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

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

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

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%)¹</td>
<td>× 0.40</td>
<td></td>
</tr>
<tr>
<td>Estimated savings²</td>
<td>× $1,000</td>
<td></td>
</tr>
</tbody>
</table>

QUESTIONS

Helpful tips, guides and FAQs are available online at 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 $2,750, effective 1/1/2021, 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:</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: ($2,750 maximum per year)</td>
<td></td>
<td></td>
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<tr>
<td>Dependent Care FSA: ($5,000 maximum per year)</td>
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<tr>
<td>Total Pre-Tax Contribution Amount:</td>
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</table>

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: _______________________________
Participant Information

Employer Name: 
Participant Name: 
Address: 
City, State, Zip: 
Phone: 
Email: 

Plan Year: 
SSN: 
Birth Date: 

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

Dependents’ Name(s): 1) 2) 3) 
Birth Date: 1) 2) 3) 
Relation to Participant: 1) 2) 3) 
Provider’s Name: 
Provider’s Tax ID or SSN: 
Provider’s Address: 
Provider’s Phone: 

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>
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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
Healthcare FSA Eligible Expense Guide

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) and qualified over-the-counter first aid type items are eligible for purchase with your Healthcare FSA.

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 Products
- 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

Dual Purpose Items
Dual purpose items may require recommendation by a medical practitioner to treat a specific medical condition.

- Acne Treatments
- Allergy Treatment Equipment
- Birthing Classes
- Counseling (only for a medical reason)
- Health Club Dues/Fitness Fees
- Massage Therapy
- Orthopedic Shoes and Inserts
- Weight Reduction Programs
- Skin Care Treatments
- Smoking Cessation Programs
- Alternative Healers such as Herbal and Holistic
- Cold or Hot Compresses
- Dietary Supplements
- Sun Screen Products

For assistance please contact TAG 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 and you will receive a non-negotiable paper transaction record from us through your payroll department.

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

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.

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