1. **What is a Flexible Spending Account (FSA)?**
   An FSA is an employer-sponsored plan that allows you to deduct money from your paycheck pre-tax and deposit into an account until funds are requested for reimbursement.
   - **Health Care Reimbursement Account** - allows for you to receive pre-tax reimbursements for qualified medical expenses that are not already covered by your health plan.
   - **Dependent Care Reimbursement Account** - allows you to receive pre-tax reimbursements for your eligible dependents’ day care needs.

2. **What expenses are eligible for reimbursement?**
   Expenses eligible for reimbursement are broken out by the type of FSA Account in which you are participating.
   - **Health Care Reimbursement Account** - qualified medical eligible expenses can be copays, deductibles, dental services, eyeglasses and many other services.
   - **Dependent Care Reimbursement Account** - the cost of day-care centers, after-school care, summer day camps and senior centers are examples for which you can use the Dependent Care Reimbursement Account.

3. **Can I participate if I am not enrolled in my company's health care plan?**
   Yes, you can participate in Health Care or Dependent Care Reimbursement or both.

4. **What happens if I don't use all of the money in my account by the end of the plan year?**
   In exchange for the substantial tax advantages associated with an FSA the IRS requires that any money left in the FSA at the end of the year will be forfeited. This is known as the "Use it or Lose It" rule. However, if you plan properly, you most likely will not forfeit any money. There are many ways to spend any unused balance before the end of the plan year.

5. **What happens if I leave my job?**
   Once your employment is terminated, your plan year is over. The only expenses that you can submit are those that you incurred from the entry date through the date of termination. These claims need to be submitted within the "run out" period.

6. **What is the "run out" period?**
   It is a specified period of time after the end of the plan year or after a termination date, in which you may submit claims incurred during the time you were covered. For example, if your plan has a 90 day run out period, you will have 90 days from the end of the plan year. If you terminate employment you have 90 days after the plan year to submit claims incurred before your termination date.

2959 Lucerne SE, Suite 205 Grand Rapids, MI 49546  
www.professionalbenefits.net  
1-800-732-3412
7 Can I transfer an account balance from one account to another?
No. Health Care and Dependent Care terms and conditions are set up to your employer specifications. There is no rollover feature.

8 Can I change my coverage during the plan year?
The benefit choices that you make will remain in effect until the last day of the plan year, unless you experience a qualified change in family status. If you have a qualifying event or change in status such as marriage, divorce, birth or placement for adoption or loss of a covered dependent, you can change your election amount. In addition to those mentioned, you are also allowed to make a change to your Dependent Care contribution amount if there is a change in cost to provide dependent care, if there is a change in coverage or change in dependent care benefits under another employer’s plan. You have 30 days from the date of the event to inform your employer of any changes.

9 How much can I contribute?
Your employer will determine the maximum amount an employee is allowed to contribute each plan year. You should estimate the amount of costs you expect to pay out of your pocket in order to determine how much you should contribute.

10 How do I get reimbursed?
You simply complete the Health Care or Dependent Care Reimbursement form and submit it along with a copy of your paid receipt or an Explanation of Benefits. If the expense is eligible for reimbursement, you will receive reimbursement via a paper check or direct deposit (if you have signed up).

11 Are "Over the Counter" drugs eligible for reimbursement?
The Health Care Reform law passed on March 23, 2010 affects all employer sponsored Flexible Spending Accounts. As a result, Flexible Spending Accounts are no longer able to reimburse over the counter (OTC) medicines or drugs (other than insulin) without a doctor’s prescription as of December 31, 2010.

12 How do I know how much money is in my account?
You can check your account balance 24 hours a day, seven days a week on our myRSC online tool. You will also receive your remaining account balance with each reimbursement check. Two months prior to the end of the plan year, you will receive an "End of the Year" Employee Balance Letter providing you with the amount you have left and a reminder that it will be forfeited if not used.

13 How do I submit my claim for reimbursement?
You can send your claim to PBS by using one of the below options:

Fax: (855) 296-1026
Email: flex@professionalbenefits.net
Mail: Professional Benefits Services
      Flexible Spending Department
      2959 Lucerne SE Suite 205
      Grand Rapids, MI 49546