

# ***S125 Flexible Benefit Plan Enrollment Spending Account Information***



***Health Care  
Spending Account***



***Dependent Care  
Spending Account***

## General Information

### Section 125 Flexible Benefit Plan

Section 125, or S125, is a voluntary plan that lets you convert part of your compensation into pre-tax benefits. Contributions made through S125 are *entirely free of federal, state and FICA taxes*. Under your S125 Plan, you may elect to have part of your paycheck deducted before taxes are computed, to use for health care and day care expenses as described below.

## How it Works

### How does the plan work?

When you sign up for the plan, you determine the amount you want to contribute for the "Plan Year." Equal installments are deducted from your pay each pay period. These funds belong to you – you're free to use them as you see fit, as long as you use them for approved expenses.

To obtain reimbursement for approved expenses, you must file a claim voucher and submit copies of the appropriate bills, receipts, etc. to Chard, Snyder & Associates, Inc. Upon receipt, CSA will process your request and send your reimbursement via check or direct deposit.

You must use your S125 funds for eligible expenses incurred while you are a Plan participant and during the Plan Year. You are allowed a "run out period" after the Plan Year ends to file reimbursement requests for expenses you've incurred during the Plan Year. After that, if there is anything left in your account for that Plan Year, it is forfeited.

## Plan Limits and Rules

### What are the Plan Limits and Rules?

The maximum contribution for the Health Care Spending Account is determined by your employer. See your enrollment form for allowable maximums. You can elect up to this amount for your family's out-of-pocket medical, dental and vision expenses for the Plan Year.

Once you set up a S125 account, you cannot change your contributions to it during the Plan Year unless there is a change in your family's status (marriage, divorce, birth or adoption of a child, or death of a family member) or in your employment status (such as changing from full-time to part-time).

That's why it's important to plan carefully – to calculate the expenses you are likely to incur during the Plan Year. It's best to be conservative in your estimates, especially if you're unsure about some expenses, so you won't end up with unused funds at the end of the Plan Year.

## Dependent Care

### What about the Dependent Care Spending Account?

With Dependent Care Spending Accounts, the maximum amount you can contribute is determined by IRS rules. The maximum contribution allowed is \$5,000, subject to the following rules. Be sure to keep these rules in mind as you consider establishing this account.

- **If you are married, both you and your spouse are employed and you file a joint income tax return, or if you are a single parent, the maximum you can contribute to this account is the least of: your earned income, your spouse's earned income, or \$5,000.**
- **If you're married and file separate tax returns, the maximum is \$2,500.**
- **If you're married and your spouse is not employed but is either incapacitated or a student, you may figure your spouse's equivalent income at \$2,500/year for one dependent or \$4,800/year for two or more dependents.**
- **If you're married but your spouse is not employed and is not incapacitated or a student, you are not eligible to participate in this account.**

Note: In general, if your combined family income exceeds approximately \$39,000/year, you're better off establishing a Dependent Care Spending Account than taking the Dependent Care Tax Credit when filing your IRS tax return at the end of the year. However, this is not always the case. Please visit [www.chard-snyder.com](http://www.chard-snyder.com) and use the tax savings calculator to determine which is better for you.

## Questions

### Who do I contact if I have questions?

If you have any questions, please speak with your human resource representative or contact Chard, Snyder & Associates at (513) 459-9997, toll free (800) 982-7715, e-mail [flex@chard-snyder.com](mailto:flex@chard-snyder.com), or visit our web site: [www.chard-snyder.com](http://www.chard-snyder.com).

## Eligible Expenses

### ***What are eligible expenses for the Health Care Spending Account?***

Acupuncture	Fitness classes (prescribed)	Over-the-counter medicines
Alcoholism / drug addiction treatment	Fluoridation treatments	Patterning exercises
Artificial limbs	Fluoridation device	Physical exams (non-employment)
Artificial teeth	Guide dog (for the impaired)	Pre-existing conditions
Birth control pills	Hearing aid / batteries	Private hospital room
Braille books / magazines	Hospital services	Psychiatric care
Childbirth classes	Laboratory fees	Psychoanalysis
Chiropractors	Lasik surgery	Psychologist fees
Christian Science practitioners	Learning disability	Physical therapy
Co-insurance / co-pay amounts	Medical monitoring devices	Sales tax (on eligible expenses)
Contact lenses / lens solution	Medical records charges	Smoking Cessation (prescribed)
Contraceptives	Medical services	Speech training
Crutches	Prescriptions	Sterilization
Deductibles	Norplant insertion / removal	Transplants
Dental treatment	Operations / surgery	Vaccines
Ear plugs (prescribed)	Optometrist	Wheelchair
Eye exams / eyeglasses	Orthodontia	Weight loss programs (prescribed)
Fertility treatments	Osteopath	X-ray fees

### ***What are some examples of eligible over-the-counter medicines?***

Antacids	First Aid Cream	Pain Relievers
Allergy Medicines	First Aid Kits	Pedialyte Childrens Medicine
Anti-diarrhea Medicines	Gauze Pads	Pregnancy Test Kits
Band-Aids/Bandages	Hemorrhoid Cream	Rubbing Alcohol
Bactine	Incontinence Supplies	Sinus Medications
Carpal Tunnel Wrist Supports	Laxatives	Smoking Cessation Patches
Cold/Hot Packs for Injuries	Motion Sickness Pills	Sunburn Ointment
Condoms	Menstrual Pain Relievers	Suppositories
Contact Lens Solution	Nasal Sinus Spray	Thermometers
Cough Drops/Throat Lozenges	Nicotine Gum	Visine and Eye Products

### ***What are some examples of ineligible expenses for the Health Care Spending Account?***

Breast pumps	Illegal operations and treatments	Student health fees
Cosmetic services	Massage therapy	Teeth bleaching
Controlled substances	Maternity clothes	Varicose vein treatment
Dancing or swimming lessons	Payroll-deducted premiums	Vision discount membership fees
Diapers or diaper service	Physical exams (for employment)	Vitamins
Face lifts	Prescription discount program fees	Warranties
Genetic testing	Rogaine	Weight loss foods
Hair transplants		

### ***What are eligible expenses for the Dependent Care Spending Account?***

Day care for your dependents under age 13 and living in your household more than 50% of the year. Such care must be provided by licensed day care centers or by an IRS compliant day care provider. Licensed day care centers must provide care for six or more children who don't live at the center.

Care for your spouse and your dependents who, for physical or mental reasons, cannot care for themselves. The individual receiving care must reside with you at least eight hours per day. Care may be provided inside or outside of your home.

After-school program fees, except for over-night activities such as trips to remote destinations. Expenses incurred while you and your spouse are working, a full-time student and/or actively looking for employment.

### ***What are ineligible expenses for the Dependent Care Spending Account?***

Services rendered by one of your dependents or by your spouse.

Services rendered by one of your children under 19 years of age.

Services rendered while you and your spouse are not at work (such as over-night summer camps).

# Flexible Spending Account Claim Reimbursement Instructions

1. Complete all information in **Section 1** (please print or type). **Please include your e-mail address if you want to receive an automatic e-mail notification whenever a claim is processed.**
2. Attach supporting documentation. Substantiation must accompany this request form in order for claims to be considered for reimbursement. Be sure to keep copies of receipts, bills, etc. for your records. Originals will not be returned. **All substantiation must include the following items to be eligible for reimbursement:**
  - Original **date** of service (not the date of payment )
  - Type** of service performed (refer to list of eligible expenses to identify valid services)
  - Provider's **name** and address (and Tax ID / SSN for Dependent Care expenses)
  - Amount** charged to you (do not include amounts reimbursed by another source)
3. For a **Health Care Spending Account Reimbursement Request**, complete all information in **Section 2** and attach proof of expense as described above. **IMPORTANT:** If participating in the limited-purpose HCSA, claims submitted can only be for either dental or vision expenses.
4. For a **Dependent Care Spending Account Reimbursement Request**, complete all information in **Section 2** and attach proof of expense as described above unless provider's signature is included on the claim form.
5. Sign and date **Section 3**.
6. **Fax, mail, scan/email** this form and supporting documentation directly to:

## **CHARD SNYDER**

3510 Irwin Simpson Road, Mason, OH 45040

Local Phone:	(513) 459-9997	Toll-free phone:	(800) 982-7715
Local Fax:	(513) 459-9947	Toll-free fax:	(888) 245-8452
Email:	<a href="mailto:flex@chard-snyder.com">flex@chard-snyder.com</a>	Website:	<a href="http://www.chard-snyder.com">www.chard-snyder.com</a>

7. **Important Reminders:**
  - Payments are issued after receipt and processing, subject to adjudication. **Transfer between accounts is prohibited.**
  - Any items for which you are reimbursed **cannot be claimed again** as deductions or credits on your individual tax return at the end of the tax year.
  - If a **Dependent Care** claim is submitted for an amount that is larger than the amount credited to your account, then payments will be issued according to the amount available. Anything requested above the available amount will "backlog" and will be released as additional credits are made to your account. **IRS Guidelines prohibit the advancement of Dependent Care Spending Account funds.**
  - You may only be reimbursed for eligible expenses incurred **during** the current plan year. *Note: Orthodontia expenses are reimbursed as designated by the provider.*
  - Payment will be made to you, the participant, only. **Payments cannot be made to an alternate payee.**



**To: Plan Participants**  
**Re: Flexible Spending Account, Health Reimbursement Arrangement and SmartCommuter Savings Plans Online Account Access**

Chard Snyder is pleased to offer full online account services for your Flexible Spending Account, Health Reimbursement Arrangement, and SmartCommuter Savings Plans. In order to access your account online, please visit [www.chard-snyder.com](http://www.chard-snyder.com). From the home page, select **"Participants."** From the Menu, then select **"Account Services"** and **"Click Here to Access Your Accounts"** and **"Click Here to Access Your FSA, HRA and/or SmartCommuter Account Information"** and enter the following information (see example below):

- **Login ID:** Enter your nine-digit Social Security Number or Login ID
- **Password:** Enter the last four digits of your SSN or your new PIN
- **Login Method:** Select "Social Security Number" or "Login ID"

 A screenshot of the Chard Snyder online login page. The page features the Chard Snyder logo at the top left. Below the logo is a 'Hints' section with instructions on how to enter login information. To the right of the hints is a 'Welcome' message and a 'Notice' about the website's updated appearance. The main part of the page is a login form with fields for 'Login Id', 'Password', and 'Login Method'. There is a 'Login' button and a 'Forgot your password?' link. At the bottom of the form, there is a note for first-time users regarding PIN creation.
 

**CHARD SNYDER**

**Hints**

To login, enter your Login Id, or Social Security Number into the **Login Id** field.

Now enter your password into the **Password** field. Remember your password is case sensitive.

Now select your **Login Method**.

If you're not automatically logged in, then click the **Login Button**.

**Welcome to our online customer service center!** The data herein is secure, private and personal in nature requiring authorization for accessing, viewing, printing, or sharing in any manner. If you are having trouble logging in, please call our customer service center at (513) 459-9997 in the Cincinnati area or toll-free at (800) 982-7715. We will be happy to help you.

**Notice:** Our website has a new streamlined and updated appearance but all the same helpful information is still included. Call or email us if you need help navigating.

**Login**

Login Id:

Password:  [Forgot your password?](#)

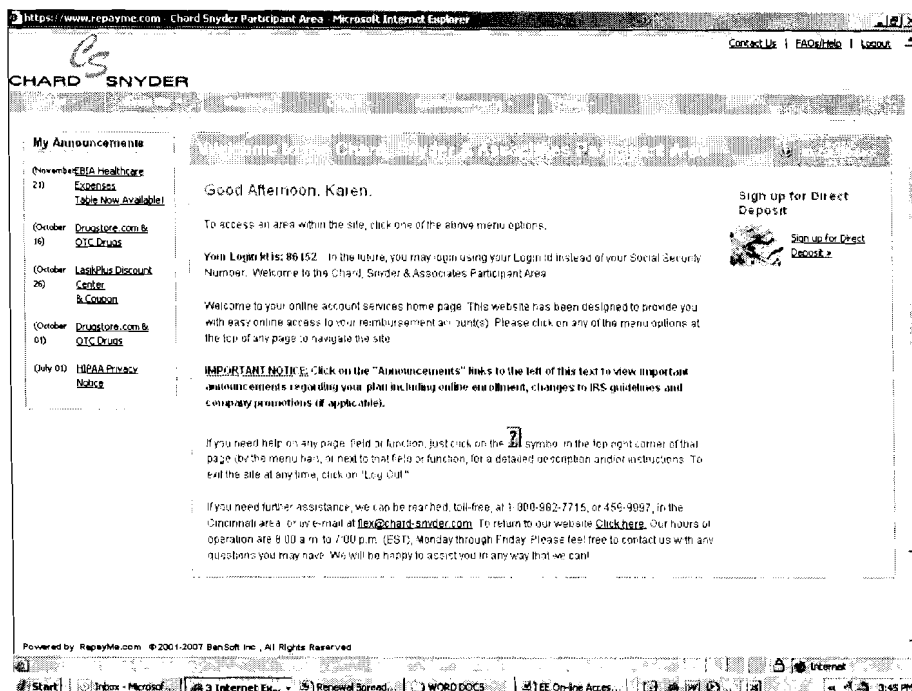
Login Method:


**First Time Login?? Use SS No. for Login Id [no dashes], last four digits of SS No. for Pin and SS No. for Login Method. You will be asked to change to your own unique PIN at that time.**

You will be asked to change your password upon entering the system for the first time. **\*\*If you have already changed your password, you will not need to repeat this step.\*\*** If you have not already changed it, your current password will be the last four digits of your SSN. Please be sure to record the new password you select for future reference. If you forget or lose your password, we will be happy to reset it for you (see example below).

Before the system can accept your new password, **you must define a secret/security phrase** that you'll be asked for when you've forgotten your password and would like to retrieve it. Under "Prompt Label/Name" you will need to enter the question you would like to be asked (such as 'what is your mother's maiden name') and under "Prompt Value" you will need to enter the answer to that question. It is important that you remember the answer, as you will not be able to request your password online unless you enter the correct answer.

Once you have entered the system successfully, you will be on your Home page. To access an area within the site, click on any of the menu options at the top of your screen (see example below).



You are now ready to access your account online! **If you need help, just click on the  anywhere in the system for a detailed description or instructions for that page or function.** To follow are some of the great features associated with online account access:

- **Claim Submission** - You will have the ability to prepare your claim form online. Simply type in all applicable information on the online form, print and sign the form, then mail or fax it to our office with the required claim substantiation attached. Payment will be made upon approval and release of your claim.
- **Account Balances** – You will also have the ability to review your account information online. This service includes access to your claim status, claims paid, and a summary of activities for the year. If you provide us with your email address, an e-mail will automatically be sent to notify you both when a claim has been received and processed, and when a reimbursement has been issued. You can enter your e-mail address on yourself on the “About Me” page.
- **Reimbursement Frequency** - Reimbursements will be issued either Weekly or on Mondays, Wednesdays and Fridays, depending on your company’s service agreement. Claims will continue to be processed on a daily basis as they are received.

Please feel free to begin taking advantage of full online access today and contact us with any questions or concerns you may have regarding your plan.

Sincerely,

*Chard Snyder*

Chard Snyder • 3510 Irwin-Simpson Road • Mason, OH 45040  
 Toll Free: (800) 982-7715 • Locally: (513) 459-9997 • Fax: 513-459-9947 • E-Mail: flex@chard-snyder.com  
 Visit us on the Web: www.chard-snyder.com

# DIRECT DEPOSIT AUTHORIZATION

*Please check with your employer to verify the availability of direct deposit services.*

Employer Name:  Email address:

Your Name:  Social Security #:   
First Middle Initial Last

Home Address:  Work Phone:  Home Phone:   
( ) ( )

Please select one:  **Begin Direct Deposit**  **Change Bank Information**  **Cancel Direct Deposit**

## BANK INFORMATION

Account Number:  Type (check one):  **Checking**  **Savings**

Bank Name:

Bank Phone:  City:  State:   
( )

Nine Digit Bank Routing Number (available through your bank):

*Please attach  
voided check  
here*

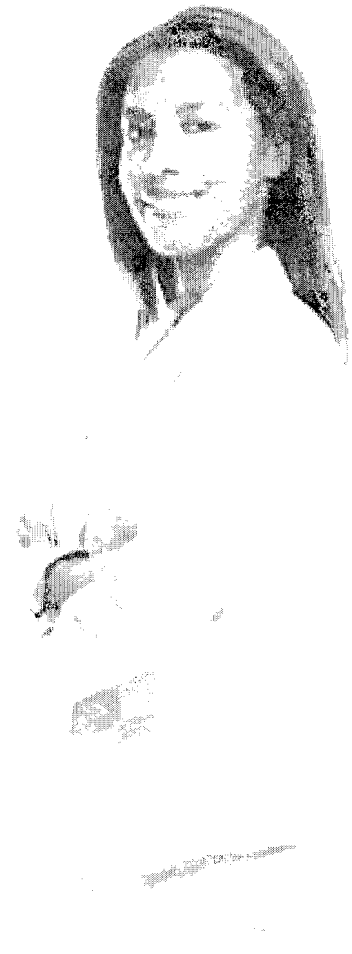
### I ACKNOWLEDGE THE FOLLOWING:

1. My financial institution can receive transactions via electronic transfer and the bank information provided can serve this purpose.
2. I permit Chard Snyder to initiate electronic credit entries and, if necessary, debit entries to reverse erroneous credits to the above account, and to allow the financial institution indicated above to credit and / or debit the same to such account.
3. Direct deposit of my reimbursements shall commence within 4 (four) weeks of receipt of this form.
4. My direct deposit may be terminated by any of the following: an online or written cancellation request submitted by me (when allowed by my employer), a failed bank transmittal due to incorrect bank information, or cancellation of direct deposit by my employer.

I hereby understand the information on this form and authorize Chard Snyder to complete my request:

Employee Signature/Date:

**Mail or Fax To:**  
Chard Snyder  
3510 Irwin-Simpson Road  
Mason, OH 45040  
Phone: 1-800-982-7715  
FAX: 1-513-459-9947



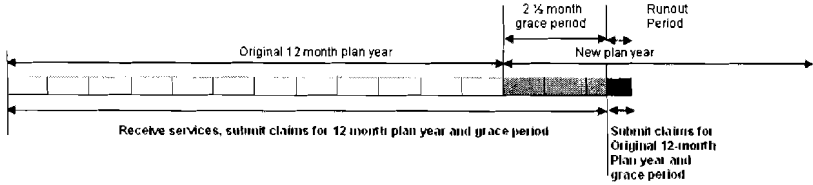
# Your 2½ month Flexible Spending Account grace period

**What is the 2½ month grace period?**

The 2½ month grace period allows you extra time to spend and submit claims for money left in your Flexible Spending Account at the end of the plan year.

**How does it work?**

Your plan year functions like this:



Your contributions are taken from your pay during the original 12-month plan year. During this period you may receive services, purchase merchandise and submit claims to be reimbursed for qualified expenses. If there is money in your account at the end of the original 12-month plan year, you may use the 2½ month grace period to continue to use the balance of your account as if it were part of the original year. The runout period allows you to submit claims and be reimbursed for expenses dated during the original plan year or the 2½ month grace period. You may not be reimbursed for expenses incurred after the end of the grace period from contributions for the original plan year. Any money left in the account at the end of the grace period is forfeited.

**How will claims be paid?**

Claims for eligible expenses from the grace period will be paid first from amounts that were left in your account at the end of the original plan year. When original plan year funds are gone, grace period expenses will be paid from available contributions from the new plan year.

**May I specify which year's money should pay for which claim?**

Not exactly. Claims are paid in the order in which they are received. Once paid, a claim will not be reprocessed to change the plan year. Therefore, you may want to wait to submit expenses from the grace period until you are sure you have no remaining unreimbursed expenses from the original 12-month plan year.

**May I use my Benny™ prepaid benefit card during the grace and run-out periods?**

Yes. The Benny™ prepaid benefit card may be used for payment of expenses incurred during the grace period. Claims will be paid first from amounts that were left in your account at the end of the original plan year and then from your stated contributions for the new plan year. Once paid, a claim will not be reprocessed or otherwise recharacterized to change the plan year from which funds are taken.



3510 Irwin Simpson Road  
 Mason, OH 45040  
 TEL: 513.459.9097 | 800.982.7715  
 FAX: 513.459.9947  
 Email: askpenny@chard-snyder.com  
 www.chard-snyder.com

## Benny™ prepaid benefit card frequently asked questions



### May I use Benny™ to pay for over-the-counter items?

Over-the-counter medicines and drugs may be purchased with Benny™ if you have a prescription for the item and the prescription is filled by a pharmacist with a Rx number assigned. If your over-the-counter prescription is not filled by a pharmacist, you must submit a manual claim to request reimbursement. You may use Benny™ to pay for insulin and any eligible over-the-counter item that is not considered a medicine or drug (see other side of this sheet.)

### Why do I need to save all of my itemized receipts?

The IRS requires that all expenses be verified and receipts should always be kept for tax purposes. If the Benny™ prepaid benefit card cannot verify that the expense meets IRS guidelines, Chard Snyder will ask you to submit copies of your receipts. Each receipt must show the merchant or provider's name, the service received or the item purchased as well as the date of the transaction and the amount paid.

### What if I lose my receipt?

Usually the service provider can provide an account history or replacement receipt. If a receipt cannot be located or recreated you will be asked to send a check or money order to Chard Snyder so the amount can be credited back to your account.

### How much time do I have to submit my receipt?

If your claim needs to be verified, you will receive a letter from Chard Snyder requesting a receipt, insurance explanation of benefits or a statement from your doctor or provider. If we do not receive a response, a second letter will be sent 30 days after the first. If we do not receive a response, your Benny™ prepaid benefit card will be suspended. In order to reinstate your card, you must provide the required records or repay the amount paid out.

### Who should I call if I have a question about my Benny™?

Call Chard Snyder at 513.459.9997 or 800.982.7715, the phone number shown on the back of the card. Chard Snyder customer service is available Monday through Friday from 8 AM to 7 PM, Eastern Time.

### Keep your Benny™ prepaid benefit card even after you have used up your benefit for the year!

Your card is good for five years as long as you elect to participate in your pre-tax account. At the beginning of the plan year, the new annual amount will be loaded on your card. If you do not participate one year, but return the next, you may still use your original card. Refer to the expiration date on the front of the card.

Remember, if you request additional cards for any reason you will be charged \$10 for a set of two cards.



## Purchase many eligible over-the-counter items with Benny™

Don't be confused...you may use your Benny™ prepaid benefit card to purchase a variety of over-the-counter items. Take a look at the following brief list of products.

### No prescription required to purchase these items

- Baby Electrolytes and Dehydration
- Contact lens care
- Denture Adhesives, Repair, and Cleansers
- Diabetes Testing and Aids
- Diagnostic Products
- Ear syringes
- Elastics/Athletic Treatments
- First Aid Dressings and Supplies
- Foot Care Treatment
- Glucosamine &/or Chondroitin
- Hearing Aid/Medical Batteries
- Incontinence Products
- Insulin
- Prenatal Vitamins
- Reading Glasses and Maintenance Accessories
- Therapeutic insoles
- Walking aids/wheel chairs

### Use Benny™ when your pharmacist fills a prescription for these over-the-counter items\*

- Acid controllers
- Acne medications
- Allergy & sinus
- Antibiotic products
- Antifungal (Foot)
- Antiparasitic treatments
- Antiseptics & wound cleansers
- Anti-diarrheals
- Anti-gas
- Anti-itch & insect bite
- Baby rash ointments & creams
- Baby teething pain
- Cold sore remedies
- Cough, cold & flu
- Denture pain relief
- Digestive aids
- Ear medicine or drugs
- Eye medicine or drugs
- Feminine antifungal & anti-itch
- Fiber laxatives (bulk forming)
- First aid burn remedies
- Foot care treatment
- Hemorrhoidal preps
- Homeopathic remedies
- Incontinence protection & treatment products
- Laxatives (non-fiber)
- Medicated nasal sprays, drops, & inhalers
- Medicated respiratory treatments & vapor products
- Motion sickness
- Oral remedies or treatments
- Pain relief (includes aspirin)
- Skin treatments
- Sleep aids & sedatives
- Smoking deterrents
- Stomach remedies
- Unmedicated nasal sprays, drops & inhalers
- Unmedicated vapor products

**\*Please Note:** The IRS does not allow over-the-counter medicines or drugs to be purchased with healthcare Flexible Spending Account or Health Reimbursement Arrangement funds unless you obtain a prescription from your doctor. This list is our best interpretation of eligible items. Chard Snyder makes no warranties, expressed or implied in connection with its content. Further updates from industry and IRS sources may occur.