



Flexible Spending Accounts

Plan Year: July 1st through June 30th

Saving Money with your Flexible Spending Accounts

Anytime you can pay for expenses with tax-free dollars is a bonus, and this is one of the few areas where the IRS allows you to do just that! You can set aside money each paycheck (which will NOT be considered taxable income) to pay for your (& your family's) out of pocket:

- + Medical Expenses such as deductibles, co-payments, & coinsurance
- + Prescriptions & Over-the-Counter medicines and medical supplies
- + Dental Expenses such as deductibles, coinsurance, and orthodontia
- + Vision Expenses such as exam co-payments, glasses, contacts, & supplies
- + Dependent Care Expenses such as eligible child or invalid parent day care which allows you to work

Assume you expect to pay about \$1,500 this year on medical deductibles, office visits, and procedures, prescriptions, dental deductibles, braces for a dependent child, and glasses or contacts for yourself and your family. In addition, you plan to spend another \$4,000 on eligible child care. That's a total of \$5,500 you won't have to pay taxes on! Assuming a federal tax bracket of 33%*, you're saving \$1,815 – that's \$1,815 you don't have to pay in taxes!

How the Reimbursement Accounts work

Prior to the beginning of the **plan year** or when you are initially eligible, you make a commitment to set aside a certain amount to either or both accounts. Then, each paycheck, an equal fraction of that commitment is credited to the account(s) you have elected, just like a savings account.

Each Plan Year you can contribute a maximum of

- + \$2,400 to your Health Care Reimbursement Account
- + \$5,000 to your Dependent Care Reimbursement Account

If you wish to enroll in the Westminster College Flexible Spending Account plan, please complete this form:

/pdf/human_resources/Enrollment-Change Form - Medical, Dental, Vision, Flex, Beneficiary Designation.pdf

If you wish to waive participation in either or both accounts at this time, please complete the top portion of the above enrollment form, check that you are waiving participation in one or both accounts, then sign and date where indicated.

Health Care Reimbursement Accounts & NBS Benefits Card

If you elect to participate in the Health Care Reimbursement Account, you will be issued a special **NBS Benefits Card** which you can use just like a debit card anywhere VISA is accepted to pay for your qualified health care expenses. You can track your NBS Benefits Card balance online anytime by clicking here:

[/pdf/human_resources/NBS Web Access Instructions.pdf](/pdf/human_resources/NBS%20Web%20Access%20Instructions.pdf)

You will only be able to use the card for the amount you elected at the beginning of the plan year or when you initially enrolled. Your balance will be that amount less any qualified expenses claimed on the card.

IMPORTANT NOTE TO NBS BENEFITS CARD USERS!!!!!!!!!!!!!!

Please remember that if you use your NBS Benefits Card you are **STILL REQUIRED** to keep all documentation of your qualified health care expenses. The IRS requires National Benefit Services to conduct random audits of all NBS Benefits Card transactions. If your transactions are audited, you will receive a letter from National Benefit Services asking you to submit copies of the documentation to substantiate your transaction. If you do not reply with the required documentation within the time specified in the letter, your NBS Benefits Card will be turned off until you supply the requested documentation.

You may decide not to use your NBS Benefits Card for a variety of reasons. If so, you can still submit paper claims. You will need to provide proof the qualified health care expense was incurred along with this completed claim form by fax or by mail:

<http://www.nbsbenefits.com/documents/ClaimForm.pdf>

You will receive your reimbursements either by check mailed to your home or by direct deposit into the account you designate by completing this Direct Deposit form:

<http://www.nbsbenefits.com/documents/Forms/directdeposit.pdf>

ADDITIONAL INFORMATION FOR ORTHODONTIA EXPENSES:

<http://www.nbsbenefits.com/documents/Forms/Orthodontic%20Worksheet.pdf>

Dependent Care Reimbursement Accounts

You can submit completed claims along with proof the expense was incurred for qualified dependent care expense reimbursement either by fax or by mail using this form:

<http://www.nbsbenefits.com/documents/ClaimForm.pdf>

You will receive your reimbursements either by check mailed to your home or by direct deposit into the account you designate by completing this Direct Deposit form:

<http://www.nbsbenefits.com/documents/Forms/directdeposit.pdf>

ADDITIONAL INFORMATION FOR DAY CARE “CONTINUAL REIMBURSEMENT” EXPENSES:

<http://www.nbsbenefits.com/documents/Forms/Day%20Care%20Worksheet.pdf>

REMEMBER – USE IT OR LOSE IT!!!!!!!!!!!!!!!

If you don't use all the money you elected for expenses incurred during the plan year, you LOSE THAT MONEY!!!!!!!!!! So, it's best to estimate a little low when deciding how much to contribute. You will have 3 months after the end of the plan year (June 30th) to submit claims, but the expenses MUST HAVE BEEN INCURRED DURING THE PLAN YEAR IN ORDER TO BE ELIGIBLE FOR REIMBURSEMENT!!!!

Here is the **Summary Plan Description** with all pertinent information on the Flexible Spending Plan:

/pdf/human_resources/FSA SPD - 2008-07-01.pdf

Click here <http://www.nbsbenefits.com/participants.htm> for important information on:

- + what is an eligible expense
- + downloadable forms
- + how the plans work
- + calculators to help you determine how much to contribute