physical therapy	Tuition evidencing separate breakdown for medical expenses
Body scans	Lodging at a hospital or similar institution	Preventive care screenings	Vaccines
Braille books and magazines	Mastectomy-related special bras	Prosthesis	Vision correction procedures
Breast reconstruction surgery following mastectomy	Medical alert bracelet or necklace	Psychiatric care	Wheelchair
Chelation therapy	Medical information plan charges	Radial keratotomy	X-ray fees
Chiropractors	Medical records charges	Screening tests	
Co-insurance amounts	Medical records charges	Seeing eye dog	
Co-payments	Obstetrical expenses	Sleep deprivation treatment	
Deductibles	Occlusal guards to prevent teeth grinding	Smoking cessation programs	
Dental sealants		Speech therapy	
Dental treatment		Stop smoking program	
Diagnostic items/services		Supplies to treat medical condition	
Drug addiction treatment		Surgery	
Drug overdose, treatment of			

## Potentially Qualifying Health Care Expenses

A Certification of Medical Necessity Form must be completed by your physician.

AA meetings, transportation to	Dyslexia treatment	Hypnosis	Nutritionist's expenses
Alternative healers	Fitness programs	Lactation consultant	Occupational therapy
Automobile modifications	Gambling problem, treatment	Lamaze classes	Personal trainer fees
Birthing classes	Health club fees	Language training	Psychoanalysis
Blood storage	Home improvements (such as exit ramps, widening doorways, elevator, etc.)	Lead-based paint removal	Psychologist
Books, health related	Hormone replacement therapy	Lodging of a companion	Ultrasound, prenatal
Car modifications		Long-term care services	Varicose veins, treatment of
Childbirth classes		Massage therapy	Veterinary fees (service animals)
Counseling		Mineral supplements	Weight loss programs
		Nursing services	

## Ineligible Health Care Expenses

Appearance improvements	Electrolysis or hair removal	Illegal operations and treatments	Missed appointment fees
Car seats	Funeral expenses	Late fees (e.g., for late payment of bills for medical services)	Recliner chairs
Controlled substances in violation of federal law	Hair removal and transplants	Maternity clothes	Tanning salons and equipment
Cosmetic procedures	Household help	Mattresses	Teeth whitening
Ear piercing			Veneers

This is not a comprehensive list and is subject to change at any time and without notice. A complete list is available on the [www.LifetimeBenefitSolutions.com](http://www.LifetimeBenefitSolutions.com) website.

## Qualifying Over-The-Counter (OTC) Items

Arthritis gloves	Cold/hot packs	Eye drops (Example: Visine)	Orthopedic shoe inserts
Bandages (Examples: Band-Aid, Curad, Ace)	Contact lenses, materials, and equipment	First aid kits	Pregnancy test kits
Blood pressure monitoring devices	Crutches	Gauze pads	Reading glasses
Blood sugar test kits and test strips	Dentures, denture adhesives	Glucose monitoring equipment	Support braces
Carpal tunnel wrist supports	Diabetic supplies (including Insulin)	Hearing aids	Thermometers
	Ear wax removal products	Medical monitoring and testing devices	Walkers

## Potentially Qualifying OTC Expenses

Drug and Medicine items require a prescription completed by your physician and are not eligible for payment with the Health Spending Card. Other items in this category require a Certification of Medical Necessity form completed by your physician.

Acne treatment	Comtrex, Sudafed)	and drugs and medicines	Retin-A
Air conditioner	Compression hose	Humidifier	Rogaine
Air purifier	Cough suppressants	Incontinence supplies	Sinus medications (Example: Sudafed)
Allergy medicine	(Examples: Pediacare, Robitussin, cough drops)	Insect bite creams and ointments (Examples: Benadryl, Cortaid)	Special foods
Allergy treatment products; household improvements to treat allergies	Decongestants (Examples: Dimetapp, Sudafed)	Lactose intolerance tablets (Example: Lactaid)	St. John's Wort
Antacids (Examples, Maalox, Prilosec OTC, Zantac)	Diabetic socks	Laxatives (Example: Ex-Lax)	Sunburn creams and ointments
Antibiotic ointments (Examples. Bacitracin, Neosporin)	Diaper rash ointments and creams (Example: Desitin)	Medicines and drugs	Sunglasses
Antihistamines (Examples: Benadryl, Claritin)	Diarrhea medicine (Examples: Imodium, Kaopectate)	Menstrual pain relievers	Sunscreen
Anti-itch creams (Examples: Benadryl, Cortaid, Ivarest)	Dietary supplements	Motion sickness pills (Examples: Bonine, Dramamine)	Throat lozenges (Examples: Cepacol, Chloraseptic)
Aspirin	Eczema treatments	Nasal strips or sprays	Toothache and teething pain relievers (Example: Orajel)
Bactine	Expectorants (Examples: Comtrex, Robitussin)	Nutritional supplements	Treadmill
Breast pumps	Fiber supplements	Pain relievers (Examples: Advil, Aspirin, Tylenol)	Vitamins
Calamine lotion	First aid cream	Petroleum jelly	Wart remover treatments
Chondroitin	Glucosamine	Prenatal vitamins	Wigs
Claritin, an allergy drug	Hemorrhoid treatments (Example: Preparation H)	Probiotics	Yeast infection medications
Cold medicine (Examples:	Herbs	Rehydration solution (Example: Pedialyte)	
	Holistic or natural healers,		The IRS has not yet released a detailed and brand specific list of drugs and medicine.

## Ineligible OTC Expenses

Dental floss	Feminine hygiene products	Safety glasses	Toiletries
Deodorant	Hair colorants	Shampoos	Toothbrushes
Diapers or diaper service	Mouthwash	Shaving cream or lotion	Toothpaste
Diet foods	Perfume, Cologne	Skin moisturizers, hand lotion	
Face creams	Permanent waves	Soaps	

Eligibility rules for OTC items may change. Drug and Medicine items require a physician's prescription, and may not be purchased with a Health Spending Card. The ability to pay for eligible items with the Health Spending Card may vary by merchant and is dependent on the merchant's IIAS system.

This is not a comprehensive list and is subject to change at any time and without notice. Items listed in each category may be reclassified into another category depending on future IRS guidance. Visit the [www.LifetimeBenefitSolutions.com](http://www.LifetimeBenefitSolutions.com) website for a complete list.

## Eligible Dependent Care Expenses

- Care in your home, someone else's home, or in a daycare center for child care and/or eldercare. Licensing requirements may apply.
- Registration fees for a daycare.
- Before and after school care for children under age 13.
- Education expenses for a child not yet in kindergarten, such as nursery school expenses.
- Expenses paid to a relative are eligible, however, the relative cannot be under age 19 or a tax dependent.
- Day camp (not overnight) expenses if the camp qualifies as a daycare center.
- FICA and FUTA payroll taxes of the daycare provider.

Note: This is not a comprehensive list



# Flexible Spending Account Enrollment Form

Employer Name: \_\_\_\_\_

Participant Name (First, MI, Last): \_\_\_\_\_

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Phone Number (\_\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_

City, ST, ZIP: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Date of Hire: \_\_\_\_/\_\_\_\_/\_\_\_\_

Email Address: \_\_\_\_\_

FSA Benefit Election	Per Pay Period Amount	Total Annual Amount	# Pays Per Year
<input type="checkbox"/> Health Care Election—Standard	\$	\$	
<input type="checkbox"/> Health Care Election—Limited	\$	\$	
<input type="checkbox"/> Dependent Care Election	\$	\$	

### Carrier Information.

Check the boxes if you are enrolled in any of these benefits through your employer.  Medical;  Dental;  Vision;  Rx  
**Automated Claims Transfer:** If you are eligible for ACT (check with your Employer), certain expenses submitted through your insurance provider may automatically be reimbursed to you, unless you or any of your dependents have Coordination of Benefits (COB) with other Plans. This feature is not applicable to Health Spending Card holders.

I do not want ACT or I have COB and am not eligible for ACT.

### Spouse/Dependent Information (Attach additional pages if necessary)

I do not have a spouse or dependents

Name	Social Security Number	Date of Birth	Gender	Relationship

### Direct Deposit Election (Complete this section if you want Direct Deposit of your reimbursements)

Type of Account (Check one):  Checking  Savings

Name of Bank: \_\_\_\_\_

Transit ABA Routing #: \_\_\_\_\_ Account #: \_\_\_\_\_

### Participant Authorization—Return signed form to your Employer.

By signing below I agree to participate in my employer's pre-tax program and certify that I understand and will comply with the regulations governing such Plan. I understand the basic provisions provided on page 2 of this form are guidelines only and that my Plan's Summary Plan Descriptions prevails.

Participant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### To Be Completed by the Employer

New Hire  Open Enrollment Effective Date: \_\_\_\_\_

First Payroll Deduction Date: \_\_\_\_\_

- Notify Payroll of deduction amount and date
- Keep copy of Enrollment Form for your records
- Forward copy of Enrollment Form or provide data on a file to Lifetime Benefit Solutions

**This Plan has employer funded money:**  Yes  No. **If Yes,**

ER Money:	Payroll Based?	Annual Amount
<input type="checkbox"/> Health Care	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
<input type="checkbox"/> Dependent Care	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$



## Flexible Spending Account Enrollment Form

### Direct Deposit:

Direct Deposit sends claim reimbursement payments directly to your personal bank account. Direct deposit notification statements will be emailed to you with the details of the reimbursement. If you provide incorrect information and corrective transactions are required, your account may be charged a \$25 processing fee. Direct deposit transactions are not subject to the typically imposed \$30 check minimum.

### Things to Consider Upon Enrollment:

- Your FSA account refers to the combined health care and dependent care components.
- By enrolling in the FSA program, you agree to have your compensation reduced by the amount elected.
- Your election applies to this Plan year only. To continue in the Plan, you must re-enroll each year.
- Annual health care elections are available for reimbursement in full on the first day of the Plan year.
- Dependent care elections are available for reimbursement based on current balance.
- FSA accounts are tracked separately and cannot be combined. These elections are in addition to any premiums you pay on a pre-tax basis for employer sponsored health insurance.
- The dependent care account pays for daycare services needed for a qualifying dependent while you work. A qualifying dependent is a child under age 13 who is claimed as a dependent on your federal income tax return (special rules apply for divorced parents), a disabled spouse, and any other dependent on your tax return who resides in your home and is physically or mentally disabled.
- You may file claims for reimbursement from your FSA accounts for qualified expenses incurred during the Plan year and after becoming a participant. Depending on the provisions in your Plan, some or all of the funds remaining in your FSA account after the end of the Plan's run-out period may be forfeited.
- You will pay the Employer for any tax liability or penalties it incurs if you are reimbursed for an expense that is not a qualified expense, unless you repay the amount or off-set that amount with additional eligible claims within the same Plan year.
- You cannot change the amount of your FSA contributions or pre-tax health insurance premiums, unless you have a qualifying "life change" event as defined in the Plan and satisfy any other conditions for changes contained in the Plan and tax law.
- Your FSA contributions will terminate when your employment terminates. You must check with your Employer to determine if you can elect to continue your health care contributions on an after-tax basis, as allowed under COBRA.
- Your employer may change the amount of your FSA elections if necessary to satisfy tax law requirements.
- You understand that you must provide acceptable documentation for every claim you submit, including Health Spending Card purchases upon request.
- You will keep copies of all documents submitted to Lifetime Benefit Solutions for your own personal records; Lifetime Benefit Solutions is not responsible for retaining copies of your receipts beyond the current Plan year.
- Flexible Spending Accounts and Health Reimbursement Accounts are subject to Federal Law which generally supersedes state law.
- Only spouses and dependents for Federal Tax purposes are eligible for tax-free Flexible Spending Accounts and Health Reimbursement Accounts benefits.

# ▶ Reimbursement Request Form

Employer Name: \_\_\_\_\_

Participant Name (First, MI, Last): \_\_\_\_\_

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Address: \_\_\_\_\_

City, ST, ZIP: \_\_\_\_\_

Date of Birth: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ Phone Number (\_\_\_\_\_) \_\_\_\_\_

Please notify your employer of any address change. Lifetime Benefit Solutions will not make address changes from this form.

Claimant Name	Date of Service	Amount	Plan Code*	Type of Service/Item Purchased	# of Miles	Claim Ref #
<i>John Sample</i>	<i>10/1/2014</i>	<i>\$ 150.25</i>	<i>F</i>	<i>Doctor visit copay</i>	<i>12</i>	<i>Example</i>
		\$				01
		\$				02
		\$				03
		\$				04
		\$				05
		\$				06

Use one of the Plan Code's below to indicate the account from which payment should be made. Your employer may not offer all the benefit types listed below and certain restrictions may apply. If your employer offers multiple benefit types, Lifetime Benefit Solutions will process the reimbursement based on the rules established by your employer. For example, if you have both an FSA and HRA account, and your employer has identified the FSA as the "pay first" account, your expenses will be applied to your FSA until the balance is depleted with any additional expenses applied to your HRA.

*Plan Code	Plan Code Description
F	Flexible Spending Account (FSA) or Limited Purpose FSA: Health Care Expenses Only. For Dependent Care expenses, use the Dependent Care Account Reimbursement Request Form
H	Health Reimbursement Account (HRA) or Retiree Reimbursement Account (RRA)
P	Parking Account (cannot claim miles associated with Parking)
T	Transit Account (cannot claim miles associated with Transit)
I	Individual Insurance Policy Premiums
M	To submit for medical mileage associated with Health Spending Card transactions. You will only be reimbursed for the medical mileage associated with the miles traveled, since you paid for the service with the Health Spending Card.

By submitting this form to Lifetime Benefit Solutions, I certify the information is accurate, the expenses incurred were for myself, spouse or qualified dependents, and these expenses are not reimbursable under any other plan coverage. In addition, I have read the Reimbursement Request Instructions on the following page and agree to adhere to all terms specified. I understand if I do not follow the instructions my reimbursement may be delayed or denied.

- **Mail to:** Lifetime Benefit Solutions, Claims Dept, PO Box 6509, Syracuse, NY 13217
- **Fax to:** 877-256-7228
- Call **Customer Service** with questions at 800-327-7130



# Reimbursement Request Instructions

## For All Account Types (FSA, HRA, Parking/Transit, RRA, Insurance Premium)

- For faster reimbursement processing you may be able to submit your claims online at [www.lifetimebenefitsolutions.com](http://www.lifetimebenefitsolutions.com).
- Complete the top section, including Social Security Number or Employee ID.
- Submit one expense (either a product or service) per row, even if items are contained on the same receipt.
- Label the receipts to correspond to the Claim Ref #.
- If you have more items than the form can accept, use additional forms.
- Do not “lump” or group items together or write See Attached.
- All claims are subject to deadlines, as defined in your Summary Plan Description (SPD).
- The expenses you submit must qualify as valid expenses under the terms of the Plan, and the claimant receiving the services must be a qualifying individual as defined in the Plan.
- Lifetime Benefit Solutions can only process claims that are properly submitted. Claims that are not properly submitted may be delayed or denied.
- Retain a copy of the Reimbursement Request Form and receipts for your own personal records; Lifetime Benefit Solutions is not responsible for retaining copies of your receipts beyond the current Plan year.
- Call Lifetime Benefit Solutions Customer Service with questions at (800) 327-7130 during standard weekday business hours.
- Mail OR fax (but not both!) completed form with required documentation to:  
**Lifetime Benefit Solutions Claims Dept.**  
**PO Box 6509**  
**Syracuse, NY 13217**  
**Fax # (877) 256-7228**

## Reporting Medical Mileage

- Medical mileage rates are set by the IRS and can be applied to transportation primarily for and essential to medical care.
- Indicate the total number of miles incurred with each service provided (i.e. round trip miles to visit the doctor).
- Lifetime Benefit Solutions will apply the current mileage rate and include the mileage amount in your total reimbursement.
- You may be required to produce additional documentation for each mileage expense you claim.

## Medical Claims for FSA, HRA and RRA

- For each medical claim covered by your insurance carrier, submit an Explanation of Benefits (EOB). If your claims are not submitted to your insurance carrier, provide an itemized bill showing: date of service, provider name, patient name, charged amount, and description of services rendered.
- Do not send credit card receipts, original receipts or cancelled checks.
- The IRS states that Over-the-Counter (OTC) items classified as drugs and medicine are only eligible if they are accompanied by a doctor’s prescription.
- Use Plan Code M to report medical mileage associated with a Health Spending Card transaction. For example, if you drove 20 miles to a doctor’s appointment, and paid your copayment amount with the Health Spending Card, you should use Plan Code M to be reimbursed for the 20 miles you drove. You should still complete the full line of information, but you will only be reimbursed for the mileage, not the copayment amount.

## Dependent Care Claims

- Please use the separate form titled Dependent Care Account Reimbursement Request Form.

## Parking/Transit Claims

- Receipts are not required as long as page one of this form is properly completed and separate claims are itemized on separate claim lines.
- The only type of parking that is eligible for tax-free reimbursement is qualified parking on (or near) the employer’s facility, or on (or near) a location from which the employee commutes to work by public transportation. If the parking is on (or near) the employee’s residence, it is not eligible for tax-free reimbursement.

## Individual Insurance Premium

- The bill from the insurance carrier must identify participant, premium amount, coverage period and policy number.

# Important FSA/HRA Information

## Welcome!



As part of your employer's FSA/HRA program, you have access to your account... 24 hours a day, seven days a week. You can access your account online at [www.LifetimeBenefitSolutions.com](http://www.LifetimeBenefitSolutions.com).

Click on the EBS-RMSCO link at the bottom of the page.



Select **Flexible Spending Accounts** or **Health Reimbursement Accounts** from the drop down menu in the upper right corner, then click the **Go** button on the right. Click on the second green button labeled **Participant Website Login Now**.

**Your initial username will be your Social Security number** (or whatever identifier your employer provides). **Your password will be the first letter of your first name** (lower case) **followed by your five-digit zip code**. If you are a dependent of the employee, you must use the employee's information to log in.

**For example** - - employee John Smith, SSN#123-44-6789, will login with a username of 123446789 and a password of j14450 (the lower-case "j" is from his first name and 14450 is his zip code).

If this is your first entry to the site, you will be required to change your password. You will also be asked to set up security questions.

From this site, you will be able to:

- File claims online (with an option to scan and attach your receipts, or fax/mail them)
- Update your email address, username and password
- Manage notification letters from Lifetime Benefit Solutions
- View your account summary and track account contributions and payments
- Complete Plan-related forms directly online, then print and submit for processing
- Access links to related websites

**Direct Deposit:** Avoid a trip to the bank and sign up for direct deposit. Simply enter your banking information into the Bank Accounts section of the Profile tab.

**Email Address:** It is essential that you maintain an updated email address at all times. Your email address will be used at Lifetime Benefit Solutions strictly for the purpose of communicating important Plan information.

**Questions** regarding your account can be directed to our customer service department by phone at (800) 327-7130 or by email at [lbs.customerservice@lifetimebenefitsolutions.com](mailto:lbs.customerservice@lifetimebenefitsolutions.com).

