WHAT IS AN FSA?

An FSA is an account that allows you to set aside money, before taxes, to use on eligible health care and dependent care expenses. You elect how much you want to contribute, and your employer deducts the amount from your paychecks for the plan year. Since you use pretax dollars you lower your taxable income, and you use tax-free money for expenses.

TWO KINDS OF FSAS AND THEIR ELIGIBLE EXPENSES

Health Care FSA
For eligible health care services and items for you, spouse and dependents.
- Prescriptions
- Over-the-counter items and medicines*
- Co-payments
- Dental care, orthodontia
- Vision care, eye surgery
- Therapies

Dependent Care FSA
For eligible child and adult dependent care expenses.
- Before- and after-school programs
- Day care and nursery schools
- Preschool
- Dependent adult day care
- Transportation provided by care provider

These are just a few of the many services and items people use everyday. Complete lists of eligible expenses are provided on www.enrollwithtag.com.

* A doctor’s prescription is required for over-the-counter (OTC) drugs and medicines in order to be FSA eligible. Over-the-counter items, such as bandages, do not require a prescription.

HOW TO USE YOUR FUNDS

We want to make using your FSA as easy and convenient as possible. That’s why we offer you choices.

FSA VISA DEBIT CARD. Use it instead of cash at most medical providers and pharmacies.

REIMBURSEMENT REQUEST. File a claim online, by fax or mail for reimbursement.

MOBILE APP. Use our mobile website to view your account information.

SIMPLE & EASY
DOWNLOAD THE “MYFLEX” APP TODAY!

CONTACT A TAG REPRESENTATIVE:

BY PHONE:
(877) 506-1660

BY EMAIL:
support@enrollwithtag.com

www.enrollwithtag.com
**WHAT ELSE YOU SHOULD KNOW**

Q. When can I use my funds?
A. Health Care FSAs are fully funded at the start of your plan year for immediate use. Dependent Care FSAs require that the funds are contributed before they can be used.

Q. Who regulates the use of FSAs?
A. FSAs are regulated by the IRS, who determines what expenses are eligible. Most FSA purchases can be verified automatically but you may be asked to submit documentation. Always ask for an itemized receipt and save all receipts.

**ESTIMATE YOUR SAVINGS**

How much you save depends on how much you spend on health and dependent care, and on your tax situation. For every $100 of eligible expenses, most people will save up to $40 in taxes. To estimate your expenses and see for yourself how your savings can add up, use the savings calculator at [www.enrollwithtag.com](http://www.enrollwithtag.com).

**SIGN UP**

Your employer will give you details on when and how to sign up. To use the savings calculator designed to help you decide how much to contribute, visit: [www.enrollwithtag.com](http://www.enrollwithtag.com).

Be sure to estimate your expenses as accurately as possible because funds remaining in your account at your plan’s deadline are forfeited per IRS regulations.

After you have signed up, be sure to create an online account. It’s easy and lets you manage your account any time!

<table>
<thead>
<tr>
<th>HEALTH CARE FSA</th>
<th>EXAMPLE</th>
<th>YOUR ESTIMATE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prescription drugs</td>
<td>$225</td>
<td></td>
</tr>
<tr>
<td>Doctor visits</td>
<td>$80</td>
<td></td>
</tr>
<tr>
<td>Annual dental plan deductible</td>
<td>$50</td>
<td></td>
</tr>
<tr>
<td>Dental fillings and crowns</td>
<td>$185</td>
<td></td>
</tr>
<tr>
<td>Orthodontia (braces)</td>
<td>$1,800</td>
<td></td>
</tr>
<tr>
<td>Prescription glasses</td>
<td>$100</td>
<td></td>
</tr>
<tr>
<td>Prescribed over-the-counter products¹</td>
<td>$60</td>
<td></td>
</tr>
<tr>
<td>Suggested plan year election²</td>
<td>$2,500</td>
<td></td>
</tr>
<tr>
<td>Taxes (40%)</td>
<td>x 0.40</td>
<td></td>
</tr>
<tr>
<td>Estimated savings¹</td>
<td>$1,000</td>
<td></td>
</tr>
</tbody>
</table>

**QUESTIONS**

Helpful tips, guides and FAQs are available online at [www.enrollwithtag.com](http://www.enrollwithtag.com). The Advantage Group professionals also are standing by to help you. Just Call 1 (877) 506-1660.

**NOTES:**

1 Requires a doctor’s prescription.
2 Your employer determines the maximum annual amount you can contribute for your plan, which cannot exceed $2,650, effective 1/1/2018, per IRS rules. Confirm with your employer or check your summary plan description for the maximum annual contribution limit allowed for your plan.
3 Tax savings amounts are examples provided for illustrative purposes only. They are based on federal, state, and FICA (Social Security) taxes that you do not have to pay through payroll deductions on amounts used to fund your account. Your actual savings may vary depending on your marginal income tax rate, whether you pay state income taxes, and other factors. Some states do not recognize tax exclusions for FSA contributions.
Participant Election Form  
Flexible Spending Accounts (FSA)  

Participant Information

<table>
<thead>
<tr>
<th>Employer Name:</th>
<th>Plan Year:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Participant Name:</td>
<td>SSN:</td>
</tr>
<tr>
<td>Mailing Address:</td>
<td>Birth Date:</td>
</tr>
<tr>
<td>City:</td>
<td>State:</td>
</tr>
<tr>
<td>Phone:</td>
<td>Email:</td>
</tr>
<tr>
<td>Payroll Cycle: Semi-Monthly - 24</td>
<td>If new employee, provide eligibility date:</td>
</tr>
</tbody>
</table>

Pre-Tax Benefit Elections

<table>
<thead>
<tr>
<th>Flexible Spending Account Categories:</th>
<th>Pre-Tax Election (per pay period)</th>
<th>Pre-Tax Election (per plan year)</th>
<th>Initials</th>
</tr>
</thead>
<tbody>
<tr>
<td>Healthcare FSA: ($2,700 maximum per year)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dependent Daycare FSA: ($5,000 maximum per year)</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Total Pre-Tax Contribution Amount:

Plan Election Agreement

I understand that by signing below, I am making a binding election of the benefit(s) indicated on this form and hereby authorize my employer to re-direct each pay-period the contribution(s) listed in the above election section. I further understand that IRS requires forfeiture of any unused contributions (use-it-or-lose-it-rule) that remain unclaimed after the end of the plan year. There is a 90 day grace period to submit eligible expenses incurred during the current plan year. Once this election form is signed, I understand that my contribution(s) cannot be revoked or changed during the plan year, unless I have a qualifying “Status Change”, which includes marriage, divorce, death of spouse or child, birth or adoption of a child, and termination of employment of spouse which justifies the revocation. (See SPD’s for Rules). Each year I have the option to make changes to my TAG plan election amount(s) during the Open Enrollment Period (OEP). In the event of a change in my cost for the employer sponsored group insurance premium(s), I authorize my employer to adjust my TAG plan contribution(s) accordingly. I have examined this agreement and to the best of my knowledge, it is true and complete.

Participant Signature: ____________________________ Date: ____________________________

For assistance please contact participant support: (877) 506-1660 or support@enrollwithtag.com
Reimbursement Guide

Healthcare FSA’s are permitted to reimburse drugs, medicines and supplies that meet the definition of medical care under Code 213(d), including items purchased over-the-counter. The following provides a common list of eligible expenses (and ineligible expenses) for your review. A comprehensive listing of eligible expenses can be viewed at www.enrollwithtag.com.

OTC Medication Eligibility

Over-the-counter medications (OTC) require a physician’s statement to be considered an eligible medical expense. Qualified over-the-counter first aid type items however, are eligible for reimbursement without a physician’s statement.

Medical Care

- Adoption/Medical Expenses
- Ambulance Services
- Blood Pressure Monitoring
- Body Scans
- Contact Lenses
- Contraceptives, i.e. Birth Control Pills and Vasectomy
- Co-Pays & Deductibles
- Costs for a Guide Dog for the Blind or Deaf
- Dental Check Ups and Care
- Drug Addiction Treatments
- Fertility Treatments (for inability to conceive naturally)
- Hearing Aids/Supplies
- Hospital Services
- Immunizations
- Lab / X-ray Fees
- LASIK Eye Surgery
- Operations (non-cosmetic)
- Orthodontia
- Prescription Drugs
- Pregnancy Tests

Over-the Counter Items (OTC)

- Allergy Medications, i.e. Claritin and Benadryl*
- Antacids such as Zantac, Pepcid AC*
- Bandages, Gauze, and Tape
- Cold Medications, i.e. Nyquil and Robitussin*
- Contraceptives such as Condoms
- Contact Lens Solutions and Cleaners
- Denture Adhesives
- Diabetic Supplies (may require statement)
- Diaper Rash Ointments*
- Diarrhea Medicines*
- First Aid Supplies
- Hemorrhoid Treatments*
- Laxatives, i.e. Phillip’s Milk of Magnesia*
- Menstrual Relief such as Pamprin and Midol*
- Motion Sickness Pills*
- Nasal Decongestants, Drops, and Inhalers*
- Pain Relievers, i.e. Tylenol and Motrin*
- Prenatal Vitamins*
- Sleeping Aids, i.e Unisom and Sominex*
- Thermometers
- Topical antibiotic ointment, i.e. Neosporin

* Physician’s statement required for reimbursement.

Dual Purpose Items

Dual purpose items must be recommended by a medical practitioner to treat a specific medical condition.

<table>
<thead>
<tr>
<th>Medical Care</th>
<th>Over-the Counter Items (OTC)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Acne Treatments</td>
<td>Weight Reduction Programs</td>
</tr>
<tr>
<td>Allergy Treatment Equipment</td>
<td>Skin Care Treatments</td>
</tr>
<tr>
<td>Birthing Classes</td>
<td>Smoking Cessation Programs</td>
</tr>
<tr>
<td>Counseling (only for a medical reason)</td>
<td>Alternative Healers such as Herbal and Holistic</td>
</tr>
<tr>
<td>Health Club Dues/Fitness Fees</td>
<td>Cold or Hot Compresses</td>
</tr>
<tr>
<td>Massage Therapy</td>
<td>Dietary Supplements</td>
</tr>
<tr>
<td>Orthopedic Shoes and Inserts</td>
<td>Sun Screen Products</td>
</tr>
</tbody>
</table>

For assistance please contact TAG participant support: (877)506-1660 or support@enrollwithtag.com
Employee Information

<table>
<thead>
<tr>
<th>Full Name:</th>
<th>SSN:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mailing Address:</td>
<td>Daytime Phone:</td>
</tr>
<tr>
<td>City, State, Zip:</td>
<td>Employer:</td>
</tr>
</tbody>
</table>

Please send photocopies of forms and documents. Keep originals for your records, as claim and supporting documentation become part of this claim record and cannot be returned to you.

Expenses to be Submitted

Attach copies of supporting documentation from your third party provider describing the services and for whom were rendered, date(s) of services (for Dependent Day Care, supporting documentation must indicate “from and to” dates of service as well as the daycare provider’s information) and amount paid (such as all invoices, receipts or other supporting documentation). The IRS has determined that canceled checks, check carbons, balance forward, previous balance statements, credit card receipts or statements are NOT acceptable documentation of expenses.

<table>
<thead>
<tr>
<th>expense type</th>
<th>expense description</th>
<th>person for whom expense was incurred</th>
<th>relationship (spouse, child, tax dependent or self)</th>
<th>date of birth (mm/dd/yy)</th>
<th>dates of service (from – to) (mm/dd/yy)</th>
<th>amount of expense</th>
</tr>
</thead>
<tbody>
<tr>
<td>health</td>
<td>day care</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>$</td>
</tr>
<tr>
<td>health</td>
<td>day care</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>$</td>
</tr>
<tr>
<td>health</td>
<td>day care</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>$</td>
</tr>
<tr>
<td>health</td>
<td>day care</td>
<td></td>
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<td>$</td>
</tr>
<tr>
<td>health</td>
<td>day care</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>$</td>
</tr>
</tbody>
</table>

Day care provider’s signature may be substituted for supporting documentation.

Day care provider’s signature: ________________________________

Total amount to be reimbursed: $_______

Employee Certification

I certify that: I have not been reimbursed and will not seek reimbursement for these same incurred expenses under any other plan and cannot claim these same expenses for an income tax deduction. All of these incurred expenses qualify as eligible expenses for myself and/or my eligible dependents in accordance with the Plan and IRS Regulations. If I have included an over-the-counter medicine, drug or supply, I certify that it is being used “to diagnose, cure, mitigate, treat or prevent disease, or for the purpose of affecting any structure or function of the body.” If the over-the-counter item is a supplement, herbal remedy or vitamin, I certify that it is being used for medical care as defined above with the advice of a licensed health care practitioner and not simply to promote general health and have attached the physician’s statement. I understand that certain over-the-counter remedies may require additional certification from my health care practitioner.

I certify that all information provided on this form is true and correct to the best of my knowledge.

Signature ____________________________ Date ____________

Claims Submission

Fax to: (877)561-1661
Mail to: 43471 Ridge Park Drive, Suite B, Temecula, Ca 92590

For assistance with claims, contact The Advantage Group Customer Service Center at support@enrollwithtag.com or call toll free (877)506-1660
Child care and elder care expenses can be very costly. A TAG dependent care flexible spending account allows participants to save on dependent care expenses by pre-taxing up to $5,000 of their families eligible dependent care expenses. By paying for dependent care costs with pre-tax money, participants can easily save more than $2,000 per year!

### Example Savings Per Year:

<table>
<thead>
<tr>
<th></th>
<th>Without TAG</th>
<th>With TAG</th>
<th>Savings</th>
</tr>
</thead>
<tbody>
<tr>
<td>Childcare</td>
<td>$3,500</td>
<td>$2,450</td>
<td>$1,050</td>
</tr>
<tr>
<td>Summer Day Camp</td>
<td>$1,500</td>
<td>$1,050</td>
<td>$450</td>
</tr>
<tr>
<td><strong>Total:</strong></td>
<td><strong>$5,000</strong></td>
<td><strong>$3,500</strong></td>
<td><strong>$1,500</strong></td>
</tr>
</tbody>
</table>

### Eligible Dependents

Dependent care flexible spending accounts are used to pay for work related care for your eligible dependents. Eligible dependents include your qualifying child under the age of 13 and your spouse, or a qualifying relative whom is physically or mentally incapable of self care. To determine if you have a qualifying child or relative please contact (877) 506-1660.

### What Are Qualified Child Care Expenses?

**Eligible:**
- After School Programs
- Au Pair
- Babysitting (work related)
- Before School Programs
- Child Care
- Extended Care
- Housekeeper caring for dependent (partial)
- Nanny
- Nursery School
- Pre-School
- Sick Child Care
- Summer Day Camp

**Ineligible:**
- Babysitting (not work related)
- Educational or Study Services
- Field Trips
- Kindergarten Tuition
- Late Payment Fees
- Private School Tuition (beyond pre-k)
- Overnight Camps
- Tutoring

### What Are Qualified Elder Care Expenses?

**Eligible:**
- Adult Day Care Center
- Custodial Care (work related)
- In-Home Elder Care
- Transportation to and from eligible care*
- Senior Day Care
- *must be provided by care provider

**Ineligible:**
- Custodial Care (not work related)
- Day Nursing Care
- Nursing Home Care
- Medical Care
- Transportation to and from eligible care*
- *not provided by care provider
FREQUENTLY ASKED QUESTIONS

How do I sign up for a Dependent Care Spending Account?
To participate in your employer sponsored dependent care assistance program, you must first determine your family’s eligible dependent care expenses for the entire plan year (not to exceed $5,000 per plan year). Then divide your total estimated expenses by the number of pay periods you have per plan year. This is the amount which will be redirected to your dependent care spending account every payday. To make your election, complete an enrollment form and turn into your human resources dept.

Can I change my election during the plan year?
It is important to carefully choose the amount you elect to contribute to your dependent care spending account. Your election amount may not be changed during the course of the plan year unless you experience a qualified change in family status, which include marriage, divorce, death of a dependent or spouse, birth or adoption of child, termination or commencement of employment of spouse, self or spousal unpaid leave of absence, or a substantial change in your family’s health coverage due to a change in your spouse’s group health plan.

How do I get reimbursed from my Dependent Care Spending Account?
To access available funds in your dependent care account, simply fill out a reimbursement request form, complete with your service provider’s endorsement and fax to 877.561.1661. It is important that the request form is completed in it’s entirety to ensure efficient processing of your claims. Reimbursement request forms can be found online at www.flexasap.com.

What if my claim amount is greater than the balance in my dependent care account?
If your claim amount is greater than the balance in your dependent care account, TAG will reimburse you up to the amount that is in your account and hold the remainder of your claim until your account balance meets or exceeds the claim amount, at which time TAG will reimburse the remaining balance of your claim.

Does my childcare provider need to be a licensed care provider?
No. If your care provider is a business, TAG requires you to provide the Tax ID number or an EIN number of the provider. If your care provider is an individual, TAG requires you to provide a social security number with your reimbursement request. Your care provider may be a relative, but may not be a minor child or dependent which you claim on your income tax return.

PARTICIPANT SUPPORT
If you have additional questions about how the dependent care assistance program can help you, please contact your TAG support team at (877) 506-1660. A live representative is available to assist you with all inquiries from 8am to 5pm PST. You may also send inquiries to inquiries@flexasap.com or logon to www.flexasap.com for further assistance.
# Dependent Care Spending Account

## Continual Reimbursement Form

### Participant Information

<table>
<thead>
<tr>
<th>Employer Name:</th>
<th>Plan Year:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Participant Name:</td>
<td>SSN:</td>
</tr>
<tr>
<td>Address:</td>
<td>Birth Date:</td>
</tr>
<tr>
<td>City, State, Zip:</td>
<td>Phone:</td>
</tr>
</tbody>
</table>

### Dependent / Child Care Provider Information (provider’s signature required)

<table>
<thead>
<tr>
<th>Dependents’ Name(s):</th>
<th>1)</th>
<th>2)</th>
<th>3)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Birth Date:</td>
<td>1)</td>
<td>2)</td>
<td>3)</td>
</tr>
<tr>
<td>Relation to Participant:</td>
<td>1)</td>
<td>2)</td>
<td>3)</td>
</tr>
<tr>
<td>Provider’s Name:</td>
<td>Provider’s Tax ID or SSN:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Provider’s Address:</td>
<td>Provider’s Phone:</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Provider Signature: ________________________________ Date: __________________

### Monthly Dependent Care Expenses

<table>
<thead>
<tr>
<th>List Months in Plan Year</th>
<th>Monthly Expense</th>
<th>Explanation (if applicable)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
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</tbody>
</table>

Total Dependent Care Premium:

Claims must be made for services incurred during the plan year. Requests include regularly incurred expenses under a binding agreement. No reimbursement may be approved thru a continual reimbursement program for any month in which Dependent Care Services are not rendered. It is your responsibility to advise the Plan Administrator of the cessation or interruption of such services. I have verified that the information listed above and the information attached is true and correct. I understand that if any changes regarding the continual payments or services occur, The Advantage Group must be notified immediately. Failure to do so could result in additional taxes for which I would be responsible and liable.

Participant Signature: ________________________________ Date: __________________

For assistance please contact participant support: (877) 506-1660 or support@enrollwithtag.com
Direct Deposit

Direct Deposit is safe, convenient, and easy. Your claims will be processed as usual. When disbursements are processed for your company, your reimbursement will be deposited directly into your designated account.

Setup Instructions
1. Complete all information on this Authorization Form.
2. Attach a voided check.
3. Sign and date the form.
4. Mail the completed authorization to the address listed below for approval.

Direct Deposit Authorization

Name: ___________________________________________ Employer: ____________________
Type of Account: ___ Checking ___ Savings
Financial Institution Name: _________________________ Branch: _______________________
City/State/Zip: ________________________________

I authorize The Advantage Group and the financial institution listed below to initiate electronic credit entries, and if necessary, debit entries and adjustments for any credit entries in error, to my account. This authority will remain in effect until I have cancelled it in writing.

_________________________________________     _______________________
Participant Signature                          Date

Attach Voided Check

voided check

Mail Completed Form: The Advantage Group, 43471 Ridge Park Drive, Suite B, Temecula, Ca 92590

For assistance please contact TAG participant support at (877)506-1660 or support@enrollwithtag.com
Online Account Services
All active participants have access to their online account features at www.myflexonline.com. Your online account provides fast and easy access to all of your accounts activities. Users can view up-to-date account balance information, pending claims status, claims history, and submit for claims reimbursement from your personal account page.

New User Setup Instructions
1. Logon to www.myflexonline.com and select New User Registration.

2. You will be prompted to enter your name, home zip code and the last four digits of your ssn. Select Next and create your username and password.

3. Your login is now established and you will be directed to your personal account page where you can view up to date account information and access a variety of additional account features.