Difference Card Guide:
Flexible Spending Accounts

What is an FSA?
A healthcare flexible spending account (FSA) is an employer-sponsored benefit that allows you to set aside pre-tax dollars into an account to be used for eligible medical expenses.

Why should I participate in an FSA?
Contributions to the FSA are deducted from your paycheck on a pre-tax basis, reducing your taxable income. You can increase your spendable income by an average of 30% of your annual contribution with the tax savings.

How do I contribute money to my FSA?
Your annual election will be divided by the number of pay periods in your plan year. This amount will be deducted from your paycheck before taxes are assessed.

Who is eligible under an FSA?
An FSA covers eligible expenses for you and all of your dependents, even if they are not covered under your primary health plan.

What expenses are eligible for reimbursement?
Health plan co-pays, deductibles, co-insurance, eyeglasses, dental care, and certain medical supplies are covered. The IRS provides specific guidance regarding eligible expenses. (See IRS Publication 502). Visit FSAStore.com to see a list of eligible items.

How do I determine the date my expenses were incurred?
Expenses are incurred at the time the medical care was provided, not when you are invoiced or pay the bill.

How do I get the funds out of my FSA?
If you have a Difference Card, simply swipe it at the register. If you do not have your card on hand, you can submit for a reimbursement against your FSA for eligible out of pocket expenses via Mobile App or on the Difference Card site. Once approved, your reimbursement check will be mailed or deposited into your bank account.

How much can I contribute?
You can find the max contribution rates for the year here: DifferenceCard.com/Services/Products/Fsa/

What happens if I don't spend all of my FSA by the end of the plan year?
Check in with your employer to see what policy they have adopted for this elected benefit.

How soon can I start spending my FSA funds?
With a healthcare FSA, your entire annual election amount is available on the first day of the plan year even though you have not yet contributed that amount.

Can I change my election amount mid-year?
Elections can only be altered if you experience a change in status as defined by IRS regulations, such as marriage, divorce, birth, or death in your immediate family.

What happens to my FSA if my employment is terminated?
Participation in your FSA is also terminated. This means that only expenses that were incurred prior to your termination date are eligible for reimbursement.

What is the deadline for submitting claims?
Check in on your Mobile App or DC account for exact deadline dates. Generally, you have 90 days after your plan ends to submit a claim for reimbursement. You can also submit claims at any time during the same plan year that you incur the expense.

Can I still deduct healthcare expenses on my tax return?
Yes, but not the same expenses for which you have already been reimbursed from your FSA.

Are Over-the-Counter (OTC) medications eligible for reimbursement?
Yes. OTC medicines like Tylenol®, Zyrtec® and more will now be available for purchase with an FSA without a prescription.

What is another new change for eligible expenses?
Menstrual care products, such as tampons and pads, are now considered qualified health expenses with your FSA.

Visit DifferenceCard.com/Services/Products/Fsa/ for more info.

The Difference Card

EB EMPLOYEE SOLUTIONS, LLC

*This form may be used for all Flexible Spending Account Reimbursement Requests (FSA, DCA)

FSA REIMBURSEMENT FORM

NUMBER OF PAGES FAXED:	PHONE NUMBER FOR QUESTIONS:

TO BE COMPLETED BY EMPLOYEE:

COMPANY NAME	
EMPLOYEE NAME (First, Middle, Last)	
EMPLOYEE ADDRESS	
EMPLOYEE SOCIAL SECURITY NUMBER	EMAIL ADDRESS

To the best of my knowledge and belief, my statements in the request for reimbursement are complete and true. I am claiming reimbursement only for eligible expenses incurred during the application plan year for myself and/or my legal dependents. I certify that these expenses have not been previously reimbursed, nor will they be reimbursed under any other benefit plan and will not be claimed as an income tax deduction. If there is a discrepancy between the total amount of expenses requested below and the total amount of the attached reciepts, I will be reimbursed according to the total amount of eligible expenses on the attached receipts.

EMPLOYEE SIGNATURE FOR VERIFICATION *(Required for processing submission)* _____ DATE (MM/DD/YYYY) _____

STEP 1: Complete this section of the reimbursement form for eligible expenses incurred during your FSA plan year while you were a participant. Healthcare expenses must be processed by your insurance company first. The insurance company will provide you with an Explanation of Benefits (EOB). An expense is incurred when the service provided, not when you are billed or pay for the service.

COMPLETE THIS SECTION IF YOU PROVIDE RECEIPTS:

Reimbursement Reminders	DATE OF SERVICE	PROVIDER	NAME OF PATIENT (FSA ONLY)	TYPE OF SERVICE	AMOUNT
1. You must complete the boxes in this section for each expense in order for your claim to be processed properly.					$
2. Your receipts must contain the following: Date of Service, Provider, Type of Service, Amount of Service & Social Security Number or Tax ID Number.					$
					$
3. Expenses must be totaled on each page.					$
4. Copies of receipts for each expense claimed must be attached to the form.					$

COMPLETE THIS SECTION IF YOU <u>DO NOT</u> PROVIDE RECEIPTS (FOR DEPENDENT CARE ONLY):

Reimbursement Reminders	SIGNATURE OF DEPENDENT CARE PROVIDER (Required if receipts are not provided)		
1. You must complete the boxes in this section for each expense in order for your claim to be processed properly.	DEPENDENT CARE PROVIDER'S NAME:		
2. This completed reimbursement form serves as your receipt.	DATE OF SERVICE:	SOCIAL SECURITY OR TAX ID# :	$
		TOTAL DEPENDENT CARE EXPENSE:	$

STEP 2: Return this completed reimbursement form and appropriate documentation. Please keep original receipts for your records as requested by the IRS.

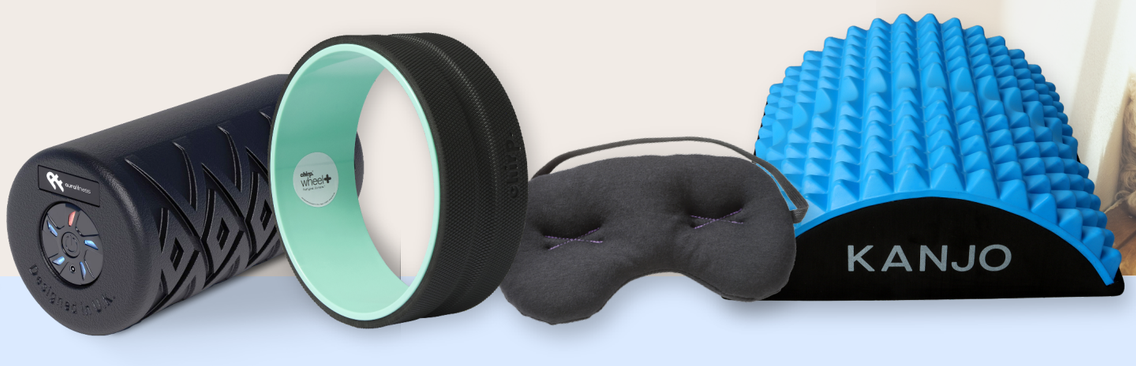
Please complete this form and submit it by the following methods: (If you have questions, call **Customer Care** at **888-343-2110**

Mail it to: **The Difference Card, PO Box 322 Mount Kisco, NY 10549**, OR
Fax it to: **(602)333 4252**

FSA store® The Difference Card

Healthcare already costs so much, why pay tax on it?

Outsmart rising inflation during Open Enrollment — flexible spending accounts (FSAs) give you the ability to spend pre–tax dollars on everything from out–of–pocket medical costs to guaranteed eligible health products.



A simple way to save

30% or more in tax savings on eligible healthcare items and services

Spend beyond the doctor: There are literally thousands of FSA eligible products

Spend on day 1. FSAs are funded in full on the first day of your plan year

Shop exclusively eligible products with your FSA card or any major credit card at FSA Store

Shop Worry–Free

Guesswork stops here

With the **Eligibility List** — the web's most comprehensive list of products and services eligible for **tax–free spending.**

Start Searching

*No receipts needed when you shop with your FSA card.

Learn more about FSA Store: