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## *Gilsbar Flexible Spending Accounts*

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**Plan Year: September 1, 2009 - August 31, 2010**

**Health Care Flexible Spending Account Maximum: \$2,000.00**

**Health Care Spending Account Minimum: None**

**Dependent Care Account Maximum: \$5000.00**

**REMINDER:** The Internal Revenue Service (IRS) requires review of all receipts for eligible expenses in an FSA, including debit card transactions and over-the-counter drugs. As a reminder, participants should keep all of their receipts for the entire plan year in the event that Gilsbar asks for documentation or the IRS requests a copy of a receipt.

Flexible Spending Accounts allow you to use pre-taxed dollars towards health care expenses such as prescription and over-the-counter medication, certain medical procedures, copays, and more. With Flexible Spending Accounts (FSA), you can save a significant amount of money on your health and day care expenses using a Health Care and/or Dependent Care Flexible Spending Account (FSA). The frequently asked FSA questions below will help you understand how to make the most of this program and your paycheck.

### **General questions regarding Health Care and Dependent Care Accounts:**

#### **What is an FSA?**

Provided by your employer, an FSA is a reimbursement account that allows you to set aside a certain amount of each paycheck, pre-tax, to help pay for your out-of-pocket medical expenses and/or dependent day care expenses. The amount you elect is deducted from gross earnings before federal and state taxes are calculated. By using your FSA to pay for qualified expenses you save on income tax... which means your take home pay increases!

#### **Will I pay taxes on the money I set aside?**

No. FSA contributions and reimbursements are exempt from Federal Income taxes, Social Security (FICA) taxes, and in most cases, state income taxes.

#### **What kind of savings can I realize by participating in this program?**

Actual savings depend on your tax bracket, but most people will save about 30% on their eligible health care and dependent care expenses.

#### **Can I submit expenses I incurred before the beginning of the plan year?**

No. Only expenses incurred during the plan year and while you are a participant are eligible for reimbursement.

#### **How long do I have to file a claim with Gilsbar after the plan year ends?**

You have a grace period (90 days) after the end of the plan year to submit expenses incurred during the plan year.

**Can I change the amount of my election(s) in the FSA program during the plan year? (i.e. my glasses cost more than I anticipated, I miscalculated my daycare expenses for the year)**

Generally, you may not change your FSA elections during the Plan Year. However, you may change during the annual enrollment period for the coming Plan Year. There is an exception to this rule: you may change or revoke your deferral rate in the FSA if you have a Change in Dependent Status.

Examples of a qualifying status change may include:

- Marriage, divorce, or legal separation
- Birth, adoption or placement for adoption of a child
- Death of a dependent or spouse
- Change in employment status of yourself or your spouse
- A significant change caused by a third party in the cost of your dependent care coverage

**If I terminate employment, or participation in the FSA, what happens to the money left in my account(s)?**

You will be reimbursed only for expenses incurred prior to your termination date, and submitted within the termination grace period. Any money remaining in your account(s) after the grace period will be forfeited.

**Can I view my FSA balances online?**

Yes! Visit **myGilsbar.com** and login to access claims information and FSA balances online. Once you are logged in, select the "Reimbursement Account Center" link on the left side of the screen to view your account balances. If you are new to myGilsbar, complete the brief site registration to login. You will need your group number (found on your ID Card), social security number, and a valid email address to complete this section. At the end of this summary, please see the Gilsbar "Welcome Letter" for more details on how to register on mygilsbar.com.

**What if I have a question?**

If you have any questions regarding your account balance, claim reimbursement or eligible expenses, you can access your account information at **myGilsbar.com** or you can call our Customer Contact Center at **1-800-445-7227 ext. 883**.

**How does participating in an FSA save me money?**

The following example illustrates how a FSA saves you money. This example shows the per period savings for an employee on a bi-weekly payroll, with a tax status of "single" with one exemption:

	<u>With FSA</u>	<u>Without FSA</u>
<b>Salary</b>	\$1000	\$1000
<b>Less Pre-Taxed Dollars:</b>		
Health Care Reimbursement	\$100	0
Dependent Day Care Reimbursement	\$150	0
Taxable Income	\$750	\$1000
<b>Less:</b>		
Federal Income Tax	\$82	\$121
State Income Tax	\$17.58	\$23.44
Social Security	\$57.37	\$76.50
<b>Net Take Home Pay</b>	<b>\$593.05</b>	<b>\$779.06</b>
<b>Less Health Care &amp; Dependent Care Expenses</b>	<b>\$0</b>	<b>\$250</b>
<b>Net After Expenses</b>	<b>\$593.05</b>	<b>\$529.06</b>

Tax Savings This Pay Period: \$63.99  
 Annual Tax Savings: \$63.99 X 26 pay periods = \$1,663.74

## **HEALTH CARE REIMBURSEMENT ACCOUNT**

The Health Care FSA is simple! Provided by your employer, a Health Care FSA is a reimbursement account that allows you to set aside a certain amount of each paycheck, pre-tax, to help you pay for your out-of-pocket medical expenses. The amount you elect is deducted from gross earnings before federal and state taxes are calculated. By using your FSA to pay for qualified medical expenses you save on income tax... which means your take home pay increases.

### **How does the Health Care FSA Work?**

With a Health Care FSA, you must decide on your contribution amount at the beginning of the plan year. The amount you designate will be equally divided between pay periods. To estimate the out-of-pocket expenses that you, your spouse, and your dependents may incur, consider any standard co-pays, prescriptions, office visit, and over-the-counter medications and planned medical expenses, i.e. braces or LASIK eye surgery. An expense worksheet has been provided at the end of this section to help you determine the amount of money to allocate to your Health Care FSA.

The IRS requires you to forfeit any money that is left in the FSA at the end of the year. Generally, it is better to underestimate the expenses and pay a little extra tax than to overestimate expenses and forfeit money. To help avoid forfeitures, you will receive a notice of your balance prior to the end of each year.

You can access balance information online 24/7 via myGILSBAR.com. Select the "Reimbursement Account Center" link on the left side of the screen to view your balances. Once you decide how much you want to contribute each paycheck, the money is automatically deposited into your account. As you incur eligible expenses, fax your completed claim form and receipts to Gilsbar for reimbursement.

### **What is eligible for reimbursement under the Health Care FSA?**

Eligible health care expenses may include deductibles, co-payments and amounts over the maximum your plan pays, expenses for routine physicals and other expenses not covered by your health care plan. For more complete listing please refer to the "Qualified Medical Expenses Eligible for Reimbursement" on page 6.

### **How do I get reimbursed?**

For reimbursement of expenses covered under a health care plan:

- Ensure your expenses are submitted to your health carrier
- If you also have coverage through a spousal plan, you must submit your expenses to both carriers before you submit your expenses for FSA reimbursement
- Once processed by your health carrier(s), complete the Health Care Expense Claim form and attach a copy of the "Explanation of Benefits" showing the unpaid expenses.

For reimbursement of expenses not covered under a health care plan: ex.: over-the-counter medicines

- Complete the Health Care Expenses claim form and attach itemized bills for the expense

## **FAX CLAIMS AND PROOF OF EXPENSE TO 866-635-1329 FOR PROCESSING.**

### **How much will be reimbursed?**

When you submit a health care expense, you will be reimbursed for eligible expenses claim up to the maximum amount you elected for the plan year, minus any previous reimbursements.

### **Can I use my Health Care FSA for my family's expenses?**

Eligible health care expenses incurred by you, your spouse, or any dependent that you claim as a dependent on your income tax returns are allowable for reimbursement.

### **If I don't have any medical insurance through my company, can I still participate in the Health Care FSA?**

Yes. Out-of-pocket expenses for you and your dependents are eligible for reimbursement whether or not you are insured through your company. Health related expenses are reimbursable for your dependents, if you claim them as a dependent on your income tax returns (this definition of a dependent may be different than that used for your health insurance plan).

### **Is there anything I have to keep in mind when it comes time to file my taxes?**

Expenses payable through your benefits program (or your spouse's, if applicable) are not eligible for reimbursement under the Health Care FSA. In addition, expenses reimbursed through your Health Care FSA cannot be claimed as a deduction on your income tax returns.

### **I am covered under both my health insurance plan and my spouse's. Do I have to submit medical expenses to both plans before I can file for reimbursement from my Health Care FSA?**

Yes. IRS regulations do not permit reimbursement of expenses through the FSA that would otherwise be covered under your health insurance plan. Expenses should first be submitted to your health insurance plan(s), then send any remaining unpaid claims to Gilsbar for reimbursement.

### **If I have a question about my account, what should I do?**

If you have any questions, you can access your account information 24/7 at **myGilsbar.com**, or you can call Gilsbar's Customer Contact Center at 1-800-445-7227 ext. 883.

The following is a brief summary of information and is intended to serve as a quick reference to help determine whether or not an expense may be eligible for reimbursement. This list is not all-inclusive. This information is not tax advice. Tax advice should be obtained from a professional tax advisor.

**Qualified Medical Expenses Eligible For Reimbursement:**

Acupuncture	Guide dog	Orthopedist
Alcoholism Treatment	Gynecologist	Osteopath
Ambulance	Healing service	Over-the-counter medications *
Anesthetists	Hearing aid and batteries	Oxygen
Artificial limbs	Hospital bills	Paid-for medical care service
Birth control pills (by prescription)	Hydrotherapy	Pediatrician
Blood tests	Immunizations	Physician
Braces	Insulin treatments	Physiotherapist
Braille books and magazines	Lab tests	Postnatal treatments
Cardiographs	Lead paint removal	Practical nurse
Chiropractor	Legal fees (to authorize treatment for a mental illness)	Prenatal care
Christian Science Practitioner	Lodging away from home for outpatient care	Prescription medicines
Contact lenses	Medical services	Psychiatrist
Contraceptive devices	Medical Testing	Psychoanalyst
Convalescent home (for medical treatment only)	Metabolism tests	Psychologist
Crutches	Neurologist	Psychotherapy
Dental treatment	Nursing (including board and meals)	Radium Therapy
Dental x-rays	Obstetrician	Registered nurse
Dentures	Operating room costs	Special School
Dermatologist	Ophthalmologist	Spinal fluid tests
Diagnostic fees	Optician	Splints
Drug addiction therapy costs	Oral surgery	Sterilization
Drugs (prescription)	Organ transplant (including donor's expenses)	Stop smoking programs
Equipment (medical)	Orthodontist	Surgeon
Eye exams and eyeglasses	Orthopedic shoes	
FICA and FUTA tax for the handicapped		

Telephone equipment to assist the hearing impaired	Transportation expenses relative to health care (Mileage is eligible for the miles driven to and from the doctor's office. The amount that can be reimbursed is nineteen (19) cents per mile.)	Vasectomy
Television equipment for the hearing impaired		Vitamins (if prescribed)
Therapy equipment	Ultra-violet ray treatment	Weight loss programs* (not food)
Transplants (organ)	Vaccines	Wheelchair
		X-rays

\* May require additional substantiation (documents of medical necessity)

### Expenses Not Eligible For Reimbursement

Any expense not considered "medically necessary" by the IRS	Electrolysis	Laetrile
	Face lifts	Liposuction
Any expense for your general health, even if your doctor prescribes the program	Food	Marijuana used medically
	Funeral, cremation, or burial expenses	Maternity clothes
Babysitting and childcare	Hair transplants	Personal use items
Bleaching teeth (cosmetic)	Health club membership dues	Prescription drugs considered cosmetic
Cosmetic surgery	Household help	Rogaine
Dancing lessons	Illegal operations and treatments	Swimming lessons
Diaper service		
Dietary supplements	Insurance premiums	Vitamins

## OVER-THE-COUNTER DRUG/MEDICINE LIST

### Over-the-Counter Drugs Used Primarily for Medical Care.

**THE DRUGS / MEDICINES LISTED BELOW ARE APPROVED WITH A RECEIPT FROM THE PROVIDER / STORE. A RECOMMENDATION FROM A HEALTH CARE PROVIDER IS NOT NEEDED.**

The following is a brief summary of information and is intended to serve as a quick reference to help determine whether or not an expense may be eligible for reimbursement. This list is not all-inclusive. This information is not tax advice. Tax advice should be obtained from a professional tax advisor. IRS Publication 502 can be ordered from the IRS 1-800-TAX-FORM (1-800-829-3676).

<b>Drug / Medicine</b>	<b>Examples</b>
Allergy Prevention & Treatment	Benadryl, Sudafed, Actifed, Claritin, Chlora Trimaton, and Nasalcrom
Antacids and Acid Reducers	Gas-X, Maalox, Mylanta, Tums, AXID AR, Pepcid AC, Prilosec OTC, Tagamet HB, Zantac 75
Anticandial	Femstat 3, Gyne-Lotrimin, Mycelrx-7, Monistat 3, 7, and Vagistat-1
Antihistamines	Actidil Syrup and Capsule, Actifed, Allerest, Benadryl, Claritin, Chlor-Trimeton, Contac, Dimetane, Drixoral, Nyquil, Sudafed, Tavist-1, and Triaminic
Antidiarrheal and Laxatives	Ex-Lax, Pepto-Bismol, Immodium A.D. and Kaopectate
Anti-fungal	Lamisil AT, Lotramin AF, and Micatin
Anti-itch Lotions and Creams	Bactine, Caldecort, Cortaid, Hydrocortisone, and Lanacort, Calamine Lotion, Benadryl Cream, Caladryl, Lamisil AT, Lotramin AF and Micatin
Asthma	Primatene Mist
Cold Sore / Fever Blister	Abreva Cream, Carmex
Condoms and other contraceptive Devices	Trojans, Magnums, VGF Films, and Delfen Contraceptive Foam

<b>Drug / Medicine</b>	<b>Example</b>
Contact Lenses Solutions	Baush & Lomb, Renu, Aosept, Allergan, Boston and Opti-Free
Cough Suppressants	Robitussin, Vicks 44, Chloraseptic
Decongestant / Nasal Decongestant and Cold Remedies	Advil Cold and Sinus, Afrin, Afrinol, Aleve Cold and Synus, Children's Advil Cold, Duration, Dristan Long Lasting, Neo-Syneophrine-12 Hour, Orrivin, Sudafed, Tavist-D, Tylenol Cold and Flu, Thera-ful, Alka Seltzer Cold and Flu, Nyquil, Actidil Syrup and Capsules, Actifed, Allerest, Benadryl, Claritin, Chlor-Trimeton, Contac, Dimetane, Drixoral, Sudafed, Tavist-1, and Triaminic
Diaper Rash Ointments	Balmax and Destin
Eye Drops for Allergy / Cold Relief	Ocu Hist
First Aid Supplies	Ace Bandages, Band-Aids, Bandage Tapes, Thermometers, Medical Gloves, Gauze, Neosporin, Rubbing Alcohol, and Visine
Hemorrhoid Treatments	Preparation H, Hemroid, and Tronolane
Internal Analgesics / Antipyretic	Advil, Aleve, Children Motrin, Nuprin, Excedrin, Tylenol, and Bayer
Incontinence Supplies	Depends
Liniments	BenGay, Tiger Balm, and Flexall
Medical Monitoring	Services and Bracelets specifically for medical information
Medical Products and Devices	Blood Pressure Monitor, Glucose Tester, HIV Test, Cholesterol Test, Diabetic Supplies, Crutches, Ovulation Monitor and Pregnancy Testing Kit
Menstrual Cycle Medications	Midol, Pamprin, and Premysyn PMS

<b>Drug / Medicine</b>	<b>Examples</b>
Migraine	Advil Migraine Liqui-gels, Excedrin Migraine, Motrin Migraine Pain
Motion Sickness Medication	Dramamine and Marizine
Nicotine Gum or Patches and Smoking Cessation Aids	Nicorette, Nicotrol and Nicodin
Pediculicide ( head lice)	Nix
Poison Ivy Protection	Ivy Block
Smoking Cessation	Commit, Nicoderm CQ, Nicorette, Nicotrol
Toothache and Teething Pain Relievers	Orajel
Wart Removal and Medications	Tinamed

**Dual Purpose OTC Drugs. THE ITEMS LISTED BELOW REQUIRE A THIRD-PARTY RECEIPT AND A NOTE FROM THE HEALTH CARE PROVIDER LISTING THE DIAGNOSIS OF THE MEDICAL CONDITION OR ILLNESS AND THE RECOMMENDATION OF THE OTC DRUG / MEDICINE.** This list is not all inclusive and is intended to give examples of the most common brand names of OTC drugs.

- Anti-baldness/hair loss/hair replacement, such as Rogaine, but only if to replace hair loss due to a medical condition (e.g. cancer treatment) and not for balding due to age.
- Fiber supplements such as Benefiber and Metamucil
- Glucosamine/Chondroitin for arthritis or other medical conditions (not reimbursable if taken for overall joint health)
- Herbal supplements used to treat a specific disease such as St. John's wort for depression
- Hormone therapy drugs
- Medicated shampoos used to treat a specific medical condition like psoriasis and only the amount in excess of the cost of normal shampoo
- No Doz (and other sleep prevention drugs)
- Nose strips for proper breathing or other medical conditions
- Pedialyte for a child's dehydration
- Retin-A and other acne medicines (not reimbursable if used for cosmetic purposes such as wrinkle reduction)
- Sleep Aids
- Snoring cessation aids and medications such as Breath Right Spray, Snorezz
- Sunscreen and Sunblock



## HEALTH CARE FLEX DEBIT CARDS

As an added benefit, your employer has decided to offer you a debit card for your Health Care Flexible Spending Account (FSA). Please read this carefully to find out how the debit card can give you faster access to your Health Care FSA funds.

### **What is a Health Care FSA Debit Card?**

The FSA debit card is like your bank debit card except that the FSA debit card is linked to your Health Care FSA. You can use the card to pay health care providers directly out of your FSA at the time of purchase.

### **How does the Flex Debit Card work?**

Shortly after the start of the plan year, you will receive your FSA Debit Card to use to pay for your eligible medical expenses. When you incur an eligible health care expense, you simply swipe your debit card at the point of purchase, select the "CREDIT" option on the card reader, and the amount of the purchase is deducted directly from your Health Care FSA account balance. You do not have to pay cash, write a check or provide another means of payment. Your health care provider is paid automatically from your Health Care FSA.

### **What kinds of services can I purchase with the debit card?**

The debit card can be used to purchase health care services from many medical providers, including physician offices, pharmacies, dental providers, vision providers, hospitals and online service providers or retailers.

### **Where can I use my FSA Debit Card?**

Your FSA Debit Card will only be accepted at authorized vendors, i.e. medical clinics, hospitals, dental offices, vision care centers and pharmacies that have the appropriate merchant codes.

### **Do I have to apply for the FSA Debit Card?**

No. If you participate in the Health Care FSA, you will receive a debit card by U.S. mail at your home address. If you do not want to use the card for your eligible health care expenses, simply destroy the card upon receipt.

### **Do I have to use the FSA debit card for all my health care expenses?**

No, the FSA debit card is provided to you as a convenience. You make the choice every time you purchase health care products or services if you would like to use the debit card. If you do not use your debit card, you can submit any health care expenses manually by fax for reimbursement to Gilsbar at 866-635-1329 along with a completed claim form and receipts.

### **If I use my FSA Debit Card, is verification of claims still required?**

Beginning January 1, 2008, new IRS rules have simplified the use of Flex Debit Cards. These rules now require drug stores and supermarkets to identify FSA-eligible items at checkout and require the drug store or supermarket to only use the card for FSA eligible items. That means you can use your Card at participating stores that offer this feature for the total FSA-eligible amount and NO receipts are needed to verify the eligibility of the purchase. And of course, you can continue to use your Card at pharmacies and other health care providers.

Please visit <http://www.sig-is.org/imwp/download.asp?ContentID=12418> for the latest list of participating merchants.

**Important Point to remember:**

**If you use your Card on or after January 1, 2008, in a discount store or supermarket that is not participating - even if you purchased FSA-eligible items in the store prior to January 1, 2008, your card may be declined.**

**Here's an example:**

You have been purchasing prescriptions at a pharmacy in a local supermarket using your Card during 2007. On January 5, 2008, you go to the store to pick up a prescription. If the store has not made the change required by the IRS to identify FSA-eligible items, your Card may be declined at the point of purchase. In this case, you can transfer your prescriptions to a pharmacy in a participating discount store or supermarket, or to a free-standing pharmacy, or simply continue to turn in your paper receipts for reimbursement as you have previously.

**Here's how your FSA Card works at participating stores:**

1. Bring prescriptions and vision products, OTC's and other purchases to the register at checkout to let the clerk ring them up.
2. Present your Card and swipe it for payment.
3. If the Card swipe transaction is approved (e.g. there are sufficient funds in the account and at least some of the purchases are FSA-eligible), the amount of the FSA-eligible purchases is deducted from the account balance and no receipt follow-up is required. The clerk will then ask for payment for the non-FSA eligible items.
4. If the Card swipe transaction is declined, the clerk will ask for another form of payment for the total amount of the purchase.
5. The receipt will identify the FSA-eligible items and may also show a subtotal of the FSA-eligible purchases.

**What should I do to pay for an expense that is more than my account balance?**

You should tell the merchant to swipe your card for the amount equal to what is left in your account, then use another payment method to pay the remaining balance.

**FAX CLAIMS AND PROOF OF EXPENSE TO 866-635-1329 FOR PROCESSING.**

**(PLEASE KEEP YOUR ORIGINALS)**

**Questions? Call Gilsbar's Customer Contact Center at**

**1-800-445-7227 ext. 883**

If you prefer to submit your form by mail, please send claim form and receipts to:

**Claims Processing Center, P.O. Box 26046, Tampa, FL 33623**

**(PLEASE KEEP YOUR ORIGINALS)**

## **DEPENDENT CARE REIMBURSEMENT ACCOUNT**

The Dependent Care FSA helps you pay for child care services which make it possible for you and your spouse (if applicable) to work. It also may be used to help pay for the care of a disabled spouse or dependent.

The Dependent Care FSA creates tax savings on up to \$5,000 of daycare expenses. That can mean \$1,500 in tax savings enough to pay for weeks of eligible child or adult daycare!

### **How Does a Dependent Care FSA work?**

A Dependent Care FSA is a reimbursement account that allows you to set aside a certain amount of each paycheck on a pre-tax basis to pay for your eligible dependent day care expenses. The amount you elect at the beginning of each plan year, is deducted from your gross earnings before federal and state taxes are calculated. By using your FSA to pay for qualified expenses you save on income tax...which means you have more money in your pocket!

To estimate your dependent care expenses, consider your expenses from last year. An expense worksheet is provided at the end of this section to help you determine the amount of money to allocate for your Dependent Care FSA. Remember, the IRS requires that all money in your account be used during the plan year. You can access balance information 24/7 online via [myGilsbar.com](http://myGilsbar.com). Select the "Reimbursement Account Center" link on the left side of the screen to view your balances.

### **Am I eligible to use the Dependent Care FSA?**

To be eligible, you must be at work during the time your eligible dependent receives care. You must also meet one of the following eligibility guidelines:

- You and your spouse are both employed;
- You are a single parent;
- Your spouse is a full-time student at least five months during the year while you are working;
- Your spouse is physically or mentally unable to provide his/her own care; or
- You are divorced or legally separated and have custody of your child most of the time even though your former spouse may claim the child for income tax purposes.

### **Who is an eligible dependent?**

An eligible dependent is defined as any person who can be claimed as a dependent for federal tax purposes and who:

- Is a child under 13 years of age;
- Is a child over the age of 13 who is physically or mentally incapable of caring for himself or herself;
- Is your spouse who is physically or mentally incapable of caring for himself or herself,
- An elderly parent who resides with you and is physically or mentally incapable of caring for himself or herself.

### **What expenses are covered?**

Eligible dependent care expenses are those which allow you and your spouse, if you are married, to work or attended school full- time. Below are some examples of eligible dependent care expenses:

- Day care facility fees
- Before/after school care
- Summer day camp (not overnight)
- Nursery school or preschool, if child is too young for kindergarten
- In home babysitting fees, if not provided by another dependent and claimed as income by the care provider
- Private school tuition, K4 and above is not eligible for reimbursement

### **Is there anything I should keep in mind when it comes time to file my taxes?**

You are required to provide the name, address and taxpayer identification (or Social Security number) of the dependent care provider on your income tax return. If you are unable to provide this information, both the tax credit and the exclusion for the spending account reimbursement may be denied by the IRS. Verify that this information is available before you elect to participate in the Dependent Care FSA.

Expenses reimbursed from this FSA cannot be used to claim a Federal Income Tax credit; therefore, you will have to determine which approach is best for you. You may even be able to combine the expense account and tax credits to reduce your overall dependent care expenses. However, the maximum expense you can claim when using both the tax credit and FSA is the tax credit limit (\$2,400 for one dependent or \$4,800 for two or more dependents), minus the amount reimbursed under the Dependent Care FSA.

### **How do I get reimbursed?**

As you incur eligible expenses you must submit a completed Dependent Care FSA claim form to Gilsbar with proof of payment from your day care provider or from the individual who provides the care. Dependent Care FSA claims must include the federal tax identification number or Social Security number, name and address of the provider, dates of service, type of service rendered and name of dependent. The individual who provides the care cannot be your spouse or a dependent under the age of 19.

With a Dependent Care FSA, you will be reimbursed as you set funds aside. If you submit a claim for more than what has been set aside for that account, the unreimbursed claim portion will be placed in "pending" status until funds are received through payroll deduction at which time you will receive reimbursement.

**FAX CLAIMS AND PROOF OF EXPENSE TO  
866-635-1329 FOR PROCESSING.**

**Can I pay my in-home daycare provider through the Dependent Care FSA?**

Yes. You can be reimbursed from your Dependent Care FSA for any qualified daycare expenses, whether performed in your home, the provider's home or a "daycare center". Receipts for the expenses and the caregiver's Tax ID number or Social Security number must be provided.

**I'm divorced; my ex-spouse claims our child as a deduction for tax purposes. I pay for child care. Can I use the Dependent Care FSA?** If your child resides with you most of the year, you can use the dependent care account to pay for child care services. However, you might want to call your tax advisor to discuss your particular circumstances before you elect to participate in the account.

**If I have a question about my account, what should I do?**

If you have any questions, you can access your account information 24/7 at **myGilsbar.com** or you can call Gilsbar's Customer Contact Center at **1-800-445-7227 ext. 883**.

## Dependent Care FSA Expense Worksheet

Dependent care expenses you paid last year could include:

Costs of Child or Adult Care Facilities\*

Day Care Center / Nursery School \$ \_\_\_\_\_

Family Day Care / Adult Day Care Centers\*\* \$ \_\_\_\_\_

Wages paid to a nanny or in home care provider\*\*\* \$ \_\_\_\_\_

\* The facility must follow all local and state laws.

\*\* These costs are eligible only if the adult dependent spends at least eight hours per day at home.

\*\*\* Please note these expenses are not eligible if the care services are provided by someone that you claim as a dependent.

Other dependent care expenses considered eligible by the IRS \$ \_\_\_\_\_

TOTAL ESTIMATED DEPENDENT CARE EXPENSES \$ \_\_\_\_\_

Compare last year's typical expenses to those eligible under your Dependent Care FSA and budget accordingly for the upcoming year.

**FAX CLAIMS AND PROOF OF EXPENSE TO 866-635-1329 FOR PROCESSING.**

**(PLEASE KEEP YOUR ORIGINALS)**

**Questions? Call Gilsbar's Customer Contact Center at**

**1-800-445-7227 ext. 883.**

**If you prefer to submit your form by mail, please send claim form and receipts to:**

**Claims Processing Center, P.O. Box 26046, Tampa, FL 33623**

**(PLEASE KEEP YOUR ORIGINALS)**



## Gilsbar Welcome Letter

Thank you for choosing to participate in the Health Care or Dependent Care FSA. Your FSA plans are administered by Gilsbar, Inc.

**Your Gilsbar group number is S2553.**

### Access the MyGilsbar.com Website to Manage your Account 24/7!

View plan year balance	Obtain claim forms
Set up or edit ACH/Bank Draft information*	Set up email messaging
Check claim status	View payments and payment dates
View claim/ receipt images within 24 hours	File appeals to denied claims

*\*To participate in the FSA Direct Deposit (ACH / Bank Draft) a valid email address is required.*

#### It's easy to get started:

**Step 1: After your effective date, go to [www.mygilsbar.com](http://www.mygilsbar.com) and register as a new participant.**

You will complete a brief registration form to register with a valid email address and your group number.

**Step 2: Once logged in, click on a selection under the Reimbursement Account Center section in the left navigation bar.**

If you are a first time user, you will be prompted to enter your email address to sign up for our Reimbursement Account Center email service. This is an important step to ensure you will receive email updates when:

- A claim is received
- The claim/receipt images are ready to view online
- The claim is processed and posted for payment

**Step 3: Click the Accounts tab at the top to confirm that your annual election(s) and address are accurate.** Contact us with any discrepancies.

**Step 4: Confirm that your ACH/Auto Bank Draft information is entered and accurate,** (or to set up direct deposits into your bank account) click the **Profile** tab at the top and click **Edit** under the **Your ACH** section. To update your email address, click **Edit** under the **View / Edit Your Profile** section.

SUBMIT YOUR CLAIMS	CONTACT US
<p><b>For Fastest Processing, FAX Claims and Receipts to: 1-866-635-1329</b></p> <p>Mail Claims and Receipts to: Claims Processing Center PO Box 26046 Tampa, FL 33623</p> <p>(Please keep your originals)</p>	<p><b>Customer Contact Center</b></p> <p><b>7:00 AM – 7:00 PM Central Time</b></p> <p><b>Phone: 1-800-445-7227 ext. 883</b> <b>Email: <a href="mailto:flex@gilsbar.com">flex@gilsbar.com</a></b></p> <p>(Please do not email claims/receipts)</p>