

# benefit strategies






## Flexible Spending Account (FSA)

A Flexible Spending Account (FSA) is a benefit governed by the IRS and sponsored by your employer. An FSA allows you to pay certain Health Care and/or Dependent Care expenses with pre-tax money. Money is diverted out of each of your paychecks on a pre-tax basis and put into a Health Care Reimbursement Account and/or a Dependent Care Assistance Account. Since the money you choose to put into the FSA accounts are non taxable, you will save Federal Income Tax (15% - 35%), Medicare Tax (1.45%), and State Income Tax (0-6+%). The savings range from 22.65% to 48.65% depending on your federal tax bracket and the state you live in. Here at Benefit Strategies we use a medium of 27.65% as an estimate savings. Once enrolled, you are allowed to draw money out of the accounts to reimburse yourself for out-of-pocket medical and/or dependent care expenses incurred during the plan year which are not reimbursed from insurance or other sources.

### How do Flexible Spending Accounts Work?

Prior to the start of each plan year, you conservatively estimate how much money you expect to spend in Health Care and/ or Dependent Care expenses for the year. **It is very important that you estimate your annual election conservatively;** IRS regulations stipulate that once you enroll in your Health Care Account and/or Dependent Care Account the election is locked in for the balance of the year. You may be allowed to make an election change if you have a qualifying change in family status (birth, adoption, marriage, divorce, death) or employment status (changing from full to part-time). Expenses must be incurred during the plan year and cannot be eligible for reimbursement from any other source. At the end of each plan year there is a run out period for you to submit claims with receipts to Benefit Strategies for reimbursement. Any monies left unclaimed at the end of the run out period will be forfeited to your employer.

Once you have decided the amount you would like to contribute to the FSA, it will be deducted by your employer from your paycheck. The payroll deduction is calculated by dividing your annual election by the number of paychecks you receive in a year. You must make separate elections for Health Care Reimbursement Accounts and Dependent Care Assistance Accounts if applicable.

-  If you earn \$36,000 a year.
-  That means you pay about \$9,954 a year in Federal, State and FICA taxes. (assuming an average 27.65% rate)
-  If you decide to contribute 3% or \$1,080 a year to your FSA account.
-  Your taxes drop by 3% to \$9,655 - a savings of \$299 a year!
-  You essentially give yourself a raise by increasing your take-home pay.

	Without Flex	With Flex
Annual Earnings	\$36,000	\$36,000
Pre-tax Health Care Account Contributions	\$0	-\$1,080
Taxable Income	\$36,000	\$34,920
Average Federal, State, FICA Taxes = 27.65%	-\$9,954	-\$9,655
After Tax Health Care Expenses	-\$1,080	\$0
Spendable Income	\$24,966	\$25,265
TOTAL SAVINGS	\$0	\$299

## 3 Methods of Reimbursement



### **FlexExpress © Card**

The *FlexExpress*© Card may look like a typical credit card but it is a special benefits card. This card provides you with easy access to your Flexible Spending Account(s) to pay your IRS qualified expenses directly at the point-of-sale. The card will only be accepted at specific healthcare providers such as physician offices, dental offices, pharmacies, hospitals, chiropractors or optometrists. The card will also work at many dependent care locations.

**NOTE:** Your card will be reactivated with your new election each year upon your request, so please keep your card!

#### **What is eligible for reimbursement with the *FlexExpress*© card?**

You are ultimately responsible for the use of your *FlexExpress*© Card. The card is to reimburse only IRS eligible expenses incurred during the plan year. Be careful not to misuse the card for ineligible expenses or for expenses incurred outside of the plan year. If the card is used for any ineligible expenses, you will be required to return the funds to the plan. Misuse may result in the card's permanent revocation.

#### **What needs to be kept for tax records?**

The IRS requires you to keep all documentation for the purchases associated with the debit card. You may be required to verify eligibility of claims by submitting documentation to Benefit Strategies. Documentation must show: the date the expense was incurred, the amount of the expense after insurance adjustments, the service provider, and a description of the service/expense.

**What do you do if your card is lost or stolen, or to receive additional cards for a spouse or dependent?**  
Contact customer service at 1-888-401-FLEX (3539)



### **Online Reimbursement**

The second reimbursement method is to pay for your qualified expenses out-of-pocket and submit a claim by logging into your personal account at [www.benstrat.com](http://www.benstrat.com), then click on Employee, and choose Flexible Spending Account. Once your claims are entered, print the confirmation page and submit this to Benefit Strategies with the appropriate documentation. We will generate payment once the confirmation page and documentation have been received. Not only is our website used to file claims, it also contains important information such as account balances, claim history, banking information as well as a communications history. For help logging into your account, please contact our customer service toll free at 1-888-401-FLEX (3539).



### **Paper Reimbursement**

The third reimbursement method is to pay for your qualified expenses out-of-pocket and submit a completed paper Reimbursement Request Form along with a copy of the detailed documentation of your expenses to Benefit Strategies. Claim forms can be found online at [www.benstrat.com](http://www.benstrat.com).

Benefit Strategies pays paper claims on a weekly basis. Claims that are properly completed, have the appropriate documentation and are received prior to Thursday by 12:00 pm will usually be processed on Monday. Reimbursement requests should be for a minimum of \$25, unless using your remaining account balance.



# benefit strategies

## Dependent Care Assistance Account (DCA)

Under the Flexible Spending Account (FSA) is the Dependent Care Assistance Account (DCA). This program allows you to take money out of your paycheck on a pre-tax basis, which you can use for all of your eligible dependent day care expenses. Since the money you choose to put into these accounts is not considered taxable income, you save by paying less Federal, State and FICA taxes. You could save between \$22.65 and \$48.65 on every \$100 you choose to defer into these accounts.

To best use this account you need to conservatively estimate how much money you expect to spend for the year on dependent day care expenses while you and your spouse (if applicable) are gainfully employed. Once you arrive at your estimate for the year you divide your total election by the number of pay periods. This amount will show you how much money will be coming out of your paycheck each pay period. When enrolled, this pre-tax money goes into your DCA account which is managed by Benefit Strategies. As you incur day care expenses, you may submit claims to draw the money out of your account. You will then be reimbursed up to the amount currently in your DCA account. The money is not available up front like a HCA account; you are limited to the cash amount currently credited in the account.

When enrolling, the maximum reimbursement you can elect to contribute to the DCA is \$5,000 per year, \$2,500 if you are married and filing separately. In addition, your election is limited to the amount earned by the lower earning spouse. If your spouse earns \$3,000 a year you cannot elect \$5,000 in your DCA. The Maximum you could elect for the year would be \$3,000.

### Eligible expenses include

- Before and After-school programs
- Au Pair (procurement or fees for finding an Au Pair are not)
- Babysitter inside or outside the home
- Day Camps
- Day Care Center
- Nursery School
- Relative or dependent that cares for your children
  - Must be over 19
  - Cannot be claimed on federal tax return

### Please keep in mind!

- ☀ Expenses must be used to allow a single parent or both spouses to be gainfully employed or attend school full time.
- ☀ Dependent must spend at least 8 hours per day in your home.
- ☀ Dependent must be under age 13 or physically or mentally incapable of caring for themselves.
- ☀ You can enroll in an DCA even if you are not participating in your Employer's medical plan.
- ☀ Annual elections are not available up front like a HCA account; you are limited to the balance in the account.

## Election Worksheet

Eligible weekly dependent day care cost:	(A) \$
How many weeks of dependent care you will have in the Plan Year	(B)
Total cost of dependent day care for the Plan Year ( $A \times B$ ):	(C) \$
Enter the Maximum Benefit Allowed: \$2,500 if married filing separately; \$5,000 if single or married filing jointly	(D) \$
How much do you wish to contribute this Plan Year? <i>Enter the lesser of either (D) or (C)</i>	(E) \$
How many pay periods will there be in the Plan Year?	(F)
This will be your pre-tax salary reduction per pay period: <i>Divide the amount in (E) by (F)</i>	(G) \$

# Dependent Care Assistance Account & Federal Income Tax Credit Comparison

Under the IRS code, two tax advantage options are available for dependent care expenses. You may use one or the other, or a combination of both, as long as you do not obtain pre-tax treatment and file for a tax credit on the same money. You should consult a qualified tax advisor to determine which option is best for you.



## Option 1: Dependent Care Assistance Account

Using the Dependent Care Assistance Account you may put up to \$5,000 (\$2,500 if married and filing separately) into your account on a pre-tax basis. The maximum that can be used for this account does not coincide with the number of children in daycare. You will save Federal Income Tax (15% to 35%), FICA (7.65%), and State Income Tax (0-6+%) on any money contributed. The savings range from 22.65% to 48.65% depending on your federal tax bracket and state you live in.



## Option 2: Federal Income Tax Credit

You are allowed to take a credit on your personal taxes, for the work-related child and dependent care expenses you incur. The maximum expense that may be considered is \$3,000 for one qualifying dependent or \$6,000 for two or more. However, only a percentage of these expenses may be deducted. The percentage depends on your adjusted gross income (or joint adjusted gross income if you and your spouse file a joint return.) You may take a credit of between 20% and 35% of your dependent care expenses, as shown on the chart below:

Adjusted Gross Income			Tax Credit Percentage
\$43,001	To	No limit	20%
\$41,001	To	\$43,000	21%
\$39,001	To	\$41,000	22%
\$37,001	To	\$39,000	23%
\$35,001	To	\$37,000	24%
\$33,001	To	\$35,000	25%
\$31,001	To	\$33,000	26%
\$29,001	To	\$31,000	27%
\$27,001	To	\$29,000	28%
\$25,001	To	\$27,000	29%
\$23,001	To	\$25,000	30%
\$21,001	To	\$23,000	31%
\$19,001	To	\$21,000	32%
\$17,001	To	\$19,000	33%
\$15,001	To	\$17,000	34%
\$15,000	or	Less	35%



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## Health Care Reimbursement Account (HCA)

Under the Flexible Spending Account (FSA) is the Health Care Reimbursement Account (HCA). This program allows you to take money out of your paycheck on a pre-tax basis, which you can use for all of your out of pocket health care expenses. Since the money you choose to put into these accounts is not considered taxable income, you save by paying less Federal, State and FICA taxes. You could save between \$22.65 and \$48.65 on every \$100 you choose to defer into these accounts.

Your employer determines the minimum and maximum amounts that can be contributed to these accounts. Once you conservatively estimate how much money you expect to spend on out-of-pocket health care expenses for the year you divide your total election by the number of pay periods. This amount will show you how much will be deducted from your paycheck each pay period. Since the HCA is a pre-funded account, the full amount of the annual election is available to you starting the first day of the plan and is available at all times during the plan year while you are employed.

### Please keep in mind!



You can enroll in an HCA even if you are not participating in your Employer's medical plan.



Monies in your HCA are available to be used for your legal tax dependents.



The full amount of your annual election is available on the first day of the plan!



Once an annual election is made you're locked in. Changes can only occur under certain qualifying IRS events



You must estimate conservatively, any unused monies are forfeited to your employer.

## Election Worksheet

Health Care Expenses Per Plan Year	For You	Spouse	Children
Medical Deductibles	\$	\$	\$
Dental Deductibles	\$	\$	\$
Medical Co-payments	\$	\$	\$
Dental Care / Orthodontia	\$	\$	\$
Prescription Drugs & Co-pays	\$	\$	\$
Medical Supplies	\$	\$	\$
Chiropractic Services	\$	\$	\$
Eye Exams / Lasik Surgery	\$	\$	\$
Eyeglasses, Contact Lenses, Solutions and Supplies	\$	\$	\$
Other Expenses:	\$	\$	\$
Total Expenses:	(A) \$	(B) \$	(C) \$
Total Family Expenses (A+B+C):	(D) \$		
Number of pay periods in plan year:	(E)		
Contribution per pay period (D divided by E):	(F) \$		

### Acceptable Medical Expenses

Acupuncture	Eye exams & glasses	Laboratory fees	Psychoanalysis and mental health therapy
Chiropractic therapy	Group therapy	Lasik eye surgery	Vision care
Contact lenses	Hearing aids & batteries	Orthodontia	Weight loss programs when specifically recommended by a physician to treat obesity or another medical condition
Co-pays	Hearing care	Orthotics	Wheelchairs
Crutches	Hospitalization costs	Physical exams	
Deductibles	Hypnosis for treatment of an illness	Physical therapy	
Dental care	Immunizations	Physician services	
Diabetic supplies	Individual therapy	Prescription drugs	

### Unacceptable Expenses

Aromatherapy	Family therapy
Childrearing classes	Health club dues
Cosmetic surgery	Insurance premiums
Cosmetic dentistry	Marriage counseling
Couples therapy	Teeth bleaching performed in a dental office
Custodial nursing care	Weight loss programs that are NOT medically necessary

### Acceptable Over-the-Counter Items\*

The following OTC expenses will remain eligible after 12/31/2010 without a prescription - Debit Card will still work

Athletic treatments	Crutches, canes, walkers	Fertility monitors	Medical monitoring and testing devices
Bandages	Dentures	First aid kits	Orthopedic and surgical supports
Blood pressure monitors	Diabetic monitors and supplies	Hearing aids and batteries	Pregnancy tests
Cholesterol meter test kit and supplies	Eye glasses	Insulin test strips, testing materials and supplies	Urological products
Contact cleaning solutions	Eye related equipment	Medical equipment	Wheelchair and repairs
	Family planning products		

### Dual Use Over-the-Counter Items- Only eligible if accompanied with a doctor's prescription\*

The following expenses are only eligible if accompanied with a doctor's prescription after 12/31/2010 - Debit Card will not work for these items. Participants must submit manually with the doctor's prescription.

Acne treatments	Canker and cold sore treatment	Cough syrup	Laxatives
Allergy & sinus medicine	Chest rubs	Diaper rash ointments and cream	Lice treatments
Antacids and digestive aids	Cold and flu medicine	Ear drops and wax removal	Motion and Nausea medicine
Antibiotic ointment	Corn and callus removers	Gastrointestinal medication	Nicotine patches and gum
Anti-fungal and anti-itch	Cough drops and sore throat lozenges	Glucosamine	Sleep aids
Aspirin or other pain relievers		Herbal or homeopathic medicine	Toothache gels
Asthma medicine			Wart removal treatments

### Unacceptable Over-the-Counter Items

Baby bottles and cups	Hair re-growth systems
Baby wipes	Low calorie foods
Cosmetics	Moisturizers
Deodorants	Oral care
Feminine care	Petroleum jelly

\*Eligible OTC expenses are subject to change as updates and more information becomes available about this IRS regulatory change. Please also note that under the IIAS system there are a few select items that will not be deemed acceptable when using your FlexExpress® card. Please pay for these items using other means and submit a manual claim to our office for further review. Plan restrictions may apply, check with your plan administrator.

This completed form must be submitted to the Human Resources Department at the Town Office Building by Friday May 6, 2011. Current participants must re-enroll by submitting this completed form, otherwise your participation and deductions will end in June.



TOWN OF LEXINGTON  
FLEXIBLE BENEFIT PLAN ENROLLMENT FORM

PLAN YEAR: JULY 1, 2011 TO JUNE 30, 2012

<b>A. Employee Information</b>		<i>Please Print Clearly and Fill Out Completely!</i>		Instructions on Back			
Name: _____		Social Security Number (Required): _____					
Home Address: _____							
Check if New: <input type="checkbox"/> _____							
City: _____		State: _____		Zip Code: _____			
				Day Phone: _____			
E-mail Address: _____				Date of Birth: _____			
<b>B. Flexible Benefit Plan Pre-tax Elections</b>							
<b>1. Health Care Reimbursement Account</b> Eligible health expenses include professional medical expenses incurred by my dependents or myself during the Plan Year for "the diagnosis, cure mitigation, treatment or prevention of disease, or for the purpose of affecting any structure or function of the body". <i>Please note that legislation recently signed into law, mandates that OTC drugs and medicines (other than insulin) will only be eligible for reimbursement under health FSA with a doctor's prescription effective January 1, 2011.</i>							
\$ _____	X	_____	=	\$ _____			
Your Contribution Per Pay Period		# of Pay Periods		Total Election			
				Maximum Election allowed <b>\$5,000</b>			
<b>2. Dependent Care Assistance Account</b> Eligible dependent day care expenses are incurred to allow you and your spouse (if applicable) to be gainfully employed. Please remember that the IRS will require you to disclose the Tax ID or Social Security Number of your day care provider(s) when you file your income taxes.							
\$ _____	X	_____	=	\$ _____			
Your Contribution Per Pay Period		# of Pay Periods		Total Election			
				Maximum Election allowed <b>\$5,000</b> (\$2,500 if married filing separately)			
<b>C. FlexExpress® Debit Card</b> The FlexExpress Card® is optional. If you and/or your dependents have debit cards, they will <u>automatically</u> be reactivated unless you indicate below that you do not want a card. Otherwise, please indicate your selection below. Annual Fees: Primary Card - Paid by Employee, Cost \$5/Dependent Cards - Paid by Employee, Cost \$5 each. \$5 fee to replace lost debit cards.							
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <p><b>* If you and/or your dependents have debit cards, they will be <u>automatically</u> reactivated for your renewal. Otherwise, please select from below:</b></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%; padding: 5px;"><b>Check One:</b></td> <td style="padding: 5px;"> <input type="checkbox"/> I am a new participant to this plan and would like a NEW debit card.  <input type="checkbox"/> I have a card that was lost, stolen or damaged and would like a replacement card.  <input type="checkbox"/> I do NOT want a FlexExpress Card.               </td> <td style="padding: 5px; vertical-align: top;">                 NO action required.                   This is for brand new participants only, if you already have a card, selecting this option will automatically <u>inactivate</u> your existing card.                   Selecting this option will <u>inactivate</u> your existing card.                   Your default reimbursement method will be check unless the direct deposit information below is completed.               </td> </tr> </table> </div> <div style="width: 35%;"></div> </div>					<b>Check One:</b>	<input type="checkbox"/> I am a new participant to this plan and would like a NEW debit card. <input type="checkbox"/> I have a card that was lost, stolen or damaged and would like a replacement card. <input type="checkbox"/> I do NOT want a FlexExpress Card.	NO action required.  This is for brand new participants only, if you already have a card, selecting this option will automatically <u>inactivate</u> your existing card.  Selecting this option will <u>inactivate</u> your existing card.  Your default reimbursement method will be check unless the direct deposit information below is completed.
<b>Check One:</b>	<input type="checkbox"/> I am a new participant to this plan and would like a NEW debit card. <input type="checkbox"/> I have a card that was lost, stolen or damaged and would like a replacement card. <input type="checkbox"/> I do NOT want a FlexExpress Card.	NO action required.  This is for brand new participants only, if you already have a card, selecting this option will automatically <u>inactivate</u> your existing card.  Selecting this option will <u>inactivate</u> your existing card.  Your default reimbursement method will be check unless the direct deposit information below is completed.					
<b>Additional Card Information:</b> List your spouse or <u>dependents</u> (over age 18) you would like to order a FlexExpress® Card for. This is for your legal dependents only. Domestic/Civil Union Partners are <u>not</u> IRS eligible dependents in most cases. If your dependents already have a card, it will remain active until you indicate to inactivate it below.							
Full Name	Social Security Number	Date of Birth	New or Inactivate Card				
1.			___New    ___Inactivate				
2.			___New    ___Inactivate				
<b>D. Direct Deposit Authorization</b> If you would like non-FlexExpress® reimbursements to be direct deposited to your bank account (rather than receiving paper checks) fill out the information below EACH PLAN YEAR AND attach a voided check.							
Bank Name: _____ (See #1 on sample)		<input type="checkbox"/> Checking Account <input type="checkbox"/> Savings Account		<b>SAMPLE</b> 			
Routing Number - 9 digits (See #2 on sample):		Account Number (See #3 on sample):					
<div style="border: 1px solid black; display: flex; justify-content: space-between;"> <div style="width: 20px; height: 20px;"></div> <div style="width: 20px; height: 20px;"></div> <div style="width: 20px; height: 20px;"></div> <div style="width: 20px; height: 20px;"></div> <div style="width: 20px; height: 20px;"></div> <div style="width: 20px; height: 20px;"></div> <div style="width: 20px; height: 20px;"></div> <div style="width: 20px; height: 20px;"></div> </div>							
<b>E. Signatures</b> By signing below, I agree to all of the Terms and Conditions stated on the opposite side of this form.							
Employee Signature (required):				Date:			
Employer Acceptance (required):				Effective Date:			

## Enrollment Form Instructions

<b>Section A</b>	<b>EMPLOYEE INFORMATION</b> - Please print your name and complete address clearly. Your phone number and e-mail address will be used only to communicate with you with regards to this plan. It will not be distributed to any other organization or used for marketing purposes in any way. Statements of your account balance and activity will be sent via e-mail whenever possible. Please understand that this is an employee account and due to federal and state laws we cannot release detailed information to anyone other than the participant, this also includes your spouse and/or dependent(s). Please contact our office for further information.
<b>Section B</b>	<b>FLEXIBLE BENEFIT PLAN PRE-TAX ELECTIONS</b> 1. Health Care Reimbursement Account - Carefully consider how much money you would like to set aside each pay period during the Plan Year to pay for your family's eligible out-of-pocket medical expenses. Make sure you read your Summary Plan Description and/or the Health Care brochure to fully understand how the plan works. 2. Dependent Care Assistance Account - Carefully consider how much money you would like to set aside each pay period during the Plan Year to cover the expenses you will incur to care for your eligible dependents while you and your spouse (if applicable) are gainfully employed. Make sure you read your Summary Plan Description and/or the Dependent Care brochure to fully understand how the plan works.
<b>Section C</b>	<b>FlexExpress® Debit Card</b> - If you and/or your dependents currently have FlexExpress® Debit Cards, they will be automatically reactivated each year unless you indicate to inactivate them. New participants can order cards for themselves as well as their dependents using the debit card section on the front of the form. Cards may also be inactivated using this form if necessary.
<b>Section D</b>	<b>Direct Deposit Authorization</b> - Claims that are faxed, mailed or filed on-line are normally reimbursed by sending you a paper check. If you would like your reimbursements sent directly to your checking or savings account via Direct Deposit, fill out this section and attach a voided check (for checking) or deposit slip (for savings). Confirmations are sent via email and will show current transaction information as well as available funds in the account.
<b>Section E</b>	<b>Signatures</b> - After you have completely filled out this form and carefully read the following Terms and Conditions please sign and date then return the enrollment form to the Town Office Building by May 6 <sup>th</sup> , 2011. Employers must review the elections and sign that the employee meets the eligibility requirements.

## Flexible Benefit Plan Terms and Conditions

### I UNDERSTAND THAT:

**ADMINISTRATIVE FEES:** I understand by participating in the Flexible Reimbursement Plan(s) my employer will deduct pre-tax from my paycheck: \$5.00 per month for one Flex Account or \$7.50 per month for two or more Flex Accounts.

- I cannot change this election during the Plan Year unless I have a qualifying change in family status.
- My Social Security benefits may be reduced by this election due to the pre-tax treatment of these expenses.
- I must make all of my elections carefully and conservatively. Expenses from Reimbursement Accounts *cannot* be reimbursed from any other source and *must* be incurred during the Plan Year. Any money unclaimed from my reimbursement account(s) at the end of the Plan Year will be forfeited to my employer after a run-out period. I will not receive it back.
- I may have an additional 2½-month Grace Period at the end of the current plan year to incur eligible expenses for reimbursement. See your Flexible Benefit Plan Summary Plan Description for more details.
- I understand that Flexible Benefit Plans are to reimburse expenses incurred by my legal dependents or myself only. *Domestic/Civil Union Partners are not IRS eligible dependents in most cases.*
- Health Care Reimbursement Accounts will be reimbursed up to the annual election (minus previous payments). Dependent Care Assistance Accounts will be reimbursed up to the balance currently credited to the account.
- *\*The Health Care Reform legislation signed into law by the President March 2010 impacts over the counter (OTC) purchases with Health Care Flexible Spending Accounts, Health Reimbursement Arrangements and Health Savings Accounts beginning January of 2011. OTC drugs and medicines will only be eligible with a prescription from a doctor. Because these items now require a doctor's prescription, these items can no longer be purchased using the debit card. Participants may still be able to receive reimbursement for the item using their Health FSA, HRA or HSA; however they must send in a claim form accompanied by the prescription from their doctor. All non-prescription OTC drugs and medicine expenses need to be incurred (purchased) prior to January 1, 2011, either by card or claimed using a claim form and receipt, to be eligible for reimbursement without a doctor's prescription. More information will be provided as available.*
- 1. **FlexExpress® Card:** The FlexExpress® Card is to be used only to pay for IRS eligible health and/or dependent care expenses. It cannot be used to purchase any items or services not specifically approved by IRS guidelines.
  2. For expenses paid with the FlexExpress® Card I certify I have not been reimbursed and will not seek reimbursement under any other plan covering health benefits.  
Any OTC drug or medicine incurred prior to January 1, 2011 will not require a prescription for reimbursement and can be purchased using the debit card. Any OTC drug or medicine expense incurred on or after January 1, 2011 will require a prescription for reimbursement and the debit card will no longer work for those drug or medicine OTC expenses.
  3. The IRS requires me to keep documentation of all my expenses the card is used for, and supply them to Benefit Strategies if requested.
  4. The IRS requires me to keep documentation of all my expenses the card is used for, and supply them to Benefit Strategies if requested.
  5. Misuse of the FlexExpress® Card will result in permanent revocation and repayment of ineligible expenses.