

FLEXIBLE SPENDING ACCOUNTS (FSA) GUIDE

WHAT IS AN FSA?

An FSA is an account that allows you to set aside money, before taxes, to use on eligible health care and dependent care expenses. You elect how much you want to contribute, and your

employer deducts the amount from your paychecks for the plan year. Since you use pretax dollars you lower your taxable income, and you use tax-free money for expenses.

TWO KINDS OF FSAS AND THEIR ELIGIBLE EXPENSES

Health Care FSA

For eligible health care services and items for you, spouse and dependents.

- Prescriptions
- Over-the-counter items and medicines*
- Co-payments
- Dental care, orthodontia
- Vision care, eye surgery
- Therapies

These are just a few of the many services and items people use everyday. Complete lists of eligible expenses are provided on www.enrollwithtag.com.

* A doctor's prescription is no longer required for over-the-counter drugs and medicines in order to be FSA eligible.

HOW TO USE YOUR FUNDS

We want to make using your FSA as easy and convenient as possible. That's why we offer you choices.



FSA DEBIT CARD. Use it instead of cash at most medical providers and pharmacies.



REIMBURSEMENT REQUEST. File a claim online, by fax or mail for reimbursement.



MOBILE APP. Use our mobile website to view your account information.



SIMPLE & EASY
DOWNLOAD THE
"TAG Benefit Center"
APP TODAY!

**THE ADVANTAGE GROUP**

**CONTACT A
TAG REPRESENTATIVE:**



BY PHONE:
(877) 506-1660



BY EMAIL:
support@enrollwithtag.com

www.enrollwithtag.com

WHAT ELSE YOU SHOULD KNOW

- Q.** When can I use my funds?
- A.** Health Care FSAs are fully funded at the start of your plan year for immediate use. Dependent Care FSAs require that the funds are contributed before they can be used.
- Q.** Who regulates the use of FSAs?
- A.** FSAs are regulated by the IRS, who determines what expenses are eligible. Most FSA purchases can be verified automatically but you may be asked to submit documentation. Always ask for an itemized receipt and save all receipts.

ESTIMATE YOUR SAVINGS

How much you save depends on how much you spend on health and dependent care, and on your tax situation. For every \$100 of eligible expenses, most people will save up to \$40 in taxes. To estimate your expenses and see for yourself how your savings can add up, use the savings calculator at www.enrollwithtag.com

SIGN UP

Your employer will give you details on when and how to sign up. To use the savings calculator designed to help you decide how much to contribute, visit: www.enrollwithtag.com

Be sure to estimate your expenses as accurately as possible because funds remaining in your account at your plan's deadline are forfeited per IRS regulations.

After you have signed up, be sure to create an online account. It's easy and lets you manage your account any time!

HEALTH CARE FSA	EXAMPLE	YOUR ESTIMATE
Prescription drugs	\$225	
Doctor visits	\$80	
Annual dental plan deductible	\$50	
Dental fillings and crowns	\$185	
Orthodontia (braces)	\$1,800	
Prescription glasses	\$100	
Prescribed over-the-counter products ¹	\$60	
Suggested plan year election ²	= \$2,500	=
Taxes (40% ³)	x 0.40	
Estimated savings ²	= \$1,000	=

QUESTIONS

Helpful tips, guides and FAQs are available online at www.enrollwithtag.com. The Advantage Group professionals also are standing by to help you. Just Call 1 (877) 506-1660

- NOTES:**
- 1 Requires a doctor's prescription
 - 2 Your employer determines the maximum annual amount you can contribute for your plan, which cannot exceed **\$3,200, effective 1/1/2024**, per IRS rules. Confirm with your employer or check your summary plan description for the maximum annual contribution limit allowed for your plan.
 - 3 Tax savings amounts are examples provided for illustrative purposes only. They are based on federal, state, and FICA (Social Security) taxes that you do not have to pay through payroll deductions on amounts used to fund your account. Your actual savings may vary depending on your marginal income tax rate, whether you pay state income taxes, and other factors. Some states do not recognize tax exclusions for FSA contributions.

Participant Election Form
Flexible Spending Accounts (FSA)



Participant Information

Employer Name:		Plan Year:
Participant Name:		SSN:
Mailing Address:		Birth Date:
City:	State:	Zip:
Phone:	Email:	
Payroll Cycle:	If new employee, provide eligibility date:	

Pre-Tax Benefit Elections

Flexible Spending Account Categories:	Pre-Tax Election (per pay period)	Pre-Tax Election (per plan year)	Initials
Healthcare FSA: (\$3,200 maximum per year)			
Dependent Care FSA: (\$5,000 maximum per year)			
Total Pre-Tax Contribution Amount:			

Would you like a Debit Card? Note: Debit cards have a three year expiration and may be used over multiple plan years.	Initials
Yes, I am a new participant and would like a debit card	
Yes, I have discarded my original card and need a new debit card	
Yes, reload my existing card	
No, I do not want a debit card	
I would like a 2nd card for my spouse (spouse's name: _____)	

Plan Election Agreement

I understand that by signing below, I am making a binding election of the benefit(s) indicated on this form and hereby authorize my employer to re-direct each pay-period the contribution(s) listed in the above election section. I further understand that IRS requires forfeiture of any unused contributions (use-it-or-lose-it-rule) that remain unclaimed after the end of the plan year. There is a 90 day grace period to submit eligible expenses incurred during the current plan year. Once this election form is signed, I understand that my contribution(s) cannot be revoked or changed during the plan year, unless I have a qualifying "Status Change", which includes marriage, divorce, death of spouse or child, birth or adoption of a child, and termination of employment of spouse which justifies the revocation. (See SPD's for Rules). Each year I have the option to make changes to my TAG plan election amount(s) during the Open Enrollment Period (OEP). In the event of a change in my cost for the employer sponsored group insurance premium(s), I authorize my employer to adjust my TAG plan contribution(s) accordingly. I have examined this agreement and to the best of my knowledge, it is true and complete.

Participant Signature: _____ Date: _____

Dependent Care Spending Account
Continual Reimbursement Form



Participant Information

Employer Name:		Plan Year:
Participant Name:		SSN:
Address:		Birth Date:
City, State, Zip:	Phone:	Email:

Dependent / Child Care Provider Information (provider's signature required)

Dependents' Name(s):	1)	2)	3)
Birth Date:	1)	2)	3)
Relation to Participant:	1)	2)	3)
Provider's Name:	Provider's Tax ID or SSN:		
Provider's Address:	Provider's Phone:		

Provider Signature: _____ Date: _____

Monthly Dependent Care Expenses

List Months in Plan Year	Monthly Expense	Explanation (if applicable)
Total Dependent Care Premium:		

Claims must be made for services incurred during the plan year. Requests include regularly incurred expenses under a binding agreement. No reimbursement may be approved thru a continual reimbursement program for any month in which Dependent Care Services are not rendered. It is your responsibility to advise the Plan Administrator of the cessation or interruption of such services. I have verified that the information listed above and the information attached is true and correct. I understand that if any changes regarding the continual payments or services occur, The Advantage Group must be notified immediately. Failure to do so could result in additional taxes for which I would be responsible and liable.

Participant Signature: _____ Date: _____

Reimbursement Guide

Healthcare FSA's are permitted to reimburse drugs, medicines and supplies that meet the definition of medical care under Code 213(d), including items purchased over-the-counter. The following provides a common list of eligible expenses (and ineligible expenses) for your review. A comprehensive listing of eligible expenses can be viewed at www.enrollwithtag.com.

OTC Medication Eligibility

Over-the-counter medications (OTC) and qualified over-the-counter first aid type items are eligible for purchase with your Healthcare FSA.

Medical Care

- Adoption/Medical Expenses
- Ambulance Services
- Blood Pressure Monitoring
- Body Scans
- Contact Lenses
- Contraceptives, i.e. Birth Control Pills and Vasectomy
- Co-Pays & Deductibles
- Costs for a Guide Dog for the Blind or Deaf
- Dental Check Ups and Care
- Drug Addiction Treatments
- Fertility Treatments (for inability to conceive naturally)
- Hearing Aids/Supplies
- Hospital Services
- Immunizations
- Lab / X-ray Fees
- LASIK Eye Surgery
- Operations (non-cosmetic)
- Orthodontia
- Prescription Drugs
- Pregnancy Tests

Over-the Counter Items (OTC)

- Allergy Medications, i.e. Claritin and Benadryl
- Antacids such as Zantac, Pepcid AC
- Bandages, Gauze, and Tape
- Cold Medications, i.e. Nyquil and Robitussin
- Contraceptives such as Condoms
- Contact Lens Solutions and Cleaners
- Denture Adhesives
- Diabetic Supplies (may require statement)
- Diaper Rash Ointments
- Diarrhea Medicines
- First Aid Supplies
- Hemorrhoid Treatments
- Laxatives, i.e. Phillip's Milk of Magnesia
- Menstrual Products
- Motion Sickness Pills
- Nasal Decongestants, Drops, and Inhalers
- Pain Relievers, i.e. Tylenol and Motrin
- Prenatal Vitamins
- Sleeping Aids, i.e. Unisom and Sominex
- Thermometers
- Topical antibiotic ointment, i.e. Neosporin

Dual Purpose Items

Dual purpose items may require recommendation by a medical practitioner to treat a specific medical condition.

- Acne Treatments
- Allergy Treatment Equipment
- Birthing Classes
- Counseling (only for a medical reason)
- Health Club Dues/Fitness Fees
- Massage Therapy
- Orthopedic Shoes and Inserts
- Weight Reduction Programs
- Skin Care Treatments
- Smoking Cessation Programs
- Alternative Healers such as Herbal and Holistic
- Cold or Hot Compresses
- Dietary Supplements
- Sun Screen Products

Direct Deposit Authorization



Direct Deposit

Direct Deposit is safe, convenient, and easy. Your claims will be processed as usual. When disbursements are processed for your company, your reimbursement will be deposited directly into your designated account and you will receive a non-negotiable paper transaction record from us through your payroll department.

Setup Instructions

1. Complete all information on this Authorization Form.
2. Attach a voided check.
3. Sign and date the form.
4. Mail the completed authorization to the address listed below for approval.

Direct Deposit Authorization

Name: _____ Employer: _____

Type of Account: Checking Savings

Financial Institution Name: _____ Branch: _____

City/State/Zip: _____

I authorize The Advantage Group and the financial institution listed below to initiate electronic credit entries, and if necessary, debit entries and adjustments for any credit entries in error, to my account. This authority will remain in effect until I have cancelled it in writing.

Participant Signature

Date

Attach Voided Check

voided check

Mail Completed Form: The Advantage Group, 43471 Ridge Park Drive, Suite B, Temecula, Ca 92590

Online Account Setup Instructions



Online Account Services

All active participants have access to their online account features at www.enrollwithtag.com. Your online account provides fast and easy access to all of your accounts activities. Users can view up-to-date account balance information, pending claims status, claims history, and submit for claims reimbursement from your personal account page.

New User Setup Instructions

1. Logon to enrollwithtag.wealthcareportal.com and select [Registration](#).

STEP 1 STEP 2 STEP 3 STEP 4 STEP 5 STEP 6

Let's get you registered - please provide the information below.

First Name * Kevin

Last Name * Smith

Zip Code *

Debit Card *

CANCEL NEXT

2. Follow the prompts and enter your information to create your username and password.

STEP 1 STEP 2 STEP 3 STEP 4 STEP 5 STEP 6

Create a user name, email and password for your account.

User Name *

Email *

Password * ?

CANCEL BACK NEXT

3. Your login is now established and you will be directed to your personal account page where you can view up to date account information and access a variety of additional account features.

The Advantage Group Personal Dashboard

Hi, Kevin Smith

Your Accounts

Plan years to show: Previous Current Future

Flexible Spending Account (01/01/2020-12/31/2020)

\$2,000.00

Available \$2,000.00 Spent \$0.00

Recent Transactions

SEE ALL

Alerts

Right now you're only receiving email alerts. Click below to maximize the value of your account. Link your mobile phone and get real-time balance updates!

SIGN UP

SmartCard Debit Card Helpful Hints



Swipe, Save, and Go.

When you use your SmartCard debit card to pay for qualified purchases, the money is instantly deducted from your flexible benefits account(s). You won't have to reach into your pocket to pay for qualified expenses, file a claim, and then wait to get reimbursed.



Please keep in mind the following rules for debit card use:

- 1) Keep receipts for all purchases for at least 30 days. You may be sent a statement requesting receipts for debit card purchase. Statements are sent out at the beginning of the month for the prior month's charges. Please make sure to include your receipt with your return statement.
- 2) Many dental and vision charges will require a detailed invoice from the provider to verify the claim is eligible payment from your flexible benefit accounts (ie: what service was provided, date of service & who the service was for).
- 3) Debit cards may only be used for a service that is provided within the current plan year. IRS guidelines state that claims are based on the date of service and not the date of payment when verifying claims.
- 4) Card swipes can only be made up to the available balance in your account. For example, if your purchase is for \$25.00 and there is only \$20.00 in your account, the entire purchase will be declined. Your balance is available online 24/7 at www.enrollwithtag.com/wealthcareportal.com or contact TAG participant support: (877)506-1660 / support@enrollwithtag.com
- 5) Please submit requested receipts in a timely manner to avoid debit card suspension. Suspended debit cards cannot be reinstated until all requested receipts have been submitted.

What is a Flexible Spending Account (FSA)?

An FSA is an employer-sponsored plan that allows you to deduct dollars from your paycheck and deposit them into a special account that's protected from taxes. FSA accounts are exempt from federal taxes, Social Security (FICA) taxes and, in most cases, state income taxes. The money in an FSA can be used for eligible health and/or dependent care expenses that are incurred while you are participating in the plan.

Why should I enroll in an FSA?

With an FSA, your out-of-pocket health and/or dependent care expenses are paid with tax-free dollars. You can save an average of 30 percent on all of your eligible expenses!

To calculate your potential savings, go to www.enrollwithtag.com

What is a Health Care FSA?

A Health Care FSA is an account that provides you, your spouse and your eligible dependents with pretax reimbursement for qualified health care expenses that are not covered by insurance.

What is a Dependent Care FSA?

A Dependent Care FSA is an account that provides pretax reimbursement for your eligible dependents' day care needs. Under certain circumstances, the account may be used to help pay for the care of elderly dependents or a disabled spouse or dependent.

Am I eligible to participate in a Dependent Care FSA?

You are eligible for this benefit if you have a dependent (whose expenses are eligible) who requires care to enable you to work. In addition, you must meet one of the following eligibility criteria:

- You are unmarried.
- Your spouse works, is a full-time student, is actively seeking work, or is disabled (incapable of self-care).
- You are divorced or legally separated and have custody of your child even though your former spouse may claim the child for income tax purposes.

Your Dependent Care FSA can be used to pay for child care services provided the period the child resides with you. For a complete list of whose expenses are eligible for reimbursement through a Dependent Care FSA, please go to www.enrollwithtag.com

What expenses are eligible for reimbursement?

Health Care FSA

Health care plan deductibles, co-payments, prescription glasses, orthodontia, and certain over-the-counter medicines and supplies are eligible if incurred while you are a participant in the Plan. For a comprehensive list, please go to www.enrollwithtag.com

Important Notes:

- Expenses are treated as having been incurred at the time the medical care was provided, not when you are formally billed, charged, or pay for the medical expenses.
- You cannot receive reimbursement for future or projected expenses.
- All submitted expenses are reviewed for eligibility according to Internal Revenue Code Section 125 guidelines.

Dependent Care FSA

Eligible dependent care expenses may include services inside or outside your home by anyone other than your spouse or a person you list as a dependent for income tax purposes or one of your children under the age of 19. Services may be provided at a child or adult care center, nursery, preschool, after-school, or summer day camp.

Important Notes:

- Dependent care for a child over 13, overnight camp, baby-sitting that is not work related, schooling in kindergarten and higher grades, and long-term care services are not eligible expenses.
- All submitted expenses are reviewed for eligibility according to Internal Revenue Code Sections 125 and 129 guidelines.

How do I get started? It's easy as 1-2-3

1. Review and estimate your expenses to help determine the amount you should elect. Reviewing your checkbook, credit card statements, and insurance statements from the past year and calculating your health and/or dependent care costs is a good way to start. Enclosed is a worksheet to help you with your election decisions. You can also use TAG's online calculator by going to the following Web site: www.enrollwithtag.com
2. Complete the appropriate enrollment form and sign up for the FSA account(s) along with your other benefits during your employer's open enrollment period.
3. Once enrolled, you will receive confirmation of the amount you elected for each account (if applicable) and additional information on how to use and manage your new FSA benefits.

How do I get the funds from my FSA account?

It's simple! Just complete, sign and submit an FSA claim form and include a copy of a receipt documenting the type, amount and date the expense(s) was incurred. Once approved, you will receive reimbursement according to your employer's scheduled reimbursement dates.

What happens if I do not use all of the money in my account by the end of the plan year?

Federal law governing flexible spending accounts specifies that any money remaining in your account at the end of the plan year will be forfeited. This is more commonly known as the "use-it-or-lose-it" rule. However, your plan may have a "grace period" or "rollover" feature that allows additional time to use money from your FSA. See your SPD for plan details.

Can I change my election amount during the plan year?

Your decision to participate in an FSA is binding for the entire plan year, and you may change your election only as permitted by IRS regulations. Generally, to make an FSA election change, you must experience a significant life event such as marriage, divorce, birth, or death in your immediate family. For a

Dependent Care FSA only, you may also make election changes that simply correspond with changes in your cost of the care. Your employer can provide you with information about these events, which FSA election changes you might be able to make as a result, and the procedures for reporting the event.

You may not reduce your election amount to an amount less than either your then-current FSA balance or your year-to-date FSA contributions. A change to your FSA election constitutes the end of your prior election and the beginning of a new election period. Expenses incurred during the period prior to the election change are subject to the initial election amount; expenses incurred during the period after the election change are subject to the new election amount.

What happens to my FSA if I terminate employment?

Participation in the FSA ends if you terminate employment. This means only expenses incurred prior to the date your participation in the plan ends are eligible for reimbursement. Claims for expenses incurred prior to the plan termination date must be submitted within the "runout" period.

What is the "runout" period?

The run out is a specified period of time after the end of the plan year, or following your termination in the plan, in which you may continue to submit claims incurred during your period of coverage. This is not a period when you are able to continue to incur new expenses, but rather it allows you time to gather and submit expenses before forfeitures are applied.

For example: If your plan has a 90 day run out period, you will have 90 days from your date of termination to submit expenses incurred prior to the termination date.

For plan assistance please contact:

TAG Participant Support
Phone: (877)506-1660
Email: support@enrollwithtag.com