



Did you know that Flexible Spending Accounts can help you save on your health care and dependent care costs?

It's true!

Having money in a Flexible Spending Account (FSA) is like having money in the bank – your bank! Participants typically save an average of 30 percent on eligible health and dependent care expenses.

It's simple!

You decide how much to contribute and that amount of money is deducted from your paycheck. That money is deducted pretax, so you don't pay taxes on it. Your FSA is used to pay for eligible out-of-pocket health and dependent care expenses.

It's easier than ever!

Tired of filling out claim forms? Take advantage of Ceridian's online claims submission. This feature allows you to submit your claims online and print a confirmation page that you send along with your receipts. It's easier than ever!

Health Care Flexible Spending Account

A Health Care FSA (HFSA) reimburses you for eligible medical care expenses you incur for yourself, your spouse and your dependents.

Examples of eligible expenses include:

- Co-payments for doctor visits, prescriptions and hospitalization
- Over-the-counter medications, such as cold and flu remedies, aspirin, contact lens supplies, etc.

Dependent Care Flexible Spending Account

A Dependent Care FSA (DFSA) helps you pay for child or elder care services so you and your spouse can work.

Examples of eligible expenses include:

- Child or elder care center
- Nursery or preschool
- After school care
- In-home care (for children or adults)

To learn more and find out how much you can save, please review the attached information.

Flexible Spending Account – Frequently Asked Questions (FAQs)

Why should I enroll in an FSA?

With an FSA, your out-of-pocket health, dental or vision expenses and/or dependent care expenses are paid with tax-free dollars. FSAs are exempt from federal taxes, Social Security (FICA) taxes and, in most cases, state income taxes. You can typically save an average of 30 percent on all of your eligible expenses!

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' child 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.
- 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 during 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.myceridian.com/129.

What expenses are eligible for reimbursement?

Health Care FSA

Health care plan deductibles, co-payments, prescription glasses, orthodontia, certain over-the-counter medicines and supplies are eligible if incurred while you are a participant in the plan. For a comprehensive list, please visit www.myceridian.com/hfsa-expenses.

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 determine the date my expenses were incurred?

A service or expense must be incurred before it is eligible for reimbursement. An FSA expense is considered "incurred" when the service is performed, not when you pay for the service. In addition, the service must be performed during your participation in the plan. Services or expenses incurred before or after your plan participation dates do not qualify for reimbursement.

How do I get the funds from my FSA account?

It's simple – Just log in to your account online and enter your expenses via the Web site, then print your confirmation and mail or fax it to Ceridian along with a copy of a receipt documenting the type, amount and date the expenses were 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 FSAs 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. Forfeitures may be used by your employer to offset the administrative costs of operating the plan.

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 to an amount less than either your year-to-date reimbursements 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 run-out period.

Upon termination from the FSA, may I continue my coverage through COBRA?

Some employers are required by law to provide benefit continuation coverage under COBRA. The HFSA may qualify under this program. Check with your employer to determine your COBRA eligibility. COBRA participation will require that you continue at your current contribution level. The advantage is that you will be able to continue to submit expenses incurred after your termination date. The difference is that you will be paying after-tax dollars plus administration fees.

A Dependent Care FSA does not qualify for COBRA. Therefore, any funds remaining in the account after termination and the run-out period will be forfeited.

What is the run-out 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.

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 dependent care costs is a good way to start. We have included a worksheet to help you with your election decisions. You can also use Ceridian's online calculator by going to www.ceridian.com/myceridian/fsacalculator.
2. Complete the appropriate enrollment form and sign up for the FSA accounts 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 and additional information on how to use and manage your new FSA benefits.

Health Care FSA Sample Expense List

This is a sample list and it may be amended during the plan year at any time without notice. All expenses submitted are reviewed and approved according to Internal Revenue Code Section 125 guidelines. For a comprehensive list, please go to: www.myceridian.com/hfsa-expenses.

Sample Eligible Expenses

- Acupuncture
- Alcoholism Treatment
- Ambulance Service
- Artificial Limbs
- Aspirin
- Birth Control Pills
- Braille Books and Magazines (in excess of the cost of a regular edition)
- Car Controls for the handicapped
- Chiropractic Care
- Condoms
- Contact Lenses
- Crutches
- Dental Expenses (excludes bleaching or whitening)
- Dental Implants
- Denture Supplies
- Dermatologist Fees
- Diagnostic Tests
- Durable Medical Equipment (with prescription and letter of medical necessity)
- Equipment for the Disabled
- Flu Shots
- Guide Dog Expenses
- Glucose Kits (including Test Strips)
- Hearing Aids and Batteries
- Hearing Exams
- Hearing Treatment
- Hospital Services (excluding phone & TV)
- Immunizations
- Infertility treatments
- Insulin Pump
- Lab Fees
- Lamaze Classes (mother's cost only)
- Lasik Surgery
- Legal Abortion
- Medical Services, treatment
- Midwife
- Mileage to and from Medical Services

- Optometrist Fees
- Ophthalmologist Fees
- Organ Transplants
- Orthodontia Treatment
- Orthotics
- Osteopath Fees
- Over-the-Counter Medication
- Oxygen
- Periodontal Fees
- Physical Exams
- Physical Therapy
- Pregnancy Tests
- Prenatal Care
- Prescription Drugs
- Prescription: Eyeglasses, Sunglasses and Reading Glasses (excluding sunglass clips)
- Psychiatric Fees
- Psychologist Fees
- Psychotherapy
- Radial Keratotomy, PRK
- Services for Diagnosed Severe Learning Disabilities
- Short-Term Storage of Sperm or Embryo
- Smoking Cessation Drugs & Programs
- Special Schools for the Disabled
- Sterilization
- Substance Abuse Treatment
- Surgery (medically necessary)
- Telephone for the Deaf
- Therapy for Mental/Nervous Disorders
- Transportation for Medical Care
- Vaccinations
- Weight-Loss Programs (must be prescribed by a physician to treat a specific medical condition)
- Wheelchairs
- X-ray Fees

Sample Non-eligible Expenses

- Baldness Treatments
- Breast Pump Rental or Purchase
- COBRA Premiums
- Cosmetic Surgery, Procedures, Services and Products (non-medically necessary)
- Dancing Lessons
- Dental Veneers or Bonding (non-medically necessary)
- Diapers or Diaper Service
- Doula Expenses
- Electrolysis
- Electronic Toothbrushes
- Exercise Equipment
- Family/Marriage Counseling
- Funeral Services
- Hair Transplants
- Health Club Dues and Memberships
- Herbal & Holistic Drugs or Remedies
- Insurance Premiums
- Marijuana or other controlled substances (even for medical purposes)
- Maternity Clothes
- Special Diet Foods
- Swimming Lessons
- Teeth Bleaching, Whitening
- Vacation expenses (even if recommended by a doctor)
- Varicose Vein Treatment

Flexible Spending Account Worksheet

This worksheet can help you determine how much to contribute to your FSA. If you would like to perform your contribution calculations using the Ceridian FSA calculator, please go to www.ceridian.com/myceridian/fsacalculator.

Health Care FSA

To estimate your expenses, review health care expenses from last year and consider any anticipated new health care expenses for you, your spouse and your dependents.

<u>Type of Expense</u>	<u>Examples</u>	<u>Estimated Annual Cost</u>
Deductibles	Medical, dental, vision	\$ _____
Co-payments/co-insurance	The amount not paid by your health plan coverage	\$ _____
Amounts paid over plan limits		\$ _____
Expenses not covered by insurance	Over-the-counter drugs	\$ _____
Vision care	Glasses, contacts, solution, exams, etc.	\$ _____
Dental care	Cleanings, orthodontics, crowns, etc.	\$ _____
Treatment/therapies		\$ _____
Medical equipment		\$ _____
Health care related mileage	Trip to and from doctor, dentist, etc.	\$ _____
Other anticipated health care expenses		\$ _____
Total Expenses for Health Care		\$ _____

Dependent Care FSA

To estimate your expenses, review dependent care expenses from last year and consider any anticipated new dependent care expenses.

<u>Type of Expense</u>	<u>Examples</u>	<u>Estimated Annual Cost</u>
Annual child care expenses	Child care center	\$ _____
In-home care		\$ _____
Nursery or preschool		\$ _____
After school care		\$ _____
Au pair services		\$ _____
Summer day camp		\$ _____
Annual Elder Care Services	Elder day care center	\$ _____
Total Expenses for Dependent Care		\$ _____

Flexible Spending Account Enrollment Form

Employee Information

Last Name	First Name	M.I.	Social Security Number
Mailing Address Number	Street	Apt.	Daytime Phone ()
City			State Zip Code

FSA Election Plan Year 1/1/2009 to 12/31/2009

FSA Plan Benefit Amount

Health Care FSA

- I elect to participate. My annual contribution is \$ _____ Minimum Plan Year Contribution Amount: **\$0.00**
- I elect not to participate. Maximum Plan Year Contribution Amount: **\$2,400.00**

Dependent Care FSA

- I elect to participate. My annual contribution is \$ _____ Minimum Plan Year Contribution Amount: **\$0.00**
- I elect not to participate. Maximum Plan Year Contribution Amount: **\$5,000.00***

* If you are married and file jointly, your combined contributions may not exceed \$5000.00.
If you are married and file separately, your individual contributions may not exceed \$2500.00.

Authorization

I understand that by signing and submitting this form, I authorize the adjustment of my annual taxable salary based on my elections above, with the "tax protected" funds being transferred into my Flexible Spending Account. My election cannot be changed during the plan year, unless I experience an eligible change in status. I further understand that this form must be signed and dated prior to my plan effective date to be eligible to participate in this plan year. Any unused amounts remaining in my account at the end of the plan year will be forfeited. However, I will have a specified period of time (indicated in the FSA enrollment materials) after the end of the plan year or date of my termination to submit receipts for reimbursement for services received during the plan year or coverage period.

Employee Signature **X** _____ Date _____

Employer Use			
Company Name Teamwork HR (LH1)	Division	IBC	Effective Date
Client ID L00365	Plan Year From 1/1/2009 to 12/31/2009	Pay Code	

Direct Deposit Authorization

Flexible Spending Account

Please attach a voided check or Savings Account Direct Deposit Form here.

Instructions

This form should be completed by FSA Participants upon initial enrollment of the benefit and need not be resubmitted each new plan period. You should remit this form if you have new or updated banking information to provide.

- Please print all information legibly.
- Attach a voided check if you designate a checking account. Do not submit a deposit slip. If you designate a savings account attach a completed Savings Account Direct Deposit Form from your financial institution.
- Please sign and date the form. Omission of signature will delay processing.
- Mail completed form to the address indicated at the bottom of the page.
- Notify Ceridian immediately of any account changes or account closings.

Direct Deposit authorization requires that all account and bank routing numbers be verified for accuracy before any funds are transferred. Eligible claims submitted during the 10-day verification period will be reimbursed with a check. After the verification period, reimbursements will be posted to your bank account two to four days after the scheduled reimbursement date. You will receive a Reimbursement Statement through the mail. Always verify your statement to make sure it is not a negotiable check.

Participant Information

First Name _____ Last Name _____
Social Security Number _____ - _____ - _____ Daytime Telephone (____) _____
Employer Name Teamwork HR Client Code L00365

Bank Information

Check only one: Set up Direct Deposit for:
 Checking (please attach void check above)
 Savings (please attach a Savings Account Direct Deposit Form from your financial institution)
 Change Account Information
 Cancel Direct Deposit

Full Bank Name _____ Telephone (____) _____

Bank Routing Number (9-digit number on lower left of check) | | | | | | | | |

Bank Account Number (to 17-digits) | | | | | | | | | | | | | | | | |

Important

- The designated account must be in your name.
- Processing of your Direct Deposit information will be delayed if you do not include both the bank account number and the bank routing number. Contact your bank if you are unsure of your bank account information.

Authorization

I hereby authorize Ceridian to initiate credit entries for depositing my Flexible Spending Account reimbursements into my account designated above and, if necessary, make corrections for any entries made to my account in error. This authority is to remain in full force and effect until Ceridian has received written notification from me of its termination in such time and in such manner as to afford Ceridian a reasonable opportunity to act on it.

Signature _____ Date _____

Please return completed form to Ceridian via fax at 866-377-4261.

You may also mail to: Ceridian, P.O. Box 534200, St. Petersburg, FL 33747.

FSA Online Account Management

Manage your FSA online! The fast and easy way to manage your FSA starts here.

How do I get started?

1. Once your account is established, go to www.ceridian-benefits.com.
2. Log in using your Social Security number (SSN) with dashes. Your initial Password/Pin is the last four numbers of your SSN reversed.
3. After your initial login, you will be prompted to change your Login ID and your Password/Pin. You will need both Login ID and your Password/Pin for future access to your account.
4. On the home page, click the links or the tabs to access the various pages.

What will I find?

- **File Claims** - Allows you to submit claims online for those plans you are currently enrolled in.
- **My Account** - Where you go to view your profile, account balance and payment history.
- **Plans** - Where you go to see the plan descriptions and related documents.
- **Forms** - Where you go to download forms (direct deposit, physician's statement, personalized claim forms, etc.).

Take a tour

Let us show you how easy it is to submit your claims online and perform some other typical activities. Please click on the following link to get started, www.myceridian.com/employeeofsademo.

If you have forgotten your User ID and/or password or do not have access to the Internet, please call our FSA customer service center at 877-799-8820, Monday through Friday, between 8 a.m. and 8 p.m. Eastern Time.



manage your benefits with ease