

Dependent Care FSA Overview

Dependent Care Flexible Spending Accounts (DCFSA) allow you to pay for up to \$5,000 of eligible dependent care expenses per year with pre-tax money. Using pre-tax money to pay for dependent care expenses can save you up to \$2,000 each year!

You may use your Dependent Care FSA to pay for work related care for eligible dependents. Eligible dependents include your qualifying children under the age of 13, 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 visit www.enrollwithtag.com or contact (877) 506-1660.

Eligible and Non-Eligible Dependent Care Expenses:

- | | | |
|-----------------------|--|---|
| Eligible Expenses: | <ul style="list-style-type: none">• After School Programs• Au Pair• Pre-School• Nanny• Nursery School• Housekeeper caring for dependent (partial) | <ul style="list-style-type: none">• Babysitting (work related)• Before School Programs• Sick Child Care• Summer Day Camp• Extended Care |
| In-Eligible Expenses: | <ul style="list-style-type: none">• Babysitting (not work related)• Field Trips• Late Payment Fees• Overnight Camps | <ul style="list-style-type: none">• Educational or Study Services• Kindergarten Tuition• Private School Tuition (beyond pre-k)• Tutoring |

Eligible and Non-Eligible Elder Care Expense:

- | | | |
|-----------------------|--|---|
| Eligible Expenses: | <ul style="list-style-type: none">• Adult Day Care Center• In-Home Elder Care• Transportation to and from eligible care (<i>must be provided by care provider</i>) | <ul style="list-style-type: none">• Custodial Care (work related)• Senior Day Care |
| In-Eligible Expenses: | <ul style="list-style-type: none">• Medical Care• Late Payment Fees• Transportation to and from eligible care (<i>not provided by care provider</i>) | <ul style="list-style-type: none">• Nursing Home Care• Custodial Care (non-work related) |

For a comprehensive list of eligible dependent care expenses please visit www.enrollwithtag.com.

Frequently Asked Questions

How do I determine my Dependent Care FSA contribution amount?

To participate in your employer sponsored dependent care FSA plan, 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 during the plan year. This is the amount to be redirected to your Dependent Care FSA each payday.

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 FSA. Your election amount may not be changed during the course of the plan year unless you experience a qualified change in family status. Qualifying events 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 FSA?

To access available funds in your dependent care account, simply submit a reimbursement request form online at myflexonline.com or via the MyFlex® mobile app. You may also submit a reimbursement request form via fax (877)561-1661 or mail 43471 Ridge Park, Dr. Ste B, Temecula, CA 92590. It is important that the request form is completed in its entirety to ensure efficient processing of your claims. Reimbursement request forms can be found online at www.enrollwithtag.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 participant support team at (877) 506-1660. A live representative is available to assist you with all inquiries from 7:00am to 5:00pm PST. You may also send inquiries to support@enrollwithtag.com or visit www.enrollwithtag.com for further assistance.

Dependent Care FSA Eligible Expenses



The IRS determines which expenses are eligible for reimbursement. While this list identifies the eligibility of some of the most common dependent care expenses, it's not meant to be comprehensive. Please check with your tax professional if you have questions about whether a particular expense is eligible for reimbursement under this program.

Expense	Eligible
Activity fees	N
Adult daycare center	Y
After school program for child(ren)	Y
Au Pair for child(ren)	Y
Babysitting (not work-related, for other purpose) for child(ren)	N
Babysitting (work-related, in your home or someone else's home) for child(ren)	Y
Babysitting by your relative who is not a tax dependent (work-related) for child(ren)	Y
Babysitting by your tax dependent (work-related or for other purpose) for child(ren)	N
Before or after school programs for child(ren)	Y
Child care (while you work, to enable you to work or look for work)	Y
Custodial elder care (not work-related, for other purpose)	N
Custodial elder care (work-related)	Y
Dance Lessons for child(ren)	N
Day nursing care, if primarily for dependent adult(s)	Y
Dependent care (while you work, to enable you to work or look for work)	Y
Educational, learning, or study skills services for child(ren)	N
Elder care (in your home or someone else's)	Y
Elder care (while you work, to enable you to work or look for work)	Y
Extended care (supervised program before or after regular school hours)	Y
Field trips for child(ren)	N
Household services (housekeeper, maid, cook, etc)	N
Housekeeper who cares for child (only portion attributable to work-related child care)	Y
Kindergarten tuition	N
Language classes for child(ren)	N
Late payment fees for child care	N

Dependent Care FSA
Eligible Expenses (cont.)



Expense	Eligible
Meals, food or snacks for child(ren)	N
Medical care for child(ren) or dependent adult(s)	N
Nanny for child(ren)	Y
Nursery school	Y
Nursing home care for dependent adult(s)	N
Payroll taxes related to eligible dependent care	Y
Piano lessons for child(ren)	N
Preschool	Y
Private school tuition (for kindergarten and up)	N
Registration fees (required for eligible care, after actual services are received)	Y
School tuition	N
Senior daycare	Y
Sick child care	Y
Sleep-away camp for child(ren)	N
Summer day camp for child(ren)	Y
Total payments (transferred from previous administrator)	Y
Transportation to and from eligible care (not provided by your care provider)	N
Transportation to and from eligible care (provided by your care provider)	Y
Tutoring for child(ren)	N

Questions?

TAG Participant Support

P: (877) 506-1660

E: support@enrollwithtag.com

Participant Election Form
Flexible Spending Accounts (FSA)



Participant Information

Employer Name:		Plan Year:
Participant Name:		SSN:
Mailing Address:		Birth Date:
City:	State:	Zip:
Phone:	Email:	
Payroll Cycle: Semi-Monthly - 24	If new employee, provide eligibility date:	

Pre-Tax Benefit Elections

Flexible Spending Account Categories:	Pre-Tax Election (per pay period)	Pre-Tax Election (per plan year)	Initials
Dependent Daycare FSA: (\$5,000 maximum per year)			
Total Pre-Tax Contribution Amount:			

Would you like a Debit Card? (note: cards have a three year expiration and may be used over multiple plan years)	Initials
Yes, I am a new participant and would like a debit card	
Yes, I have discarded my original card and need a new debit card	
Yes, reload my existing card	
No, I do not want a debit card	

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: _____

Direct Deposit Authorization



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