Flexible Spending Account (FSA) Enrollment Kit

- Significant savings
- 24/7 web access
- Fast, efficient, convenient
- The benefit that benefits everyone

Colgate University
A Flexible Spending Account (FSA) is an employee benefit plan established under IRC Section 125 that allows you to pay for everyday health care, dependent care expenses and certain individual premium expenses with pre-tax dollars.

An FSA saves you money by reducing your taxable income. The FSA amount you elect will be subtracted from your gross income. Federal, state and FICA taxes are then calculated on the lower amount. When you (or your spouse or dependents) incur an eligible expense, you’ll receive reimbursement from the funds you’ve set aside from your paycheck.

Health Care Component:
This account helps you save money on everyday out-of-pocket medical expenses such as medical copays, coinsurance, prescription drugs, orthodontics, vision expenses, hearing aids, dental services, eligible over-the-counter (OTC) items and more. Qualifying dependents for FSA purposes include children through the end of the year in which they turn 26.

Limited Purpose FSA:
A limited-purpose FSA is much like a general-purpose health FSA. The main difference is that the limited-purpose account is set up to reimburse only eligible FSA dental and vision expenses. These plans allow you to contribute to an HSA as well.

Dependent Care Component ($5000 maximum):
This account helps you save money on daycare expenses for dependent children and adults so you can work. Qualifying dependents include children under age 13, whom you claim as a dependent on your federal income tax return (special rules apply for divorced parents), a disabled spouse and any other dependent on your tax return who resides with you and is physically or mentally disabled.

Plan Ahead for your FSA!
Planning ahead is important when signing up for your company’s FSA Plan and understanding the benefits offered is critical.

Estimate Your Expenses:
You can maximize your FSA account by planning ahead carefully and using this helpful tool. You may also use the FSA calculator on our website, LifetimeBenefitSolutions.com. Some common items to consider are also listed in the chart:

<table>
<thead>
<tr>
<th>Health Care Account</th>
<th>Annual Expense</th>
</tr>
</thead>
<tbody>
<tr>
<td>Deductibles</td>
<td>$</td>
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<tr>
<td>Co-pays</td>
<td>$</td>
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<tr>
<td>Dental Expenses not covered by insurance</td>
<td>$</td>
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<tr>
<td>Orthodontia</td>
<td>$</td>
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<tr>
<td>Vision Expenses (Exams, Glasses, Lenses)</td>
<td>$</td>
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<tr>
<td>Hearing Expenses (Exams, Hearing Aids)</td>
<td>$</td>
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<tr>
<td>Prescription Drugs</td>
<td>$</td>
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<tr>
<td>Eligible Over-the-Counter Items</td>
<td>$</td>
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<tr>
<td>Diabetic Supplies</td>
<td>$</td>
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<tr>
<td>Therapy (Physical Therapy, Speech, Chiro)</td>
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<tr>
<td>Medical Mileage</td>
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<tr>
<td>Other</td>
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<tr>
<td>Total Estimated Health Care Expenses</td>
<td>$</td>
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</table>

<table>
<thead>
<tr>
<th>Dependent Care Account</th>
<th>Annual Expense</th>
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</thead>
<tbody>
<tr>
<td>Payment to Dependent Care Facility</td>
<td>$</td>
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<tr>
<td>Payment to Dependent Care Individual</td>
<td>$</td>
</tr>
<tr>
<td>Payment to Adult Care Provider</td>
<td>$</td>
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<tr>
<td>Total Estimated Dependent Care Expenses</td>
<td>$</td>
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<tr>
<td>Total Health Care PLUS Dependent Care</td>
<td>$</td>
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</tbody>
</table>

Know the Details:
Be sure to budget for each account expense separately. Elections to and reimbursements from these accounts cannot be blended. Also, a use-it-or-lose-it provision may apply, so plan ahead carefully.

You must re-enroll in this Plan each year. You cannot change your election during a Plan year unless you incur a qualifying life event, such as marriage/divorce, birth/adoption.
Filing a Claim:
Submit your claims online to receive the fastest reimbursement for an eligible out-of-pocket expense. Supporting receipts and documentation can be scanned and attached to your online claim, or you can email, fax or mail the required paperwork. Another option is to download a paper Reimbursement Request form. Complete the form by itemizing your expenses and following the instructions found directly on the form. Reimbursement Request forms and required documentation can either be mailed or faxed for processing.

Claims deadlines apply. Be sure to carefully read your Summary Plan Description (SPD) to understand the terms and deadlines associated with your Plan.

Customer Service:
Most of your questions can be answered by visiting the website. If you prefer to speak with a customer service representative, call 800-327-7130 Monday-Thursday from 8am EST to 5pm EST and Friday from 9am EST to 5pm EST. You can also email our Customer Service department at lbs.customerservice@lifetimebenefitsolutions.com.

Go Direct or Go Green
Receive your reimbursement quicker, and avoid the $30 check minimum and a trip to the bank by completing a Direct Deposit form online.

Provide or update your email address online and help us go green. You’ll receive only plan related information such as account statements, claim related information and Request for Information (RFI) letters (for Card participants).

Mobile App
Our mobile app enables you to easily and securely access your health care spending accounts. You can view account balances and detail, submit claims, and capture and upload pictures of your receipts anytime, anywhere on iPhone, Android or tablet devices.

Web Access
View your account online 24/7 via LifetimeBenefitSolutions.com. While online, you can:
- Submit claims for reimbursement
- View claims history
- Sign up for Direct Deposit
- Check your available balance
- Access forms such as Direct Deposit, Certification of Medical Necessity, Release of Information and various Reimbursement Request forms
- Enter your email address to receive important Plan related materials
- Use our online services, such as our online calculator to estimate your out-of-pocket expenses and our online eligible expense listing

To access your account online, visit LifetimeBenefitSolutions.com and click on the Participants link. Select Reimbursement Accounts: FSA/HRA/HSA/QTB then click on the green login button. For detailed instructions on how to view your account online, click on the link for Login Directions to Your Reimbursement Account located under the green login button. Your initial username will be your social security number (or whatever identifier your employer provides). Your password will be the first letter of your first name (lower case) followed by your five digit zip code.
The Health Spending Card

The Health Spending Card is a convenient payment method...you simply swipe the card without incurring an out-of-pocket expense! Behind the scenes, the provider is paid and the amount is deducted from your account balance. You don’t have to file a claim form for reimbursement—the payment function is fully automated.

Cashless but Not Paperless:
Each time you use your Health Spending Card, you must be able to prove you used it to pay for a Plan eligible item or service. Fortunately, technology behind the Health Spending Card automatically substantiates the vast majority of your transactions. You will receive a letter asking you to send in copies of your receipt and necessary documentation for those transactions that can’t be automatically substantiated with supporting technology.

Purchasing Items with the Card:
When you purchase items with the card, such as over-the-counter (OTC) items, they may be auto-substantiated if the merchant uses a special barcoding system called Inventory Information Approval System (IIAS). You will not be sent an RFI letter for transactions that are automatically substantiated. Eligible OTC items classified as not drugs and medicines, such as bandages, have the IIAS barcodes directly on the product. These items may be purchased with the card; no additional rules apply.

The IRS states that OTC items classified as drugs and medicines, such as cough syrup, are only eligible if they are accompanied by a doctor’s prescription. Additional rules apply to pay for eligible drugs and medicines that are accompanied by a doctor’s prescription with the Health Spending Card: 1) the pharmacist must assign an Rx number; and 2) the pharmacist must retain a record of the Rx with the transaction details. Only if all rules are met can eligible OTC drugs and medicine be paid for with a Health Spending Card. If the pharmacy is unable to meet the IRS rules, you must pay for the items out of pocket and then submit a claim form with the proper documentation including the doctor’s prescription.

Paying for Services with the Card:
Paying a doctor’s office copay is an example of paying for services with the card. However, in some cases, services provided at a medical, dental or vision office cannot be auto-substantiated. In these cases, you will receive an RFI letter asking for copies of your receipt and necessary documentation.

Important Health Spending Card Tips:
• Keep all receipts associated with your Health Spending Card in a central location, and promptly reply when asked for a copy.
• The IRS states that services are eligible for reimbursement after the services have been rendered. Prepaying for services such as weight loss or fitness memberships is not allowed.
• The Health Spending Card will be mailed directly to your home address. Read all information enclosed with the card and sign the card to agree to the terms.
• If a merchant will not accept the card, just pay out of pocket and submit for reimbursement.

Remember—the Health Spending Card is cashless, but not always paperless! Be prepared to submit copies of your receipts and other documentation when requested.

All information about purchases may apply depending on what the Plan allows on the card.
Want to check your account balances and submit receipts anywhere, anytime? There’s an app for that!

At Lifetime Benefit Solutions, we work hard every day to help you get the most benefit from your FSA, HRA and HSA accounts. Lifetime Benefit Solutions’ mobile app, the LBS Health Spending App, enables you to easily and securely access your health care spending accounts. You can view account balances, submit health care account claims, and capture and upload pictures of your receipts anytime, anywhere on any iPhone, Android or tablet device. You can also sign up to receive account alerts via text message.

The LBS Health Spending App, the newest mobile app from Lifetime Benefit Solutions, provides time-saving options1 for you to:

- Check current FSA, HRA and HSA reimbursement account balances and transaction details
- View account activity and receive alerts via text message
- File new claims with receipt images
- Review expense information and enter a new expense

But wait, there’s more to it...

Our app is a simple, intuitive experience for you. This means things like “easy-in/easy-out access” to common tasks like capturing receipts and viewing balances; and pictures and words where pictures and words make sense. By using your smartphone you’ll know how much money you have available to spend on qualified medical expenses at the time of purchase. Try it and you’ll see how we’re simplifying the business of health care.

Get started with the LBS Health Spending App in minutes

Simply search “LBS Flex Mobile” in iTunes and download the LBS Health Spending App for your iPhone (also compatible with iPad® and iPod touch®). To download the app in the Google Play store, select Categories, select Health & Fitness then type in “LBS Health Spending” in the search field. Log in using the same password you use to access the Lifetime Benefit Solutions consumer portal.

1 If supported or applicable to your account(s)
## Qualifying Health Care Expenses

<table>
<thead>
<tr>
<th>Acupuncture</th>
<th>Drug overdose, treatment of eye</th>
<th>Occlusal guards to prevent teeth grinding</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adoption</td>
<td>Eye examinations, eye glasses, equipment and materials</td>
<td>Operations</td>
</tr>
<tr>
<td>Alcoholism treatment</td>
<td>Fluoridation services</td>
<td>Optometrist</td>
</tr>
<tr>
<td>Ambulance</td>
<td>Guide dog; other service animal</td>
<td>Organ donors</td>
</tr>
<tr>
<td>Artificial limbs</td>
<td>Hospital services</td>
<td>Orthodontia</td>
</tr>
<tr>
<td>Artificial teeth</td>
<td>Immunizations</td>
<td>Osteopath fees</td>
</tr>
<tr>
<td>Asthma treatments</td>
<td>Laboratory fees</td>
<td>Oxygen Physical exams</td>
</tr>
<tr>
<td>Body scans</td>
<td>Laser eye surgery; Lasik</td>
<td>Physical therapy</td>
</tr>
<tr>
<td>Braille books and magazines</td>
<td>Lodging at a hospital or similar institution</td>
<td>Preventive care screenings</td>
</tr>
<tr>
<td>Breast reconstruction surgery following mastectomy</td>
<td>Mastectomy-related special bras</td>
<td>Prosthesis</td>
</tr>
<tr>
<td>Chelation therapy</td>
<td>Medical alert bracelet or necklace</td>
<td>Psychiatric care</td>
</tr>
<tr>
<td>Chiropractors</td>
<td>Medical information plan charges</td>
<td>Radial keratotomy</td>
</tr>
<tr>
<td>Co-insurance amounts</td>
<td>Medical records charges</td>
<td>Screening tests</td>
</tr>
<tr>
<td>Co-payments</td>
<td>Speech therapy</td>
<td>Seeing eye dog</td>
</tr>
<tr>
<td>Deductibles</td>
<td>Stop smoking program</td>
<td>Sleep deprivation treatment</td>
</tr>
<tr>
<td>Dental sealants</td>
<td>Supplies to treat medical condition</td>
<td>Smoking cessation programs</td>
</tr>
<tr>
<td>Dental treatment</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Diagnostic items/services</td>
<td></td>
<td></td>
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<tr>
<td>Drug addiction treatment</td>
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</tr>
</tbody>
</table>

## Potentially Qualifying Health Care Expenses

A Certification of Medical Necessity Form must be completed by your physician.

| AA meetings, transportation to | Dylexia treatment | Hypnosis |
| Alternative healers | Fitness programs | Lactation consultant |
| Automobile modifications | Gambling problem, treatment | Lamaze classes |
| Birthing classes | Health club fees | Language training |
| Blood storage | Home improvements (such as exit ramps, widening doorways, elevator, etc.) | Lead-based paint removal |
| Books, health related | | Lodging of a companion |
| Car modifications | | Long-term care services |
| Childbirth classes | | Massage therapy |
| Counseling | Hormone replacement therapy | Mineral supplements |
| | | Nursing services |
| | | Nutritionist's expenses |
| | | Occupational therapy |
| | | Personal trainer fees |
| Appearance improvements | | Psychoanalysis |
| Car seats | Electrolysis or hair removal | Psychologist |
| Controlled substances in violation of federal law | Funeral expenses | Ultrasound, prenatal |
| Cosmetic procedures | Hair removal and transplants | Varicose veins, treatment of |
| Ear piercing | Household help | Veterinary fees (service animals) |
| | Illegal operations and treatments | Weight loss programs |
| | | |
| | | |

## Ineligible Health Care Expenses

| Appearance improvements | Late fees (e.g., for late payment of bills for medical services) | Recliner chairs |
| Car seats | Electrolysis or hair removal | Tanning salons and equipment |
| Controlled substances in violation of federal law | Funeral expenses | Teeth whitening |
| Cosmetic procedures | Hair removal and transplants | Veneers |
| Ear piercing | Household help | | |
| | Illegal operations and treatments | | |
| | | | |

## Qualifying Over-The-Counter (OTC) Items

| Arthritis gloves | Cold/hot packs | Eye drops (Example: Visine) |
| Bandages (Examples: Band-Aid, Curad, Ace) | Contact lenses, materials and equipment | First aid kits |
| Blood pressure monitoring devices | Crutches | Gauze pads |
| Blood sugar test kits and test strips | Dentures, denture adhesives | Glucose monitoring equipment |
| Carpal tunnel wrist supports | Diabetic supplies (including insulin) | Hearing aids |
| | Ear wax removal products | Medical monitoring and testing devices |
| | | Orthopedic shoe inserts |
| | | Pregnancy test kits |
| | | Reading glasses |
| | | Support braces |
| | | Thermometers |
| | | Walkers |

This is not a comprehensive list and is subject to change at any time and without notice.
# Potentially Qualifying OTC Expenses

Drug and Medicine items require a prescription completed by your physician and are not eligible for payment with the Health Spending Card. Other items in this category require a Certification of Medical Necessity form completed by your physician.

### Eligible Dependent Care Expenses
- Care in your home, someone else’s home, or in a daycare center for child care and/or eldercare. Licensing requirements may apply.
- Registration fees for a daycare.
- Before and after school care for children under age 13.
- Education expenses for a child not yet in kindergarten, such as nursery school expenses.
- Expenses paid to a relative are eligible, however, the relative cannot be under age 19 or a tax dependent.
- Day camp (not overnight) expenses if the camp qualifies as a daycare center.
- FICA and FUTA payroll taxes of the daycare provider.

Note: This is not a comprehensive list.

### Ineligible OTC Expenses

- Dental floss
- Deodorant
- Diapers or diaper service
- Diet foods
- Face creams
- Feminine hygiene products
- Hair colorants
- Mouthwash
- Perfume, Cologne
- Permanent waves
- Safety glasses
- Shampoos
- Shaving cream or lotion
- Skin moisturizers, hand lotion
- Soaps
- Toiletries
- Toothbrushes
- Toothpaste

Eligibility rules for OTC items may change. Drug and Medicine items require a physician’s prescription, and may not be purchased with a Health Spending Card. The ability to pay for eligible items with the Health Spending Card may vary by merchant and is dependent on the merchant’s IIAS system.

This is not a comprehensive list and is subject to change at any time and without notice. Items listed in each category may be reclassified into another category depending on future IRS guidance.

### Acne treatment
- Air conditioner
- Air purifier
- Allergy medicine
- Allergy treatment products; household improvements to treat allergies
- Antacids (Examples: Maalox, Prilosec OTC, Zantac)
- Antibiotic ointments (Examples: Bacitracin, Neosporin)
- Antihistamines (Examples: Benadryl, Claritin)
- Anti-itch creams (Examples: Benadryl, Cortaid, Ivarest)
- Aspirin
- Bactine
- Breast pumps
- Calamine lotion
- Chondroitin
- Claritin, an allergy drug
- Cold medicine (Examples: Comtrex, Sudafed)
- Compression hose
- Cough suppressants (Examples: PediaCare, Robitussin, cough drops)
- Decongestants (Examples: Dimetapp, Sudafed)
- Diabetic socks
- Diaper rash ointments and creams (Example: Desitin)
- Diarrhea medicine (Examples: Imodium, Kapectate)
- Dietary supplements
- Eczema treatments
- Expectorants (Examples: Comtrex, Robitussin)
- Fiber supplements
- First aid cream
- Glucosamine
- Hemorrhoid treatments (Example: Preparation H)
- Herbs
- Holistic or natural healers, and drugs and medicines
- Humidifier
- Incontinence supplies
- Insect bite creams and ointments (Examples: Benadryl, Cortaid)
- Lactose intolerance tablets (Example: Lactaid)
- Laxatives (Example: Ex-Lax)
- Medicines and drugs
- Menstrual pain relievers
- Motion sickness pills (Examples: Bonine, Dramamine)
- Nasal strips or sprays
- Nutritional supplements
- Pain relievers (Examples: Advil, Aspirin, Tylenol)
- Petroleum jelly
- Prenatal vitamins
- Probiotics
- Rehydration solution (Example: Pedialyte)
- Retin-A Rogaine
- Sinus medications (Example: Sudafed)
- Special foods
- St. John’s Wort
- Sunscreen
- Sunglasses
- Toiletries
- Toiletries
- Toothbrushes
- Toothpaste
- Treadmill
- Vitamins
- Wart remover treatments
- Wigs
- Yeast infection medications

The IRS has not yet released a detailed and brand specific list of drugs and medicine.
Reimbursement Request Form

Employer Name: ____________________________________________________________

Participant Name (First, MI, Last): ____________________________________________

Social Security Number: _______ - _______ - _____________

Address: ___________________________________________________________________

City, ST, ZIP: __________________________________________________________________

Date of Birth: ________/_______/_______ Phone Number (_______) _______________________

Please notify your employer of any address change. Lifetime Benefit Solutions will not make address changes from this form.

<table>
<thead>
<tr>
<th>Claimant Name</th>
<th>Date of Service</th>
<th>Amount</th>
<th>Plan Code*</th>
<th>Type of Service/Item Purchased</th>
<th>Miles</th>
<th>Claim Ref #</th>
</tr>
</thead>
<tbody>
<tr>
<td>John Sample</td>
<td>10/1/2014</td>
<td>$150.25</td>
<td>F</td>
<td>Doctor visit copay</td>
<td>12</td>
<td>Example</td>
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<td>06</td>
</tr>
</tbody>
</table>

Use one of the Plan Code’s below to indicate the account from which payment should be made. Your employer may not offer all the benefit types listed below and certain restrictions may apply. If your employer offers multiple benefit types, Lifetime Benefit Solutions will process the reimbursement based on the rules established by your employer. For example, if you have both an FSA and HRA account, and your employer has identified the FSA as the “pay first” account, your expenses will be applied to your FSA until the balance is depleted with any additional expenses applied to your HRA.

<table>
<thead>
<tr>
<th>Plan Code</th>
<th>Plan Code Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>F</td>
<td>Flexible Spending Account (FSA) or Limited Purpose FSA: Health Care Expenses Only. For Dependent Care expenses, use the Dependent Care Account Reimbursement Request Form</td>
</tr>
<tr>
<td>H</td>
<td>Health Reimbursement Account (HRA) or Retiree Reimbursement Account (RRA)</td>
</tr>
<tr>
<td>P</td>
<td>Parking Account (cannot claim miles associated with Parking)</td>
</tr>
<tr>
<td>T</td>
<td>Transit Account (cannot claim miles associated with Transit)</td>
</tr>
<tr>
<td>I</td>
<td>Individual Insurance Policy Premiums</td>
</tr>
<tr>
<td>M</td>
<td>To submit for medical mileage associated with Debit Card transactions. You will only be reimbursed for the medical mileage associated with the miles traveled, since you paid for the service with the Debit Card.</td>
</tr>
</tbody>
</table>

By submitting this form to Lifetime Benefit Solutions, I certify the information is accurate, the expenses incurred were for myself, spouse or qualified dependents, and these expenses are not reimbursable under any other plan coverage. In addition, I have read the Reimbursement Request Instructions on the following page and agree to adhere to all terms specified. I understand if I do not follow the instructions my reimbursement may be delayed or denied.

- Mail to: Lifetime Benefit Solutions, Claims Dept, PO Box 680, Liverpool, NY 13088 or
- Fax to: 877-256-7228.
- Call Customer Service with questions at 800-327-7130.
Reimbursement Request Instructions

For All Account Types (FSA, HRA, Parking/Transit, RRA, Insurance Premium)

- For faster reimbursement processing you may be able to submit your claims online at www.lifetimebenefitsolutions.com.
- Complete the top section, including Social Security Number or Employee ID.
- Submit one expense (either a product or service) per row, even if items are contained on the same receipt.
- Label the expenses to correspond to the Claim Ref #.
- If you have more items than the form can accept, use additional forms.
- Do not “lump” or group items together or write See Attached.
- All claims are subject to deadlines, as defined in your Summary Plan Description (SPD).
- The expenses you submit must qualify as valid expenses under the terms of the Plan, and the claimant receiving the services must be a qualifying individual as defined in the Plan.
- Lifetime Benefit Solutions can only process claims that are properly submitted. Claims that are not properly submitted may be delayed or denied.
- Retain a copy of the Reimbursement Request Form and receipts for your own personal records; Lifetime Benefit Solutions is not responsible for retaining copies of your receipts beyond the current Plan year.
- Call Lifetime Benefit Solutions Customer Service with questions at (800) 327-7130 during standard week-day business hours.
- Mail or fax [but not both!] completed form with required documentation to:
  
  Lifetime Benefit Solutions Claims Dept.
  PO Box 680
  Liverpool NY 13088
  Fax # (877) 256-7228

Reporting Medical Mileage

- Medical mileage rates are set by the IRS and can be applied to transportation primarily for and essential to medical care.
- Indicate the total number of miles incurred with each service provided (i.e. round trip miles to visit the doctor).
- Lifetime Benefit Solutions will apply the current mileage rate and include the mileage amount in your total reimbursement.
- You may be required to produce additional documentation for each mileage expense you claim.

Medical Claims for FSA, HRA and RRA

- For each medical claim covered by your insurance carrier, submit an Explanation of Benefits (EOB). If your claims are not submitted to your insurance carrier, provide an itemized billing showing: date of service, provider name, patient name, charged amount, and description of services rendered.
- Do not send credit card receipts, original receipts or cancelled checks.
- The IRS states that Over-the-Counter (OTC) items classified as drugs and medicine are only eligible if they are accompanied by a doctor’s prescription.
- Use Plan Code M to report medical mileage associated with a Debit Card transaction. For example, if you drove 20 miles to a doctor’s appointment, and paid your copayment amount with the Debit Card, you should use Plan Code M to be reimbursed for the 20 miles you drove. You should still complete the full line of information, but you will only be reimbursed for the mileage, not the copayment amount.

Dependent Care Claims

- Please use the separate form titled Dependent Care Account Reimbursement Request Form.

Parking/Transit Claims

- Receipts are not required as long as page one of this form is properly completed and separate claims are itemized on separate claim lines.
- The only type of parking that is eligible for tax-free reimbursement is qualified parking on (or near) the employer’s facility, or on (or near) a location from which the employee commutes to work by public transportation. If the parking is on (or near) the employee’s residence, it is not eligible for tax-free reimbursement.

Individual Insurance Premium

- The bill from the insurance carrier must identify participant, premium amount, coverage period, and policy number.
Dependent Care Account
Reimbursement Request Form

Employer Name: ____________________________________________________________________________________

Participant Name (First, MI, Last): __________________________________________________________________________

Social Security Number: _____ - _____ - _____________

Address: __________________________________________________________________________________________

City, ST, ZIP: _______________________________________________________________________________________

Date of Birth: _______/______/_______ Phone Number (______) _____________________

Please notify your employer of any address change. Lifetime Benefit Solutions will not make address changes from this form.

If Your Provider Gives You A Receipt: Complete this section, and attach a copy of the receipt.

<table>
<thead>
<tr>
<th>Claimant Name</th>
<th>Date of Care Start Date (within a single Plan Year)</th>
<th>Date of Care End Date (within a single Plan Year)</th>
<th>Provider</th>
<th>Amount</th>
<th>Claim Ref #</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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<td>01</td>
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OR

If Your Provider Does Not Provide You With A Receipt: Have your Provider complete this section.

Provider Name: _______________________________________________________________________________________

Address: __________________________________________________________________________________________

City, ST, ZIP: _______________________________________________________________________________________

Tax Payer ID/SSN: ___________________________________________________________________________________

Dependent Care for [Name and Age]: ___________________________________________________________________

Dates of Care (within a single Plan Year) Start Date: _____________________ End Date: _____________________

Amount Charged: $______________________________________

Provider Signature: _______________________________________________________ Date: _________________

Participant Authorization—By submitting this form to Lifetime Benefit Solutions, I certify that the information here is true and correct.

- I authorize the above expenses to be reimbursed from my dependent care account.
- I certify the expenses qualify as valid dependent care expenses under the terms of the Plan.
- I understand that the copy of my receipt will include Provider name, address, tax ID/SSN, child’s name and age, dates of care, and amount charged.
- I will keep copies of all documents submitted to Lifetime Benefit Solutions, for my own personal records; Lifetime Benefit Solutions, is not responsible for retaining copies of my receipts beyond the current Plan year.
- I understand a qualifying dependent is a child under age 13, who is claimed as a dependent on my federal income tax return (special rules apply for divorced parents), a disabled spouse, and any other dependent on my tax return who resides in my home and is physically or mentally disabled.
- I certify these expenses have not previously been reimbursed and I understand the expenses reimbursed may not be used to claim any federal income tax deduction or credit.
- I agree to file IRS Form 2441 with my tax return and provide any required taxpayer identification number.

- Mail to: Lifetime Benefit Solutions, Claims Dept, PO Box 680, Liverpool, NY 13088 or
- Fax to: 877-256-7228.
- Call Customer Service with questions at 800-327-7130.
Direct Deposit Authorization Form

Employer Name: ________________________________________________________________

Participant Name (First, Mi, Last): ________________________________________________

Social Security Number: _____ - _____ - ____________

Address: ______________________________________________________________________

City, ST, ZIP: __________________________________________________________________

Date of Birth: ______/______/_______ Phone Number (______) _______________________

Please notify your employer of any address change. Lifetime Benefit Solutions will not make address changes from this form.

Please check one:

☐ Set up New Direct Deposit  ☐ Change Direct Deposit  ☐ Cancel Direct Deposit

Direct Deposit Election:

Type of Account (Check one):  ☐ Checking  ☐ Savings

Name of Bank: ________________________________________________________________

Transit ABA Routing #: ________________________________________________________

Account #: _________________________________________________________________

Participant Certification

By submitting this form, I hereby authorize Lifetime Benefit Solutions to deposit my reimbursements directly into the bank account indicated above and, if necessary, to withdraw amounts from the account in order to adjust for any amounts erroneously deposited. This authorization will remain in effect until Lifetime Benefit Solutions receives written notice from me of its termination. The setup process is approximately 10 business days.

Please retain a copy of this form for your records.

Participant Signature: _______________________________________ Date: ______________

• Mail to: Lifetime Benefit Solutions, FSA/HRA Dept, PO Box 680, Liverpool, NY 13088 or
• Fax to: 877-256-7228.
• Call Customer Service with questions at 800-327-7130.