



Flexible Spending Accounts Save You Money!

*Want to save money on Medical or Child Care Expenses?
Sign up for the Flexible Spending Account and
put more money in your pocket!*



Save 25% or more on eligible expenses.

Flexible Spending Accounts (FSAs) are year-to-year accounts that allow you to set aside money from your paycheck on a pre-tax basis to pay for medical and child/elder care expenses. That means you do not have to pay federal, and in most cases, state income tax, or FICA taxes on those dollars...which means you have more money in your pocket! Most people can save at least 25% on each dollar that is set aside, for expenses they are paying for anyway!

The FSA is easy to manage, and you can take advantage of the spending accounts by following three easy steps:

- 1) Review your expenses for medical and/or child/elder care for the previous year. Make note of what you spend on regular, planned expenses, and what expenses you may incur in the coming year.
- 2) Sign up for your FSA during your employer's annual open enrollment period.
- 3) Submit claims to ASIFlex for reimbursement of your expenses.

You can submit claims via the ASIFlex Mobile App, online at asiflex.com; or otherwise by fax or mail.

Estimating your plan year election amount is easy! ASIFlex offers the following tips and tools to help!

First, take a look at your prior year's expenses, as this is a good indicator of what you might anticipate for next year.

Then make a list of your predictable or recurring expenses that you know you have, such as copays, annual deductible, monthly prescriptions, dental or vision expenses, over-the-counter health care products or ongoing child care costs.

Next, think about any other anticipated expenses you plan to incur next year, such as eyeglasses or orthodontia.

You can review ASIFlex's Eligible Expense list as a reference of the hundreds of eligible expenses.

Then you can use the ASIFlex expense estimator and the tax savings calculator to see your savings!

Remember that the more you set aside, the more you save, so it is to your advantage to do a thorough review of your expenses.



Have questions?



1.800.659.3035

Customer Service Hours: 7:00 am - 7:00 pm CT Monday -Friday; 9:00 am - 1:00 pm CT Saturday



www.asiflex.com

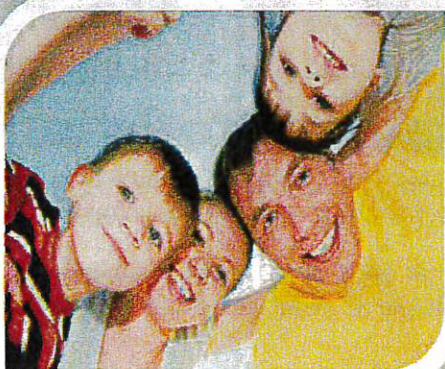
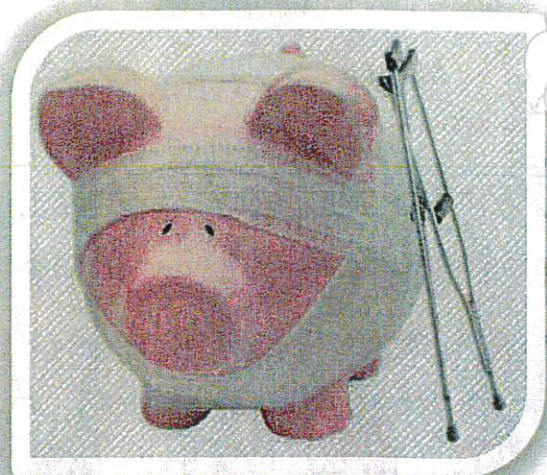


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There are two types of accounts

The **Health Care FSA** provides you an opportunity to use pre-tax dollars to pay for out-of-pocket medical, dental, vision and hearing expenses for you, your spouse and any of your dependents (even if they are on a different insurance plan). There are hundreds of eligible expenses, including copays, deductibles, prescription drugs and many more. Check the Eligible Expense list at asiflex.com for more information.

Check your employer plan for the amount that you can contribute to the Health Care FSA each year. You can use these dollars for eligible expenses you incur throughout the year. And, your full plan year election is available to you on the first day of your plan year!



The **Dependent Care FSA** is for qualifying work-related child care expenses, but you can also use DC FSA money to pay for work-related expenses for older tax dependents who are not capable of self-care. Eligible expenses include daycare, summer day camps (overnight camps are NOT eligible), babysitting, before and after school care, nursery school and pre-kindergarten expenses that are primarily for the protection and well-being of the dependent.

You can set aside up to \$5,000 per household per calendar year or \$2,500 if married and filing separate income tax returns. You can be reimbursed up to the cash balance in your account.

Don't forget...

Remember that your FSA election is fixed once your employer's open enrollment period has closed, so please take your time when determining your annual election. The FSA accounts are year-to-year commitments, and you will want to spend all funds you have set aside each year.

Unused funds are forfeited. But don't let this keep you from participating! You can avoid forfeitures by planning carefully and setting aside money only for predictable and recurring expenses that you know you will have. So, take your time and make an informed decision regarding how much to set aside in the Health Care and/or Dependent Care FSA.

Remember, the FSA helps you avoid paying taxes which means you have more spendable income in your pocket! If you have questions, just contact ASIFlex! We are here to help!

Check your account statement, submit claims, and manage your personal account settings at asiflex.com. Click on the Online Access/Account Detail Tab to sign in!



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Over-the-Counter Eligible Health Care Products

Although over-the-counter (OTC) *drugs and medicines* require a prescription in order to be reimbursed by a flexible spending account (FSA), there are many other OTC health care products that are not a drug or medicine **that do not require a prescription!** That's right! Take a look at what you can get without a prescription!

FSA ☒ OTC PRODUCTS - NO PRESCRIPTION REQUIRED

Bandages, Band-Aids
Baby Care, Breast pumps, nose saline spray/drops, nasal aspirator, medicine dropper, ear syringe, etc.
Diabetic supplies, insulin, glucose monitor, testing strips, syringes, sharps containers, diabetic cases/coolers
Denture adhesives
Eye care, reading glasses, contact lens cleaners/storage kits, eye patches
Family planning, condoms, contraceptive creams, fertility monitors, ovulation prediction kits
First aid kits, first aid supplies
Glucosamine, arthritis formula
Hearing aids, batteries
Incontinence supplies, adult diapers, pads, absorbent underpads
Joint support bandages/braces, wrist, hand, neck, elbow, knee, ankle, etc.
Medic-alert bracelets or necklaces
Medical equipment and repair; crutches, canes, walkers, wheelchairs
Medical monitoring/testing devices, blood pressure monitors, blood glucose testing kits, cholesterol test kits, colorectal cancer test kits, etc.
Mobile Apps for health care
Orthopedic and surgical supports, aqua casts, splints
Ostomy products, catheters
Sunscreen; at least SPF15 and Broad Spectrum
Pill holders, pill splitters
Prenatal vitamins
Thermometers
Vaporizers, humidifiers

Some things to remember -

FSA ☒ For product information, go to asiflex.com and click on the FSA Store icon. FSA Store has thousands of eligible products that do not require a prescription! Many drug stores also have online stores where you can shop for eligible FSA products.

FSARx ☒ OTC *drugs and medicines* are eligible with a prescription. This includes pain relievers, allergy/sinus medicines, antibiotic treatments, canker/cold sore medicines, cold/cough/flu remedies, laxatives, smoking cessation patches/gum, sleep aids, sedatives, etc.

This information is provided as an overview only and is subject to change by IRS regulations. Be sure to check your employer's specific plan provisions for any variances.

Have questions



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HEALTH CARE EXPENSES

Acupuncture
Ambulance
Artificial Limb/Teeth
Bandages
Birth Control/Contraceptives
Body Scan
Braille Books/Magazines
Breast Pumps/Supplies
Breast Reconstruction
Chiropractors
Concierge Medical Care
(amount billed for service and
not monthly fee)
Contact Lenses,
solutions/cleaners
Copays, Coinsurance,
Deductibles
Dental Care
Diagnostic Services/Devices
Durable Medical Equipment
(crutches, canes, walkers,
wheelchairs)
Dermatologist
Eye Exams and Eyeglasses
(prescription)
Fertility Enhancement
Guide Dog or other service
animal
Hearing exams, aids/devices
and batteries

Hospital Services
Immunizations
Infertility Treatment
Insulin and Diabetic supplies
Laboratory/Diagnostic Fees
Lactation Expenses
Language training (dyslexia)
Laser Eye Surgery
Learning Disability
Massage Therapy*
Medical Conferences*
Medicines
Midwife
Mileage incurred to seek health
care
Nursing Services
OB/GYN Fees
Occlusal Guards
Operations
Optometrist
Organ Donors
Orthodontia
Orthotics
Osteopath
Over-the-Counter Drugs*
Over-the-Counter health care
products
Oxygen
Physical Examination
Physical Therapy

Physician Office Visits
Pregnancy Test Kit
Prescription Drugs
Prosthesis
Psychiatric Care
Psychoanalysis
Psychologist Fees
Reading Glasses
Sales Tax, Shipping, Handling
fees for medical supplies
Stop-Smoking Program
Smoking Cessation prescriptions
Speech Therapy
Substance Abuse Treatment
Sunglasses (prescription)
Surgery
Sterilization
Telephone/TV for disability or
impairment
Therapy for medical condition
Transplants
Trips/Travel Expense to seek
health care
Vasectomy
Vision Care
Vision Correction Surgery
Weight-Loss Program for
medical condition*
Wigs*
X-Rays

DEPENDENT CARE EXPENSES

Adult/Elder/Senior Day Care Center
Au pair or Nanny
Babysitting
Before- or after-school care
Child Day Care Center
Nursery school or Preschool
Registration Fees (after service provided)
Sick Child Care
Summer Day Camp

*Items are eligible for reimbursement through a Health Care FSA if they are treating a current or imminent medical condition. Some items may require additional documentation such as a letter of medical necessity or a prescription (for over-the-counter medications) from your medical provider. Please visit asiflex.com for more information and a comprehensive list of eligible expenses.

Revised 05_2018

Health Care Worksheet

Medical	Amount
Copays, Deductibles	\$ _____
Physician Visits	\$ _____
Prescriptions	\$ _____
Over-the-Counter Items	\$ _____
Diabetic Supplies	\$ _____
Chiropractic Treatments	\$ _____
Mileage	\$ _____

Dental	
Fillings	\$ _____
Crowns	\$ _____
Bridges	\$ _____
Dentures & cleaners	\$ _____
Oral Surgery	\$ _____
Orthodontia	\$ _____
Mileage	\$ _____

Vision/Hearing	
Prescription Eyeglasses	\$ _____
Prescription Sunglasses	\$ _____
Reading Glasses	\$ _____
Contact Lenses	\$ _____
Contact Cleaners	\$ _____
Laser Eye Surgery	\$ _____
Hearing Exams	\$ _____
Hearing Aids & Batteries	\$ _____
Mileage	\$ _____

TOTAL \$ _____

Dependent Care Worksheet

Month	Amount
Month 1	\$ _____
Month 2	\$ _____
Month 3	\$ _____
Month 4	\$ _____
Month 5	\$ _____
Month 6	\$ _____
Month 7	\$ _____
Month 8	\$ _____
Month 9	\$ _____
Month 10	\$ _____
Month 11	\$ _____
Month 12	\$ _____

TOTAL \$ _____



Download the ASIFlex Mobile App!





Flexible Spending Account Agreement Form

Print clearly and return this completed Agreement to Human Resources/Benefits Dept.

Employer Name			
Name (Last, First, MI)		Social Security Number or ID Number	
Street Address	City	State	ZIP Code
Effective Date of Election	Type of Election		Date of Birth-MM/DD/YY
	<input type="checkbox"/> Open Enrollment Election <input type="checkbox"/> New Hire Election		<input type="checkbox"/> Decline

Health Care Flexible Spending Account (FSA) Election – Medical, dental, vision, hearing care expenses		
Qualified expenses include medical, dental, vision, and hearing expenses for you & your tax dependents that are not reimbursed under any other source.		
Plan Year Salary Reduction Amount <i>Check your plan for the maximum limit.</i>	Per Pay Period \$ _____	Plan Year Election \$ _____

Dependent Care Flexible Spending Account (DCFSA) Election - Child/elder daycare expenses		
Qualified expenses are those incurred primarily for the protection and well-being of a child or elder dependent while you work. DO NOT include medical expenses for your dependents in the DCFSA election. Include these expenses in your election for the Health Care FSA program below.		
Plan Year Salary Reduction Amount <i>Maximum \$5,000, or \$2,500 if married and filing separate income tax returns</i>	Per Pay Period \$ _____	Plan Year Election \$ _____

Claim reimbursement is sent directly to a bank account of your choice, and you will be notified by email/text alert each time reimbursement is issued.

Note: If you have previously signed up for this option and do not wish to change the information ASIFlex has on file from a previous year, there is no need to complete the following section.

☐ Please use account information below to set up direct deposit to my bank account and send email/text alerts of my account activity. Attach a voided check or copy of a check to this form. Note: Standard text message charges may apply from your wireless provider.

Name of Financial Institution/Bank _____ Bank Routing Number (9-digit) _____
Account number _____ Type of Account: ☐ Checking ☐ Savings
Email: _____ Cell Phone: _____ Mobile Carrier: _____

☐ Mail a check to my home address. ASIFlex and your employer are not responsible for lost or delayed mail.

I understand:

- I have elected to have pretax deductions from my pay based on the number of pay periods as set up by my employer during the plan year, and that this election will continue until this Agreement is amended or terminated as allowed under the Plan.
- Pretax deductions reduce my compensation for tax purposes which reduces my Social Security benefits.
- I cannot change or terminate my election unless I experience a qualified change in status as allowed under the Plan.
- My employer may change my election if necessary in order to satisfy certain provisions of the Internal Revenue Code.
- My election and this Agreement will cease upon termination of employment.
- Complete claims with correct supporting documentation must be submitted timely as described in the Plan in order to be considered for reimbursement.
- Expenses for which I claim a tax deduction under my income tax return cannot also be reimbursed under this Plan.
- Unused funds are forfeited at the end of the Plan Year as defined in the Plan.
- The Dependent Care FSA and Health Care FSA benefits, and my rights and obligations under this plan, as specified in my employer's Plan materials.
- This Agreement cancels any prior election agreement I have made under the Plan and cannot be changed except as stated in my employer's Plan.

Employee Signature _____ **Date** _____

Questions? Visit ASIFlex at www.asiflex.com. Email asi@asiflex.com. Call 1-800-659-3035

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