

# Simple steps for enrollment into the FlexSystem FSA Plan



## Step 1: Choose the FlexSystem Account(s)

To enroll in FlexSystem FSA, you must first choose which Flexible Spending Account(s) you wish to participate in for the Plan Year (as offered by your employer). The options may include:

- Healthcare FSA
- Dependent Care FSA
- Non-Employer Sponsored Premiums (NESP)
- Transit Reimbursement Account
- Parking Reimbursement Account

## Step 2: Determine Your FSA Election Amount(s)

Next, determine your annual elections to be contributed **pre-tax** into each type of FSA from your payroll over the course of the Plan Year. Your elections are specific to each FSA and may only be used for expenses incurred for that account type. For example, dollars set aside for Dependent Care FSA may only be used for dependent care expenses and not for healthcare expenses. Calculate your potential savings with our [online FSA calculator!](#)

## Step 3: Complete Enrollment Form (online or paper)

Before you begin, obtain the TASC Employer ID# from your employer, as you will need to enter it on the enrollment form. Choose to enroll online or via paper form and follow the instructions below:

### Online Enrollment (*recommended*)

Online enrollment into FlexSystem FSA is easy, secure, and available 24-hours a day from the convenience of your home. Go to:

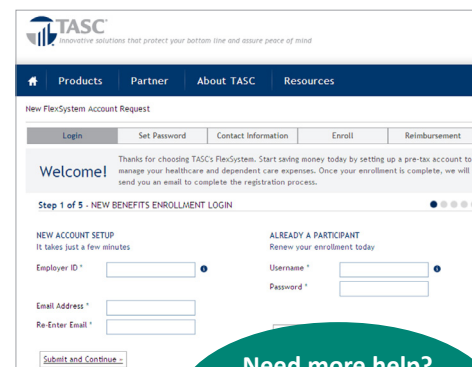
[www.tasconline.com/tasconline/flexsystem/enroll](http://www.tasconline.com/tasconline/flexsystem/enroll)

#### **New Enrollees (new to the Plan):**

Go to *New Account Setup* - enter the Employer ID# and establish your personal username and password. A valid email address is required to authenticate your account. Once you have authenticated your account, simply follow the system prompts to enroll.

#### **Renewing Enrollees:**

Enter your 12-digit TASC ID# and password. Click *Submit and Continue* and follow the on-screen enrollment prompts.



**Need more help?**  
Watch our  
[online enrollment video](#)

### Paper Enrollment Form

A paper enrollment form is available from your employer. Complete the one-page form and refer to the instructions on page two of the form as needed. Please sign and date the completed form and return it to your employer for processing.

## Step 4: Success!

Once your enrollment is processed, you will receive the *Welcome New FlexSystem Participant* email from TASC with account access instructions to begin using and managing your FlexSystem account(s) online. And your **TASC Card(s)** will be mailed to your home address within 7-10 business days and ready to use for eligible expenses!

# Expenses that qualify for reimbursement from FlexSystem

Healthcare FSA | Dependent Care FSA



Below is a partial list of permissible expenses reimbursable through a Flexible Spending Account (FSA) that are incurred by you, your spouse, or qualified dependents. Please note: a Limited Purpose Healthcare FSA only allows dental and vision expenses.

## Medical Expenses

- Acupuncture
- Artificial limbs
- Bandages
- Birth control, contraceptive devices
- Birthing classes/Lamaze – only the mother's portion (not the coach/spouse) and the class must be only for birthing instruction, not child rearing
- Blood pressure monitor
- Blood sugar test kits/test strips
- Chiropractic therapy/exams/adjustments
- Contact lens and contact lens solutions
- Co-payments
- Crutches (purchased or rented)
- Deductible and co-insurance
- Diabetic supplies
- Eye exams
- Eyeglasses, contacts, or safety glasses, prescription only (warranties are not reimbursable)
- Flu shots
- Hearing aids and hearing aid batteries (warranties are not reimbursable)
- Heating pad
- Incontinence supplies
- Infertility treatments
- Insulin
- Lactation expenses (breast pumps, etc.)
- Laser eye surgery; LASIK
- Legal sterilization
- Medical supplies to treat an injury or illness
- Mileage to and from doctor appointments
- Nasal strips
- Optometrist's or ophthalmologist's fees
- Orthopedic inserts
- Physicals
- Physical therapy (as medical treatment)

- Physician's fee and hospital services
- Pregnancy test
- Prescription drugs and medications
- Psychotherapy, psychiatric and psychological service
- Reading glasses
- Sales tax on eligible expenses
- Services connected with donating an organ
- Sleep apnea services/products (as prescribed)
- Smoking cessation programs
- Treatment for alcoholism or drug dependency
- Vaccinations
- Wrist supports, elastic wraps
- X-ray fees

## OTC Medicines and Drugs

Over-the-counter (OTC) medicines and drugs, except for insulin, require a prescription from your physician to be reimbursable. The prescription will need to be included with each request for reimbursement.

- Bengay, Flexall, pain relieving creams or gels
- Calamine lotion
- Canker/cold sore relievers
- Cold medicines
- Corn removal
- Diaper rash ointment
- GasX, baby gas drops
- Hemorrhoid creams and treatments
- Hydrogen Peroxide or rubbing alcohol
- Indigestion or anti-acid relievers
- Laxatives
- Nicotine patch
- Pain relievers (Tylenol, Advil, Aspirin, etc.)
- Sinus medicines
- Suppositories
- Teething gel
- Wart removal medication

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**For more information regarding FSA expenses, please review IRS Publication 503  
or ask your employer for a copy of your Summary Plan Description (SPD).**

## Dental Expenses

- Braces and orthodontic services
- Cleanings
- Crowns
- Deductibles, co-insurance
- Dental implants
- Dentures, adhesives
- Fillings

## Disability Expenses

- Automobile equipment and installation costs for a disabled person in excess of the cost of an ordinary automobile; device for lifting a mobility impaired person into an automobile
- Braille books/magazines in excess of cost of regular editions
- Note-taker for a hearing impaired child in school
- Seeing eye dog (buying, training, and maintaining)
- Special devices, such as a tape recorder or typewriter for a visually impaired person
- Visual alert system in the home or other items such as a special phone required for a hearing impaired person
- Wheelchair or autoette (cost of operating/maintaining)

## Requiring Additional Documentation

The following expenses are eligible only when incurred to treat a diagnosed medical condition. Such expenses require a **Letter of Medical Necessity** from your physician, containing the medical necessity of the expense, diagnosed condition, onset of condition, and physician's signature.

- Ear plugs
- Massage treatments
- Nursing services for care of a special medical ailment
- Orthopedic shoes (excess cost of ordinary shoes)
- Oxygen equipment and oxygen
- Support hose
- Varicose vein treatment
- Veneers
- Vitamins and supplements
- Wigs (for mental health condition of individual who loses hair because of a disease)

## Dependent Care Expenses

- Fees for licensed day care or adult care facilities
- Before and after school care programs for dependents under age 13
- Amounts paid for services (including babysitters or nursery school) provided in or outside of your home
- Nanny expenses attributed to dependent care
- Nursery school (preschool) fees
- Summer Day Camp – primary purpose must be custodial care and not educational in nature
- Late pick-up fees
- **Does not cover medical costs**; use Healthcare FSA for medical expenses incurred by you or your dependents

## Ineligible Medical Expenses



- Athletic mouth guards
- Chapstick/lip balm
- Contributions to state disability funds
- Cosmetic surgery, dentistry, or other cosmetic procedures
- Cosmetic supplies (makeup, cleansers, moisturizers, etc.)
- Deodorant
- Dental floss
- Diet (cost of special foods as substitute for regular diet)
- Dietary and fiber supplements
- Electrolysis/hair removal
- Exercise equipment and fees
- Eye drops for general comfort
- Eyeglass cases
- Hand sanitizer
- Health club or athletic club membership fees
- Herbal supplements
- Insurance premiums, all types
- Lotions or skin moisturizers
- Marriage counseling
- Maternity clothes
- Mattress
- Medicare premiums
- Medicated shampoos, conditioners, and soaps
- Physical treatment unrelated to specific health problems (massage for general well-being, stress, depression, or chiropractic wellness)
- Safety glasses (non-prescription)
- Sunglasses (non prescription) and sun clips
- Teeth whitening products
- Toiletries
- Toothbrush (includes prescribed electronic) and toothpaste
- Vitamins and supplements for well-being
- Warranties
- Weight loss drugs/programs for general well being

# Determine if your Dependent Care expenses qualify for FSA reimbursement



The FlexSystem Dependent Care FSA allows you to use pretax dollars to pay for eligible expenses related to care for your child, disabled spouse, elderly parent, or other dependent who is physically or mentally incapable of self-care, so you (or your spouse) can work, look for work, or attend school full time. **Medical expenses for your dependent are not eligible for reimbursement under the Dependent Care FSA.**

Eligibility for the dependent care benefit requires that certain criteria be met, which is outlined in this document.

- A) **The dependent care expenses must be work-related.** The care must be necessary for the employee and/or the employee's spouse to work, to look for work, or to attend school full-time, or if they are physically unable to care for their children.
- B) **The dependent care expenses provided during a calendar year cannot exceed \$5,000.** In the case of a separate return by a married individual, the limit is \$2,500. This amount may be less if the employee's earned income or spouse's earned income is less than \$5,000.

**The dependent care expenses must be for the care of one or more qualifying persons. A "Qualifying Person" is defined as one of the following:**

- A) A dependent who was under age 13 when the care was provided and for whom an exemption can be claimed.
- B) A spouse who was physically or mentally not able to care for himself or herself, and lived with you for more than half the year.
- C) A dependent who was physically or mentally not able to care for himself or herself and for whom an exemption can be claimed, and lived with you for more than half the year.

## Eligible and Ineligible Expenses for Dependent Care FSA Reimbursement (partial list):

### **Allowed for Reimbursement:**

- Fees for licensed day care or adult care facilities
- Before and after school care programs for dependents under age 13
- Amounts paid for services (including babysitters or nursery school) provided in or outside of your home
- Nanny expenses attributed to dependent care
- Nursery school (preschool) fees
- Summer Day Camp – primary purpose must be custodial care and not educational in nature
- Late pick-up fees

### **NOT Allowed for Reimbursement:**

- Medical expenses
- Baby-sitter in or out of your home for reasons other than to enable you to work
- Activity fees/ educational supplies
- Food, clothing, and entertainment
- Transportation expenses
- Child support payments
- Kindergarten fees
- Overnight camp
- Late payment charges

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**For more information regarding Dependent Care FSA expenses, please review IRS Publication 503 or ask your employer for a copy of your Summary Plan Description (SPD).**

**You can also find helpful information and rates on our resource page at:**

[www.tasconline.com/benefits-limits](http://www.tasconline.com/benefits-limits)

## How Much Should You Contribute?

Determine your total annual amount of qualified dependent care expenses for the Plan Year. Your annual contribution to the FlexSystem Dependent Care FSA must be within the minimum and maximum amounts set by your employer based on the maximum allowed by the IRS (view IRS limits at [www.tasconline.com/benefits-limits](http://www.tasconline.com/benefits-limits)).

## To receive the dependent care benefit, one must follow these procedures:

- A) All persons and organizations that provide dependent care for a qualified person must be identified. This information is requested on IRS Form 2441. The name, address, and taxpayer identification number of the provider must be included. Under certain circumstances, the taxpayer identification number will be a social security number.
- B) If the care is being provided by a center that cares for more than six persons, the center must comply with all state and local regulations.
- C) Payments made to relatives who are not dependents can be included. However, do not include amounts paid to a dependent for whom you can claim an exemption or for your child who is under age 19 at the end of the year, regardless of whether he or she is your dependent.
- D) Use Form W-10 to request the required information from the care provider.

## Special rules apply to children of divorced or separated parents:

Even if you cannot claim your child as a dependent, he or she is treated as your qualifying person if all of the following are true:

- The child was under age 13 or was not physically or mentally able to care for himself or herself.
- One or both parents provided more than half of the child's support for the year and are divorced, legally separated, or lived apart at all times during the last 6 months of the calendar year.
- One or both parents had custody of the child for more than half of the year.
- You were the child's custodial parent. The custodial parent is the parent having custody for the greater portion of the calendar year. If the child was with both parents for an equal number of nights the parent with the higher adjusted gross income is the custodial parent.

A non-custodial parent that is entitled to claim the child as a dependent on their tax return may not treat the child as a qualifying individual for the dependent care benefit even when that parent is financially responsible for providing the care. Only one parent (the custodial parent) may qualify for the dependent care benefit for a taxable year. The regulations do not provide any relief for a non-custodial parent that incurs dependent care expenses for the portion of the year in which they have custody of the child to enable the non-custodial parent to work.



# FlexSystem Employee Enrollment Form

Please sign, date, and complete each line on the enrollment form. Enter zero (0) where no amount is being elected.

**Return the completed and signed form to your employer for processing.**

**For Employer to complete:**

Employer Name \_\_\_\_\_ Client TASC ID Number \_\_\_\_\_

Participant Plan Effective Date \_\_\_\_\_ Date of First Payroll \_\_\_\_\_

**EMPLOYEE/PARTICIPANT INFORMATION**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_

TASC ID# (if known) \_\_\_\_\_ Email Address\* \_\_\_\_\_

Home Phone Number\* \_\_\_\_\_ Mobile Phone Number\* \_\_\_\_\_

Home Address (street) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

*\*Required to access your account online or via your mobile phone, or to receive personal account notifications. Information is confidential and is not used for marketing purposes.*

**ANNUAL ELECTIONS**

**Prior to completing your election amounts below, please refer to the instructions on page 2.**

I request the following amount(s) to be deducted pre-tax:		Employee Annual Salary Reduction Election Amount	IRS Contribution Limits
1	<b>Healthcare FSA</b>	\$ _____	\$2550 per year or \$212.50 per month
2	<b>Dependent Care FSA (daycare)</b>	\$ _____	\$2500 single; \$5000 family per year

**TASC CARD**

You will receive one TASC Card for your FlexSystem account. You may request **one additional card** for your spouse or dependent free of charge. Cards are mailed to your home address 7-10 days after your enrollment has been processed in FlexSystem.

**To request an additional TASC Card for your spouse or dependent, print his/her name below:**

Spouse or Dependent Name (Last, First, MI): \_\_\_\_\_

**AUTHORIZATION:** I certify the above information to be true to the best of my knowledge and that the children for whom I will be claiming dependent or child care expenses either reside with me in a parent-child relationship or are legally dependent on me for their support. I agree to have my compensation reduced by the deduction amount(s) stated above. I understand amounts remaining in my flexible spending account(s) not used for qualified expenses incurred during the Plan Year will be forfeited in accordance with current Plan provisions and tax laws. I further understand that the Flexible Compensation deduction(s) will be in effect for the entire Plan Year and cannot be changed or revoked except as permitted by federal law. I understand that my share of eligible group premium(s) will be automatically deducted before taxes. I also understand that if I do not wish to have my eligible insurance contributions deducted pre-tax and prefer to be taxed on these dollars, I will contact my payroll department. I understand additional TASC Cards issued to my spouse or dependent will provide the named individual with access to my flexible spending account(s) and MyCash account. I accept all responsibility for card transactions incurred by the named individual and will submit supporting documentation, as requested, for those transactions. I agree that upon inappropriate or fraudulent use of the TASC Card or termination of employment, I will immediately return all TASC Cards to my Employer.

Signature \_\_\_\_\_ Date \_\_\_\_\_



## ENROLLMENT FORM INSTRUCTIONS

Enter your Client ID and Employer name in the space indicated. Refer to your employer for the correct Client TASC ID number and Employer name.

Instructions for entering elections under each applicable FlexSystem account type:

- 1. Healthcare FSA Election:** This amount you expect to pay out-of-pocket toward eligible medical expenses throughout the Plan Year, which may include deductible and co-insurance portions of health insurance (NOT premiums), dental expenses, orthodontic expenses, eye care, and other eligible healthcare expenses. Per IRS regulations, a Participant may elect a maximum of \$2,550 per Plan Year (indexed annually for inflation). Your employer may have a Plan Year maximum less than the IRS allowed amount. Review your Summary Plan Description (SPD) or check with your employer for your Plan's maximum annual amount. Your annual election will be split into equal amounts to be deducted pre-tax from every payroll throughout the Plan Year. Your total annual election amount is available for reimbursement on the first day of the Plan Year as eligible expenses are incurred.
- 2. Dependent Care FSA Election:** Amount you expect to pay out-of-pocket for eligible day care expenses for the Plan Year. The maximum allowable amount under IRS regulations is \$5,000 per calendar year per family; \$2,500 per calendar year for married individuals filing single. Plan funds are available as they are contributed.
- 3. Non-Employer Sponsored Premium (NESP) Election:** The total annual out-of-pocket cost for privately purchased (individual) insurance *premiums* such as health, disability, and cancer insurance. Other medical expenses are **not** eligible under the NESP Plan. Examples of insurance premiums NOT eligible are employer-sponsored group insurance (premiums deducted from your paycheck or your spouse's paycheck), life insurance, long-term care insurance, and premiums for coverage under the federal exchange "Marketplace" program. Please note, when disability premiums are pre-taxed, the benefits received are taxable. NESP is not subject to contribution limits unless otherwise set by your Employer, but is subject to the 'Use it or Lose it' rule in which unused funds are forfeited at year-end. Plan funds are available as they are contributed.
- 4. Transit Reimbursement Account Election:** Amount incurred to travel to and from work on mass transit facilities, or commuter highway vehicles. Examples of eligible expenses are vouchers, fare cards, or tokens for a bus, train, ferry, subway, or vanpool. Monthly limits apply.
- 5. Parking Reimbursement Account Election:** Amount incurred for parking expenses at or near your place of employment or at a location from which you commute to work (e.g. ramp or park 'n ride). Monthly limits apply.

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### IMPORTANT NOTES

**How Cafeteria Plans affect Social Security Benefits:** Reduction of your Social Security benefits will be minimal and is off set by the tax savings and lower health care costs available under FlexSystem. To compensate for this minimal reduction you may consider increasing your retirement plan funding.

### Helpful Links

Find all IRS limits on our resource web page: <https://www.tasconline.com/benefits-limits/>

**For enrollment assistance: call toll-free 800-422-4661  
Have your enrollment form, employer name, and the Client ID# ready.**