

# My Reimbursement Plan Flexible Spending Account Guide



*A Flex Plan from Vantage Financial can save you  
up to 25% on your medical and dependent care expenses.*

*Based on average 25% tax savings by not paying FICA, Federal, State, and Local Taxes.*



FSA/DCA/Debit Card/Grace Period

# What are Flexible Spending Accounts?

Flexible Spending Accounts (FSAs) allow Participants to use pre-tax money to pay for certain eligible expenses that would otherwise be paid for with after-tax money. FSAs create reimbursement accounts that are used to pay for qualified expenses related to:

- Medical Flexible Spending Account
- Dependent Care Flexible Spending Account

FSAs are not “insurance” plans; rather, they are “tax savings” benefits and participation in each is voluntary. If you decide to participate, the dollars you elect to contribute to these accounts will be set aside through payroll deduction prior to taxes being calculated. As eligible expenses are incurred throughout the year for you and your tax dependents, you are able to submit a

claim against your accounts and be reimbursed with your pre-tax contributions for the amount of those expenses. The dollars you set aside in these accounts are exempt from:

- Federal Income Tax
- State Income Tax
- FICA
- City Income Tax

The Medical Flexible Spending Account is fully pre-funded; in other words, your full annual election is available to you on your first day of participation. Reimbursements for eligible Dependent Care expenses are made to the extent of your available payroll contributions at the time of reimbursement.

## You Must Plan Carefully

Flexible Spending Accounts are governed by Federal tax laws. The Internal Revenue Service (IRS) requires that once you set aside money into a Medical or Dependent Care Flexible Spending Account, you can only use those dollars to pay for eligible services that you incur during that same Plan Year. The IRS defines “incurred” as date(s) on which the Medical or Dependent Care expense is performed, not when you are formally billed, charged for, or pay for the care (orthodontia payment plans are an exception).

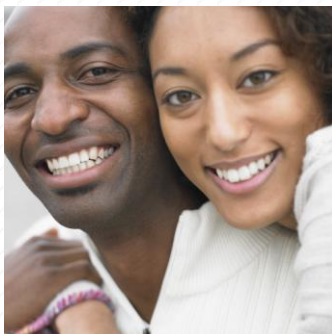
**In no case may the contributions be refunded or moved from one type of account to another.** Likewise, changes in your contribution elections are restricted. Changes to your original Medical and Dependent Care contribution amounts are only permitted if you have a **qualified change in status:**

- Marriage, divorce, legal separation
- Death
- Birth, adoption or placement for adoption of a child
- Change of employment or unpaid leave of absence for you or your spouse.

The contribution change must be on account of, and consistent with, the Change in Status Event.

**You should plan very carefully when putting dollars into a Flexible Spending Account. Be sure to use the worksheet included in this booklet when estimating your annual ‘out of pocket’ expenses for the Medical and Dependent Care Flexible Spending Accounts.**

- **Active Employees:** Your employer will specify the number of days after the end of the Plan Year to submit claims for expenses incurred during the Plan Year. Claims submitted (postmarked/fax dated) after the deadline will not be paid, and any balance remaining in your accounts will be forfeited per IRS rules. Please refer to your employer’s Plan Highlight Sheet for guidelines related to your deadline.
- **Terminated Employees:** Your employer will specify the number of days from your separation date to submit claims for expenses incurred prior to your separation date. No claims will be paid for expenses incurred after your termination of employment. Any balances remaining in your account after the deadline has expired will be forfeited per IRS rules. Please refer to your employer’s Plan Highlight Sheet for guidelines related to your deadline.



# How Do These Plans Save You Money?

Illustrated below is an example of how the tax advantages of the Flexible Spending Plan can increase spendable income.

Estimated annual 'out-of-pocket' Medical expenses of \$1,400.

	Without A Medical Flexible Spending Account	With A Medical Flexible Spending Account
Jane's Annual Income	\$30,000.00	\$30,000.00
Annual Contribution (based on estimated Medical expense)	\$0.00	(\$1,400.00)
Jane's Taxable Income	\$30,000.00	\$28,600.00
Federal Income Tax (15% tax rate)	(\$4,500.00)	(\$4,290.00)
FICA Tax (7.65% tax rate)	(\$2,295.00)	(\$2187.90)
State Tax (3% tax)	(\$900.00)	(\$858.00)
City Tax (2% tax rate)	(\$600.00)	(\$572.00)
Net Income	\$21,705.00	\$20,692.10
Jane's After-Tax Medical Expenses	(\$1,400.00)	\$0.00
Jane's Net Spendable Income	\$20,305.00	\$20,692.10

**Annual Increase In Net Spendable Income = \$387.10**



Set aside \$1,400.00 in a Flexible Spending Account for eligible expenses and...

**Save \$387.10**

*Based on average 27.65% tax savings by not paying Medicare, Federal, State, and Local Taxes.*

# Medical Flexible Spending Account

A Medical Flexible Spending Account allows you to pay for eligible medical, dental and vision expenses which are not reimbursed by any other plan of this nature or any insurance plan. In general, eligible expenses

include those listed under Section 213(d) of the Internal Revenue Code. For an extensive list, please visit our website at [www.vfgps.com](http://www.vfgps.com). Listed below are some examples of eligible expenses:

## Examples of Eligible Medical Expenses are:

### DENTAL

- Dental X-Rays
- Dentures and Bridges
- Exams and Teeth Cleaning
- Extractions and Fillings
- Gum Treatment
- Oral Surgery
- Orthodontia and Braces

### EYES

- Artificial Eyes
- Eyeglasses & Contact Lenses
- Laser Eye Surgeries
- Prescription Sunglasses
- Radial Keratotomy/LASIK

### HEARING

- Hearing Devices and Batteries
- Hearing Examinations

### LAB EXAMS/TESTS

- Blood Tests/Metabolism Tests
- Body Scans
- Cardiographs
- Laboratory Fees
- Urine and Stool Analyses
- X-Rays

### MEDICAL EQUIPMENT/SUPPLIES

- Abdominal and Back Supports\*
- Air Purification Equipment\*
- Arches and Orthopedic Shoes\*

### MEDICAL EQUIPMENT/SUPPLIES

- Blood Pressure Monitoring Kit
- Crutches and Wheel Chairs
- Exercise Equipment\*
- Hospital Beds
- Medic Alert Bracelet or Necklace
- Oxygen\*
- Post-Mastectomy Clothing
- Prosthesis
- Splints/Casts or Support Hose\*
- Syringes
- Wigs\*

### MEDICAL PROCEDURES/SERVICES

- Acupuncture
- Alcohol and Drug Addiction
- Ambulance
- Hospital Services
- Physical Examination (not employment-related)
- Transplants (including donor)
- Vaccinations and Immunizations

### MEDICATION

- Homeopathic Medications\*
- Insulin
- Prescription Drugs

### OBSTETRICS

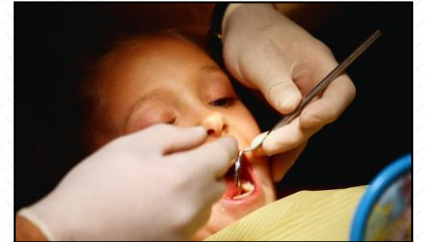
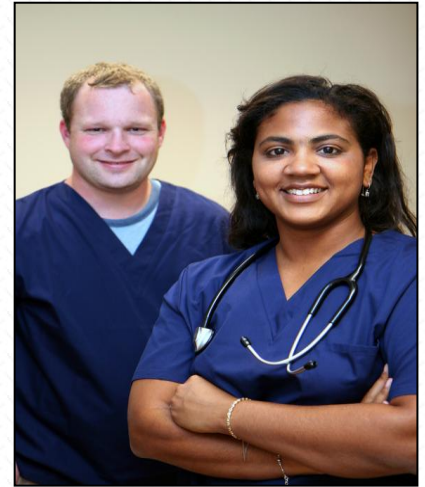
- Breast Pumps & related equipment
- Lamaze Class
- OB/GYN Exams
- OB/GYN Prepaid Maternity Fees (reimbursable after date of birth)
- Pre- and Postnatal Treatments

### PRACTITIONERS

- Allergist
- Chiropractor
- Dermatologist
- Homeopath or Naturopath\*
- Osteopath
- Physician
- Psychiatrist

### THERAPY

- Alcohol and Drug Addiction
- Mental Health Counseling\* (not marital or career)
- Occupational/Physical
- Speech



**IMPORTANT**



**Save all receipts!**

*Note: This list is not meant to be all-inclusive. Also, expenses marked with an asterisk (\*) are "potentially eligible expenses" that require a Note of Medical Necessity from your health care provider to qualify for reimbursement.*

## Examples of Eligible Over-the-Counter (OTC) Expenses are:

For ALL Over the Counter (OTC) Expenses, a copy of the original receipt must be submitted for reimbursement. The receipt must include the vendor/merchant name, date of purchase, product name and the amount paid for the item.

- Baby Care: Pediatric Electrolyte Solutions, Thermometers
- Denture Care Products
- Diabetes Care: Blood Test Strips, Glucose Food, Glucose Kits, Monitors and Testers
- Ear Care: Ear Drops, Ear Wax Removal
- Eye Care: Contact Lens Supplies, Eye Drops, Eye Patches, Reading Glasses
- First Aid Products: Bandages, First Aid Kits, Gauze, Gloves, Hydrogen Peroxide, Medical Tape, Pads and Elastic Bandages, Rubbing Alcohol, Supports and Braces, Wound Care Products
- Foot Care: Cushions, Pads, Supports
- Health Monitors/Medical Equipment: Blood Pressure and Heart Rate Monitors, Cholesterol Tests, Crutches, Medical Bracelets and Necklaces
- Hand Sanitizers
- Incontinence Supplies
- Pregnancy Products: Ovulation Monitor, Pregnancy Testing Kits, Prenatal Vitamins
- Reading Glasses
- Thermometers

## Examples of Over-the-Counter (OTC) Expenses Eligible Only With a Prescription:

- Acne Treatment Products
- Allergy/Asthma/Sinus Medications: Antihistamines, Asthma Flow Meters and Nebulizers, Nasal Spray, Nasal Strips, Asthma Mist
- Anti-arthritis: Chondroitin, Glucosamine
- Anti-fungal Products
- Anti-Diarrheals
- Anti-Gas
- Antiparasitic Treatments
- Baby care: Diaper Rash Ointment, Petroleum Jelly
- Cold, Cough and Flu Medications: Capsules, Drops, Rubs, Syrups
- Cold Sore Remedies
- Digestive Aids/Medications: Acid Controller, Anti-diarrheals, Lactose Intolerance Medications, Laxatives
- Feminine Anti-Fungal/Anti-Itch
- First Aid Products: Analgesics, Antibiotic Ointments, Bug Bite and Anti-Itch Medications, Ointments, Sunburn Cream, Wart Removal Products
- Foot Care: Callous and Corn Removers, Creams
- Hemorrhoid Treatments
- Homeopathic Medicines\*
- Lice & Scabies Treatment
- Nausea and Motion Sickness Medications
- Pain and Fever Reducers: Acetaminophen, Aspirin, Heating Pads, Ibuprofen, Menstrual Cycle and Migraine Medications, Muscle/Joint Pain Relief Creams and Balms
- Respiratory Treatments
- Sleep Aids & Sedatives
- Smoking Cessation Products: Gum and Lozenges, Inhalers, Nicotine Patches
- Toothache and Teething Pain Relievers
- Weight Loss Drugs (to treat a specific medical condition)\*

*Note: This list is not meant to be all-inclusive. Also, expenses marked with an asterisk (\*) are "potentially eligible expenses" that require a Note of Medical Necessity from your health care provider to qualify for reimbursement.*

**Effective January 1, 2011 participants with an FSA can no longer use their account to purchase OTC medicines, drugs and biological treatments unless they have a prescription from their doctor.**

### Important Note Regarding IRS Guidelines:

The foregoing examples of reimbursable and non-reimbursable expenses under a Medical Flexible Spending Account are based on our understanding of the current Internal Revenue Code and its regulations, as defined under Code Section 213(d).

Check our website at [www.vfgps.com](http://www.vfgps.com) for more information.



**Few people spend enough money to receive credit for health care expenses on their annual tax return, making FSAs attractive.**

# Examples of Eligible Expenses with a Physicians Recommendation are:

The Plan will reimburse these items when your claim is accompanied by a note from your physician recommending their use for the treatment, cure diagnosis or mitigation of a medical condition.

- Cosmetic Supplies (to correct deformity)
- Dietary Supplements
- Fiber Supplements
- Glucosamine
- Herbal Medications
- Hormone Therapy
- Hypnosis
- Massage Therapy
- Orthopedic Shoes & Inserts
- Prenatal Vitamins
- Prescribed Exercises
- Snoring Aids
- St. John's Wort
- Weight-Loss Program (as treatment)

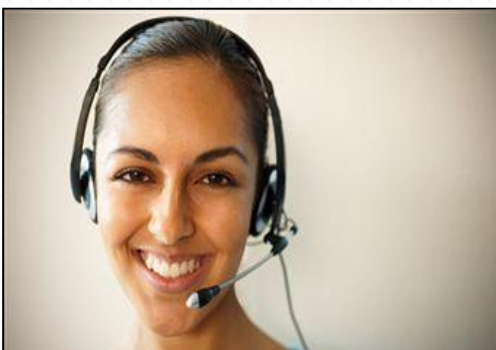


# Examples of Ineligible Expenses are:

- Cosmetic Surgery (not prescribed)
- Dental Bleaching
- Health Club Membership / Dues
- Deodorant
- Drugs Imported to the U.S.
- Electrolysis
- Facial Lotions
- General Purpose Health Items
- Hair Transplants
- Medicated Soap
- Personal / Cosmetic Items
- Programs to Prevent Hair Loss
- Shampoo
- Skin Moisturizers
- Toiletry Items
- Vitamins or Supplements
- Weight Loss Programs (general)

*Note: This list is not meant to be all-inclusive. Also, expenses marked with an asterisk (\*) are "potentially eligible expenses" that require a Note of Medical Necessity from your health care provider to qualify for reimbursement.*

The Plan will reimburse these items when your claim is accompanied by a note from your physician recommending their use for the treatment, cure, diagnosis or mitigation of a medical condition.



Contact our Customer Service Department with any questions. 1-877-289-0448

# Dependent Care Flexible Spending Account

A Dependent Care Flexible Spending Account allows you to pay for eligible Dependent Care (daycare) expenses incurred so that you and your spouse can continue working; your spouse can look for employment; or, your spouse can attend school full time (**NOTE: this is not for healthcare expenses for your dependents**). Eligible Dependents include children under the age of 13. Expenses for other Dependents who are physically or mentally unable to care for themselves may also qualify. To comply with IRS regulations, your

reimbursement from this Plan may not exceed the smaller of the following limits:

- \$5,000 (if filing a joint tax return) or \$2,500 (if separate returns are filed).
- Your taxable compensation (after your pre-tax salary reductions are made).
- If you are married, your spouse's actual or deemed earned income.

## Some Examples of Eligible Dependent Care Expenses are:

- Nanny expenses for services provided inside your home.
- Care outside the home (if qualifying dependent regularly spends at least 8 hours per day in your home).
- Registration fees for day care facility.
- Expenses for dependents cared for by a relative, age 19 or over, provided the caregiver is not claimed as an exemption on your Federal tax return (the family member's wages are taxable income).
- Food and incidental expenses if part of dependent care charge.
- FICA and FUTA payroll taxes of daycare provider.
- Pre-school/nursery school expenses for daycare.



There are special tax rules concerning Dependent Care Flexible Spending Accounts. In some cases, depending on your family income and tax filing status, you may have a greater tax advantage by taking the direct tax credit on your annual income tax return.

You should consult with your tax advisor if you have any questions on how this affects your individual situation.

## Some Examples of Ineligible Expenses are:

- Food, transportation and incidentals (diapers, activities, etc.) if charged separately from dependant care expenses.
- Expenses paid to domestic employees.
- Kindergarten fees.
- Payments to your child who is under age 19 at the end of the tax year or payments to any other dependent whom you could claim a 151(c) exemption.
- Charges for overnight stays.
- Elementary school expenses for a child in first grade or higher.



# Flexible Spending Expense Worksheet

Please use this worksheet to help you determine the amount of your contributions to the Plan. Review your records for last year's expenses, and forecast this year's expenses for you and your eligible dependents.

## Flexible Spending Expense Worksheet

### Dependent Care Flexible Spending Account

	<u>Last Year</u>	<u>This Year</u>
1. If you are a single parent or your spouse works, how much do you pay for Dependent Care for children under age 13?	\$ _____	\$ _____
2. How much do you pay for Dependent Care for any other eligible dependents you have?	\$ _____	\$ _____
<b>Projected 'Out of Pocket' Dependent Care:</b>	\$ _____	\$ _____

Now divide by the number of payrolls and that will be your per-pay contribution for Dependent Care. The total annual election cannot exceed \$5,000 for Dependent Care Flexible Spending.

\$ \_\_\_\_\_

### Medical Flexible Spending Account

	<u>Last Year</u>	<u>This Year</u>
Medical Expenses (Not covered by insurance or another plan):		
1. Deductibles, co-insurance, co-pays and Over-the Counter expenses?	\$ _____	\$ _____
2. Vision Care: laser surgery, eye exams, contact lenses, glasses?	\$ _____	\$ _____
3. Chiropractic Care?	\$ _____	\$ _____
4. Other medical expenses not covered by insurance?	\$ _____	\$ _____
Dental Expenses (Not covered by insurance or another plan):		
1. Exams, cleaning, x-rays, etc.?	\$ _____	\$ _____
2. Fillings, crowns, bridge, TMJ treatment?	\$ _____	\$ _____
3. Orthodontia?	\$ _____	\$ _____
4. Other dental expenses not covered by insurance?	\$ _____	\$ _____
<b>Projected 'Out of Pocket' Medical Expenses:</b>	\$ _____	\$ _____

Now divide by the number of payrolls and that will be your per-pay contribution for Medical.

\$ \_\_\_\_\_

# Keeping track of your account

- You may access personal account information, claim filing forms, a list of all eligible expenses and other useful information at [www.vfgps.com](http://www.vfgps.com) using the group specific plan ID and password found on your Plan Highlight Sheet.
- A third quarter statement will be sent to you that includes information on account balances and claims submitted to date.
- Each claim payment includes a summary statement that lists account balances and available funds.
- You may contact Vantage Customer Service with any questions at (877) 289-0448 or via email at [csflex@vanfin.com](mailto:csflex@vanfin.com)



## Filing a claim

Documents necessary to file a claim for reimbursement are available on our website at [www.vfgps.com](http://www.vfgps.com) and include:

- Claim Form
- Claim Filing Instructions
- Plan Highlight Sheet
- Optional Direct Deposit Form if you would like electronic claim payment to your bank account

To submit your claim for payment, please:

- Complete a Claim Form (include your employer's name, your name, social security number, list of eligible expenses and your signature)
- Attach all corresponding receipts and/or Explanations of Benefits (EOBs). These receipts must include the following:
  - Merchant's name
  - Date of Purchase
  - Product Name
  - Amount Paid

Fax your completed Claim Form and Receipts to:  
**Vantage Customer Service at (216) 642-4863**

Email your Claim Form and Receipts via secure website:  
[www.vfgps.com](http://www.vfgps.com)

Or you may mail your Claim Form and Receipts to:  
**Vantage Financial Group Plan Services**  
**6200 Rockside Road**  
**Cleveland, Ohio 44131**

The collage contains three main documents:

- Flexible Benefit Plan Claim Form:** A form with sections for 'ACCOUNT INFORMATION', 'DEPENDENT INFORMATION', 'CLAIM INFORMATION', and 'CLAIMING ACCOUNTS'. It includes fields for name, address, phone, and SSN.
- My Reimbursement Plan Claim Filing Guide:** A guide with a 'Welcome' message, 'Where to file claims' (listing Vantage Financial Group Plan Services, Inc. at 6200 Rockside Road, Cleveland, OH 44131), and 'Claim filing deadlines'. It also includes a 'Frequency of reimbursement' section.
- Plan Highlight Sheet:** A sheet titled 'Vantage Financial Group, Inc. Plan Highlight Sheet' that provides details about the plan, including eligibility (All Employees are Eligible to Participate), waiting periods, benefit options (Medical, Dental, Vision, Prescription Drug, Flexible Spending, Health Savings, Dependent Care, Child Care), and claim filing instructions. It also includes a 'Where to file claims' section and a 'Customer Service' contact number: (877) 289-0448.

**IMPORTANT:**  
 Save copies of all receipts!

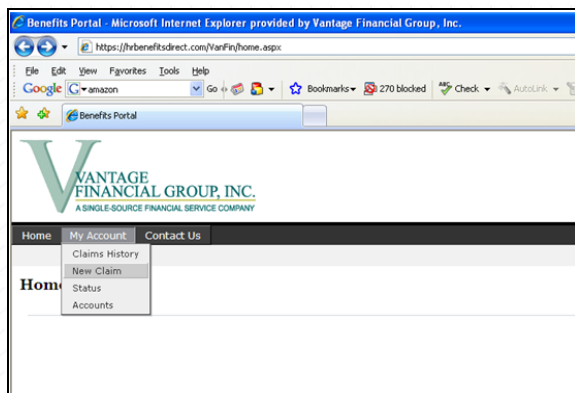
# Online Claim Submission

You may now submit your Flex claims online through our secure website [www.vfgps.com](http://www.vfgps.com). Just a few simple steps and your claim is submitted, no postage, no lost mail, no delays, no headaches.

1. Go to [www.vfgps.com](http://www.vfgps.com). Enter your company's User Name and Password.

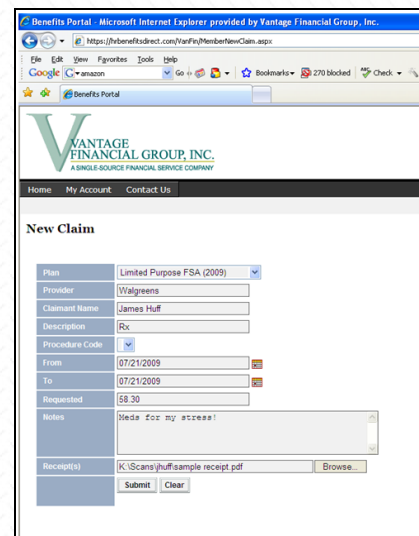


2. Click on your Flex Plan benefit link.
3. Click on the Personal Account Information banner at the top of the page.
4. Once redirected to the [hrbenefits.com](http://hrbenefits.com) portal, enter your personal login information.
5. Locate My Account on the menu bar at the top of the page and select New Claim from the pull-down menu.

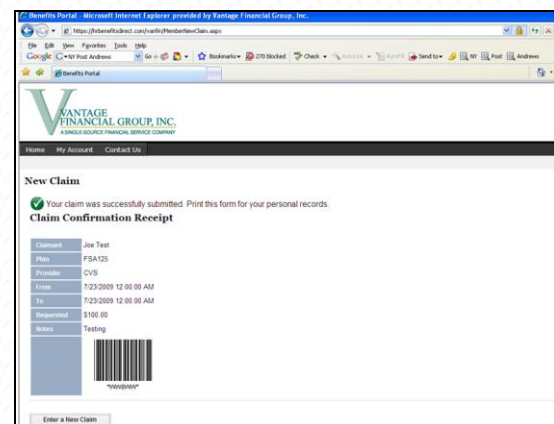


6. Enter your claim information:
  - Select the proper Plan.
  - Enter the product or service provider's name.
  - Enter the name for who the product/service was for.
  - Enter a description of the product or service.
  - Enter the From and To dates (often are the same date).

- Enter the dollar amount requested for this claim.
- Enter any relevant notes.
- **MOST IMPORTANTLY**, attach a copy of your receipt(s) by using the Browse button. **CLAIMS SUBMITTED WITHOUT A COPY OF A RECEIPT(S) WILL AUTOMATICALLY BE DENIED.**
- Click on the Submit button to send your claim to our Customer Service Department for approval.



7. A Claim Confirmation Receipt will appear on your screen to print for your records.



**You are done!** Your claim has been submitted and will be reviewed in short order. If your claim is eligible it will be processed for reimbursement, if all or a portion of your claim is ineligible you will receive a detailed statement with any portion of the reimbursement you are eligible for. Call Customer Service with questions.

# Flex Debit Card

## How does the debit card work?

The Flexible Spending Account debit card allows you to access your accounts at the point of service (wherever Visa® is accepted). **Please note that the card is only valid at qualified medical or day care providers and merchants.**

This debit card works similarly to a debit card attached to your personal checking or savings account; the transaction will only be approved if you have ample funds in your FSA to cover the cost of the transaction.



## Key points of the flex debit card:

- **Your Flex debit card will not work everywhere.** The IRS has limited the locations in which the card can be used to qualified medical or day care providers and merchants. The flexible spending account debit card can be used at most doctors' office, hospitals, pharmacies and even some day care facilities.
- **You will receive two cards at no cost.** You can order an additional card for a one-time fee of \$5.00. Your card **must** be activated. All cards issued will be in the name of the member.
- If your card is ever **lost or stolen** contact Flex Plan Customer Service as soon as possible. The lost or stolen card will be blocked and a new card will be issued immediately (with a \$5.00 re-order fee).
- **Your card does not utilize a PIN.** If you are asked to provide a PIN, simply ask the cashier to run the card as a "credit".
- **When a transaction is approved** for payment by the processing system, the vendor will be paid. **Please retain your receipts** for documentation purposes; you may receive a letter or emailing requesting the documentation be submitted to Vantage Financial Group Plan Services, Inc. for substantiation purposes as **the IRS requires 100% of all debit card transactions to be substantiated.**
- **We will request copies of receipts for all transactions because of the IRS guidelines requiring us to substantiate 100% of all electronic transactions.** Therefore you may receive a letter or email requesting claim substantiation be sent to Vantage. Please forward the requested documentation, if the requested documentation is not received within ample amount of time, your Flexible Spending Account debit card may be deactivated.
- **The true benefit of the debit card is immediate access to your Flexible Spending Account monies.** Immediate access to these funds means that you will not be paying for expenses out of pocket and then waiting for a reimbursement check from your account.
- **A debit card transaction can be denied.** Transactions may have been denied for several reasons. Please contact Flex Plan Customer Service for assistance.
- **Keep your Flexible Spending Account debit card** as it can be used again next plan year. Should you lose or destroy the card there will be a \$5.00 fee to replace the card.



**IMPORTANT:**

Save copies of all receipts!



# How Do I Enroll?

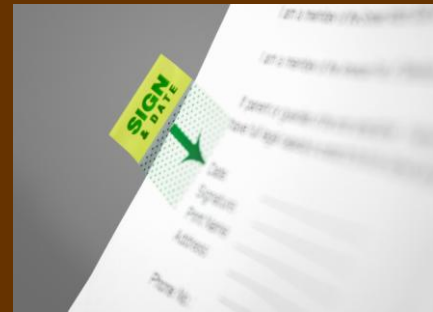
Indicate your desired contribution for Medical and Dependent Care. Keep the following in mind when choosing your elections:

1. For Medical/Dependent Care Accounts, your annual election is binding for the entire Plan Year, unless you experience a Qualified Change of Status event and submit a Change of Election form to your Benefit Department within 30 days of the change of status event date.
2. If you choose to contribute to a Dependent Care Flexible Spending Account, you will be required to provide your dependent care provider's taxpayer identification number on your claim forms. In addition, if you file Form 1040, you must complete IRS Form 2441 (Child and Dependent Care Expenses) as well. It is recommended that you consult with a tax advisor to determine if it is more cost effective to claim a dependent care tax credit, if eligible, rather than participate in the Dependent Care Flexible Spending Account.
3. No portion of an FSA balance can be refunded to you except to the extent that you submit eligible claims.
4. No reimbursement will be made for any expense incurred after separation of employment from your employer.
5. You may not transfer account balances between accounts.

Medical/Dependent Care Flexible Spending Account elections are made on the benefits open enrollment system. Your Plan Highlight Sheet provides eligibility requirements and guidelines.

**Your employer will hold an annual Flex Plan open enrollment period prior to the start of each plan year.**

**You will make a new contribution election each year at that time.**



# Who Do I Call if I Need More Information?

If you have questions or need additional information, Vantage Financial Group Plan Services may be reached toll-free, weekdays from 8:15 am to 4:45 pm, Eastern Standard Time, at (877) 289-0448.





Vantage Financial Group Plan Services 6200 Rockside Road Cleveland, Ohio 44131  
Toll-free: (877) 289-0448 Fax: (216) 642-4863 Email: [csflex@vanfin.com](mailto:csflex@vanfin.com) Web: [www.vfgps.com](http://www.vfgps.com)

# Diocese of Toledo

## Plan Highlight Sheet

This Plan Highlight Sheet provides a quick reference to some of the most common information regarding your Flexible Spending Account(s). This information is also referenced throughout the Enrollment Handout provided to you during open enrollment. If you have any questions or need further assistance, please contact a member of the VFGPS, Inc. customer service team at 1-877-289-0448.

<b>Plan Year:</b>	July 1st – June 30th
<b>Plan Maximums:</b>	Medical Flexible Spending: \$2,500.00 Annually Dependent Care Flexible Spending: \$5,000.00 Annually
<b>Reimbursement Options:</b>	Debit Card, Check or Direct Deposit
<b>Reimbursement Schedule:</b>	15 <sup>th</sup> and last day of each month
<b>Claim Filing Deadline for Terminated Employees:</b>	Separated employees will be allowed 90 days following their termination date to submit expenses incurred through the end of the month in which they terminated.
<b>Claim Filing Deadline at the End of the Plan Year:</b>	A Grace Period of 2 months (until August 31st) is offered during which additional eligible expenses may be reimbursed from remaining funds in the previous plan year account balance (if available). Claims must be postmarked or received by fax no later than September 30th.
<b>Using your Debit Card During the Grace period</b>	<p><b>REMINDER– you may use your flex debit card during the grace period to access your previous plan year’s balance.</b></p> <ul style="list-style-type: none"> <li>• Grace period transactions will be processed on a “first in / first out” basis.</li> <li>• Once those funds have been exhausted transactions will be applied to the current plan year. The card will automatically split the transaction.</li> </ul> <p><b><u>It is very important to know that as part of the “first in — first out” process, debit card swipes during the grace period may hit your previous plan year balance before a manual claim. This cannot be reversed.</u></b></p>
<b>Website and log on information:</b>	<a href="http://www.vfgps.com">www.vfgps.com</a> User Name: dot Password: dot
<b>Claim Submission:</b>	<p>Mail: <span style="float: right;">Fax:1-216-642-4863</span> VFGPS, Inc. 6200 Rockside Road, Suite 100 P O Box 318082 Cleveland, OH 44131-8082</p> <p>Online: <a href="http://www.vfgps.com">www.vfgps.com</a> (see your Enrollment Guide for more information)</p> <p>Email: Visit <a href="http://www.vfgps.com">www.vfgps.com</a> for more information (Do not use <a href="mailto:csflex@vanfin.com">csflex@vanfin.com</a>.)</p>
<b>Customer Service:</b>	Phone: 1-877-289-0448 Email: <a href="mailto:csflex@vanfin.com">csflex@vanfin.com</a>

**NOTE:**

**Effective 01/01/11: Employees with an FSA can no longer use their account funds to purchase OTC medicines, drugs and biological treatments unless they have a prescription from their doctor. See [www.vfgps.com](http://www.vfgps.com) for additional information.**



# My Reimbursement Plan Claim Filing Guide

## Welcome

We look forward to working with you as claims administrator for your flexible spending account program. If you have questions, need additional information or would like to discuss your reimbursement accounts in more detail, please contact our customer service department at (877) 289-0448.

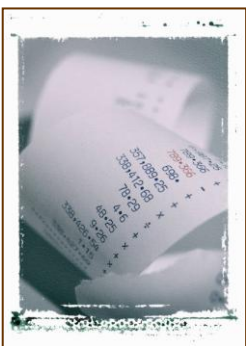
The claim filing instructions provide detail on how to file for reimbursement. Copies of all these materials can be viewed and printed from the flexible spending account plan web page.

## Frequency of reimbursement checks:

Please refer to your Flex Plan Highlight Sheet for information related to frequency of reimbursement payments. Please allow seven to ten business days for processing of your claim after receipt of claim.

## How to file a claim:

Complete a Flex claim form (include your employer's name, your name, social security number, list of eligible expenses and sign & date).



Attach all corresponding receipts and/or EOBs (must include the following):

- *Merchants name*
- *Date of purchase*
- *Product name*
- *Amount paid*

## Where to file claims:

Fax claims to: (216) 642-4863

Mail claims to:

Vantage Financial Group Plan Services, Inc.  
P.O. Box 318082  
Cleveland, OH 44131

Online claim submission: [www.vfgps.com](http://www.vfgps.com)

Email claims via secure website: [www.vfgps.com](http://www.vfgps.com)  
(Do not use [csflex@vanfin.com](mailto:csflex@vanfin.com).)

## Claim filing deadlines:

Please refer to your Flex Plan Highlight Sheet for information related to plan year rules and claim filing deadlines.

## Debit Card: Point of Service Reimbursement

The card may be used for immediate payment of eligible medical or dependent care expenses at qualified providers of service that accept debit cards. Remember that debit card transaction receipts must still be saved.

## Customer Service

If you have questions regarding your claims, how to file claims or need specific information regarding your Plan, please contact our customer service department Monday through Friday between 8:15 a.m. and 4:45 p.m., EST, at: (877) 289-0448 or email a representative at [csflex@vanfin.com](mailto:csflex@vanfin.com).

Check your account balance online at [www.vfgps.com](http://www.vfgps.com).

See your Plan Highlight Sheet for more details.



**IMPORTANT: Save copies of all receipts!**



# Direct Deposit Authorization

Employee Name \_\_\_\_\_ Employee SSN \_\_\_\_\_

Employer \_\_\_\_\_

I hereby authorize **Vantage Financial Group Plan Services, Inc.** (Claims Administrator) to initiate credit and debit entries to my checking or saving account indicated below and the depository named below (Depository) to credit/debit the same to such account. **(check one):**

**Checking Account**

**Savings Account**

**Please see sample check below for help in identifying account and transit routing numbers:**

Account Number \_\_\_\_\_

Depository (Financial Institution) \_\_\_\_\_ Branch \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

Bank ACH Transit Routing Number \_\_\_\_\_

This authority will remain in full force and effect until the Claims Administrator has received written notification from me of its termination in such time and in such manner as to afford the Claims Administrator a reasonable opportunity to act on it.

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

**Mail to:** Vantage Financial Group Plan Services 6200 Rockside Road, Suite 100 Cleveland, OH 44131-8082 Attn. Flex Dept.

**Fax:** (216) 642-4863

**Secure Email:** [www.vfgps.com](http://www.vfgps.com) (Do not use [csflex@vanfin.com](mailto:csflex@vanfin.com).)

**\*\*An actual *voided check* must be attached\*\***  
**Tape or staple voided check here**

*Please do not attach a deposit slip. If an actual check is not available to attach (i.e. some savings accounts) you are responsible for obtaining the correct ACH transit routing number from your financial institution.*

**\*\* SAMPLE CHECK\*\***

<b>Sample Company</b> 6200 Rockside Road Cleveland, OH 44131	ABC Bank Main Office Cleveland, OH 44131	410	<u>6-101</u>	<b>90381</b>
<b>Pay</b> One Dollar and 00/100 cents	<b>Date</b> 04/01/01	<b>Amount</b> <b>\$1.00</b>		
<b>TO THE ORDER OF</b> Joseph Smith 1234 Main Street Cleveland, OH 44131	<b>ID:</b> 000-00-0000			
" 90381"	":041001013":	70121395"		
<b>*[ Check # ]</b>	<b>[ Routing Transit # ]</b>	<b>[ Account # ]</b>		

\*(Check # may be to right or left)