

# Put **More Money** in your wallet by enrolling in the Flexible Spending Account!

Sign up for the Flexible Spending Account today and pay lower taxes!! Use this tax-free money to pay for expenses you are already incurring for you, your spouse and/or any tax dependents!

## What is a Flexible Spending Account?

A Flexible Spending Account (FSA) is a tax-free account that allows you to pay for essential health care expenses that are not covered, or are partially covered, by your medical, dental and vision insurance plans; or pay for child/dependent care expenses. By contributing a portion of your paycheck into an FSA on a pre-tax basis, you can save from 25% to 40% on the cost of eligible expenses you are already incurring. You save money to pay for your out-of-pocket health care expenses, including prescription drug costs, medical, dental, vision and hearing expenses, and/or your child or dependent care expenses, including day care, baby sitting, in-home care for older dependents and before & after school care expenses.

When you enroll in an FSA, you decide how much to contribute to the account for the entire plan year. The money is deducted from your paycheck pre-tax (before Federal & State income taxes and FICA taxes are deducted) in equal amounts over the course of the plan year. After you incur expenses that qualify for reimbursement, you submit claims (reimbursement requests) to ASIFlex to request tax-free withdrawals from your FSA to reimburse yourself for these expenses.

Using the FSA to pay for expenses will reduce your out-of-pocket costs significantly. Your personal tax rate may vary, and your savings will vary according to your net tax rate. Use the Tax Savings Calculator found at [www.asiflex.com](http://www.asiflex.com) to estimate your savings.



## What is a Health Care FSA?

The Health Care FSA is an account that allows you to set aside pre-tax dollars to pay for out-of-pocket medical expenses for you, your spouse and any tax dependents. Your full annual election is available to you on your first day of coverage, which means that when you incur eligible expenses, you can submit reimbursement requests immediately.

**Expenses can be for you, your spouse or any tax dependent, even if your dependents are not enrolled in your employer's health insurance plan.**

### Some eligible expenses:

- Deductible, copayments and coinsurance
- Chiropractor's fees
- Dental expenses
- Prescription drugs and insulin
- Counseling or therapy sessions (does not include marriage counseling)

### Some expenses that are not eligible:

- Insurance premiums
- Cosmetic procedures (face lifts, teeth whitening, veneers, etc.)
- Toiletries
- Long-term care expenses
- Vitamins, herbs and/or nutritional supplements used to prevent a medical condition

**Please Note:** Effective January 1, 2011, new federal regulations will require that you submit a prescription in order for over-the-counter (OTC) medicines and drugs to be eligible for reimbursement through the FSA program. This regulatory change will impact items such as pain relievers, cold and allergy medications, etc. OTC supply items such as diabetes test strips, contact lens solution, band-aids, etc. will not be affected, and will not require a prescription in order to be reimbursed.

Please visit [www.asiflex.com](http://www.asiflex.com) for a detailed list of eligible expenses

# Save more money....



## What is a Dependent Care FSA?

The Dependent Care FSA allows you to use pre-tax dollars to pay for out-of-pocket childcare and/or elder dependent care expenses. You can set aside up to \$5,000 (\$2,500 if married and filing separately on your federal income taxes) per year (please note that the \$5,000 is a household maximum) in the account. The funds are deducted before federal and state income taxes and FICA are assessed, and reimbursements are completely tax free.

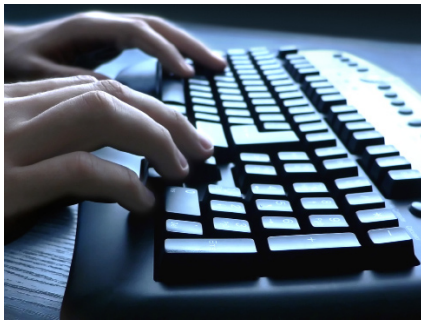
Eligible expenses include day care, baby sitting, general purpose day camps and pre-k expenses. Please note that you will be required to include your provider's tax identification number or Social Security Number with your reimbursement request.

Ineligible expenses include overnight camps, care provided by your tax dependent, your spouse or your child who is under the age of 19 and care provided while you are not at work.

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## Remember you must re-enroll in the FSA program each year (even if you don't want your deduction amount to change)!!

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## When can I start requesting reimbursement?

You can start submitting reimbursement requests as soon as services are provided, but eligible expenses can only be incurred on, or after, the first day of your plan year. For the Health Care FSA, your full annual election amount is available on the date your enrollment begins. For the Dependent Care FSA, you are allowed to be reimbursed only up to what you have had deducted from your paycheck at that point, but requests in excess of this amount will be reimbursed as additional deductions are taken from your paycheck. You may submit reimbursement requests for either account as frequently or infrequently as you prefer.

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## How Will I Receive Reimbursement?

If you are new to the FSA program, ASIFlex will reimburse you by mailing you a check after you have submitted a reimbursement request form and supporting documentation. However, you also have the option to receive reimbursements by direct deposit to a checking or savings account. ASIFlex will include a direct deposit form in the welcome packet you receive after you enroll. You can also find this form online at [www.asiflex.com](http://www.asiflex.com).



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## What If I Have Questions?

Contact ASIFlex Customer Service by:

**Phone:** 1-800-659-3035      **TTY Phone:** 1-866-908-6043  
Monday through Friday, 7 a.m. - 7 p.m. Central Time  
Saturday, 9 a.m. - 1 p.m. Central Time

**E-mail:** [asi@asiflex.com](mailto:asi@asiflex.com)

**Web:** [www.asiflex.com](http://www.asiflex.com)

