

Flexible Spending Plan (FSA)

The Flexible Spending Plan is administered by a third party vendor, Benefit Strategies.

Contact Information:

www.benstrat.com

Customer Service Support: 888-401-3539

Enrolled employees should receive information from benefit strategies via email.

Information will include how to set up an on line account. If you have problems setting up an account or do not receive an email from Benefit Strategies, please contact

Customer Service at above number.

You may also access the website and download reimbursement forms without setting up an online account:

- Select Forms & Resources

- NH Office

- Flexible Benefit Administration

- Claim Forms

- Flex Claim Form

BENEFIT STRATEGIES - Flex Spending Plan

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 to 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, 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.

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.

Flex Spending Plan —

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 directive*

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 IAS 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.

967 Elm Street Manchester, NH 03101 • Tel: (888) 401-FLEX (3539) Fax: (603) 647-4668
 38 Church Street Pawtucket, RI 02860 • Tel: (800) 371-7542 Fax: (401) 457-7266
 Visit us at www.benstrat.com



Flexible Spending Account Reimbursement Request Form

Fax: (603) 647-4668 (Max of 15 pages)
Address: PO Box 1300, Manchester, NH 03105-1300
E-Mail: Flexdept@benstrat.com

Employee Name:
(First, Last) _____

Last 4 digits of SSN:

Primary Phone: _____

Employer: _____

Email: _____

E-mail is required to receive important account notifications.

Fill out form completely, including signature, and fax or mail to Benefit Strategies at the address listed above. Incomplete and unsigned claims will be returned. Please limit the number of pages faxed to a maximum of 15 pages. Reimbursement requests should be for a minimum of \$25 (unless using remaining account balance). Notifications will be sent via e-mail for claim confirmation, payment notification and denial letters. Payments will be sent to address on record. Claims will be applied to the earliest eligible plan year. **Please Note:** Legislation recently enacted a law that mandates some OTC expenses will no longer be eligible for reimbursement under health FSA effective January 1, 2011.

Health Care Reimbursement Expenses

Amount to be Reimbursed:	Service Date(s):	Description of product or service:	Person receiving product/service:
\$			
\$			
\$			
\$			
\$ TOTAL Health Care Reimbursement Expenses Requested			

Dependent Care Reimbursement Expenses

\$			
\$			
\$			
\$			
\$ TOTAL Dependent Care Reimbursement Expenses Requested			

Please attach receipts OR have your provider complete the **Dependent Care Provider Certification** below.

Dependent Care Provider Certification: Provider must certify they have provided and been paid for the above services.

Provider Name: _____

Provider's Signature: _____

Read Carefully: The undersigned participant in the plan certifies that all services for which reimbursement or payment is claimed by submission of this form were provided during a period while the undersigned was covered under the Company's Flexible Spending Account with respect to such expenses and that the expenses have not and will not be reimbursed under any other plan. The undersigned fully understands that he or she alone is fully responsible for the sufficiency, accuracy, and veracity of all information relating to this claim which is provided by the undersigned, and that unless an expense for which payment or reimbursement is claimed is a proper expense under the plan, the undersigned may be liable for payment of all related taxes, including federal, state, or city income tax on amounts paid from the Plan with relation to such expense.

EMPLOYEE'S SIGNATURE:
(REQUIRED)

DATE:

Flexible Spending Plan



Did you know that you can....

- File your claim online
 - Sign-up for direct deposit online
 - Update your account information online
- Visit us online at www.benstrat.com



Health Care Reimbursement Expenses Filing Instructions

Who is eligible?

- An employee who is enrolled in the Plan, and their legal spouse or tax dependent.

Examples of qualifying expenses

Medical, dental, vision, prescriptions and hearing expenses not covered by your health insurance.

Please note: Legislation recently signed a law that mandates OTC drugs and medicines will no longer be eligible for reimbursement under health FSA effective January 1, 2011.

Documentation must show

- A. The date the expense was incurred (not the date paid).
- B. The name of provider of services.
- C. A description of the service and/or expense.
- D. The amount of the expense for which you are responsible.

Be sure to attach a copy of the itemized receipt(s), or if you have insurance, please send the Explanation of Benefits Statement.

Keep original receipts for your tax records.

Please Note: Cancelled checks, credit card receipts, and balance forward statements are NOT acceptable forms of documentation.

Dependent Care Reimbursement Expenses Filing Instructions

Who is eligible?

- A "qualifying child or dependent" is someone whose principal place of abode is with you; who is under age 13, or physically/mentally incapable of caring for him/herself and doesn't have income in excess of IRS tax code.

Contact your tax or legal counsel if you have questions regarding the definition of "dependent".

Examples of qualifying expenses

The receipts submitted must be for preschool or daycare expenses, before and after school programs, day camp, or care of disabled dependents.

Documentation must show

- A. The date the services were provided.
- B. The name of the provider of services.
- C. A description of the service.
- D. The amount of the expense for which you are responsible.
- E. A provider signature may be obtained using the Providers Signature box on the claim form in lieu of a receipt.

Please note: Cancelled checks, credit card slips or statements showing only a balance forward are not accepted as valid receipts.

Additional information

Please note: You will be required to provide the name, address and taxpayer ID number (TIN) or, if no TIN, the Social Security number of the dependent care provider on your federal income tax return. If you plan to claim a federal Dependent Care Credit on your tax returns, you must first deduct the amount you were reimbursed through your Dependent Care FSA account this year.

- The person providing the dependent care services must not be a parent of the child, a child of yours under the age of 19, or a dependent for whom you will be entitled to a personal exemption on your federal income tax return.
- The Dependent Care Account is not prefunded. Therefore, you must have sufficient funds in your Dependent Care account to cover the payment amount you are requesting.
- Expenses must be incurred on or after your effective date for the plan year and before the end of the plan year (or grace period, if adopted by the employer). In accordance with Internal Revenue Service (IRS) rules, reimbursements will not be made until the services have been provided.

If you have any additional questions regarding your plan please contact us by phone at (603) 647-4666 or (888) 401-FLEX (3539).

Visit us online at www.benstrat.com.