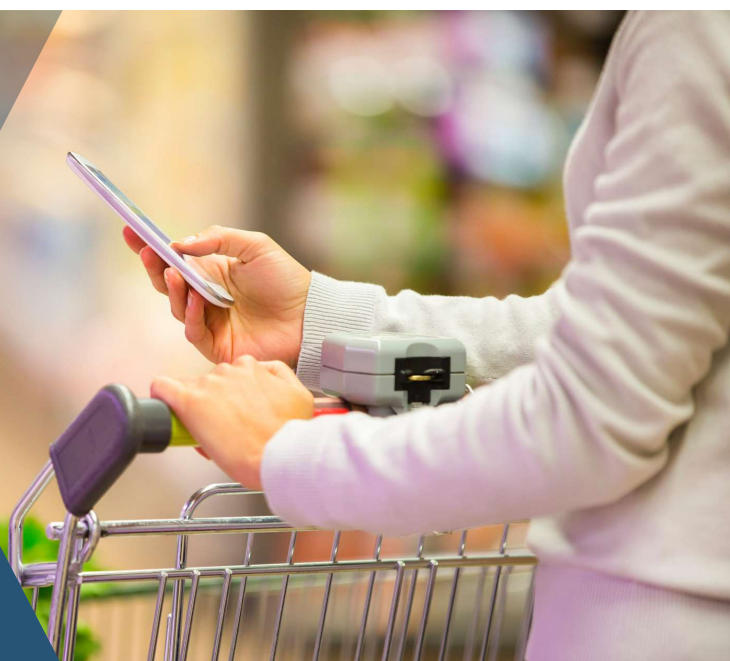


HEALTHCARE FLEXIBLE SPENDING ACCOUNTS



HOW HEALTHCARE FLEXIBLE SPENDING ACCOUNTS WORK

You may use the money in your Healthcare FSA for eligible healthcare expenses that are not covered by your insurance. Each paycheck, you elect to set aside a portion of your pay, before taxes,

to be deposited into your flexible spending account. Since the money used to fund the account isn't taxed, you can save 25% to 40% on eligible healthcare related purchases.

HEALTHCARE FSA ELIGIBLE EXPENSES

Your Healthcare FSA may be used for most medically necessary expenses which are not covered by your insurance; including prescriptions, co-payments and co-insurance, dental and vision care, orthodontia, therapies, medical equipment and many more. Your FSA may be used for eligible health care services and items for you, your spouse and your dependents.

USING A FLEXIBLE SPENDING ACCOUNT IS EASY

When you enroll in an FSA, you determine the contributions you would like to make throughout the plan year (up to the IRS maximum). As contributions are deducted from your paychecks, the money is deposited into your FSA. Using your FSA is easy:



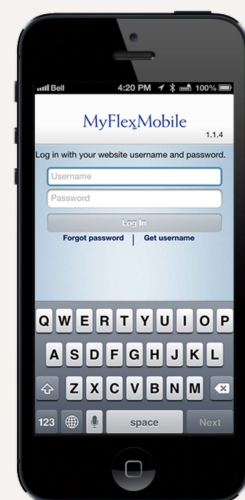
FSA VISA® DEBIT CARDS. Use it instead of cash for all of your HSA eligible purchases.



REIMBURSEMENT REQUEST. File a claim online, by fax or by mail. Receive reimbursement via direct deposit or mailed check.



MOBILE APP. Use the MyFlex mobile app to access and 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

Participant Election Form Flexible Spending Accounts (FSA)



Participant Information

Employer Name:		Plan Year: 2023
Participant Name:		SSN:
Mailing Address:		Birth Date:
City:	State:	Zip:
Phone:	Email:	
Payroll Cycle:	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
Healthcare FSA: (\$2,850 maximum per year)			
Dependent Care FSA: (\$5,000 maximum per year)			
Total Pre-Tax Contribution Amount:			

Would you like a Debit Card? Note: Debit 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	
I would like a 2nd card for my spouse (spouse's name: _____)	

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: _____

Reimbursement Guide - effective March 1, 2020

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

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

What is a Flexible Spending Account (FSA)?

An FSA is an employer-sponsored plan that allows you to deduct dollars from your paycheck and deposit them into a special account that's protected from taxes. FSA accounts are exempt from federal taxes, Social Security (FICA) taxes and, in most cases, state income taxes. The money in an FSA can be used for eligible healthcare expenses that are incurred while you are participating in the plan.

Why should I enroll in an FSA?

With an FSA, your out-of-pocket health and/or dependent care expenses are paid with tax-free dollars. You can save an average of 30 percent on all of your eligible expenses!

To calculate your potential savings, go to www.enrollwithtag.com

What expenses are eligible for reimbursement?

- Health care plan deductibles, co-payments, prescription glasses, orthodontia, and certain over-the-counter medicines and supplies are eligible if incurred while you are a participant in the Plan. For a comprehensive list, please go to www.enrollwithtag.com
- Expenses are treated as having been incurred at the time the medical care was provided, not when you are formally billed, charged, or pay for the medical expenses.
- You cannot receive reimbursement for future or projected expenses.
- All submitted expenses are reviewed for eligibility according to Internal Revenue Code Section 125 guidelines.

How do I get the funds from my FSA account?

It's simple! Just complete, sign and submit an FSA claim form and include a copy of a receipt documenting the type, amount and date the expense(s) was incurred. Once approved, you will receive reimbursement according to your employer's scheduled reimbursement dates.

What happens if I do not use all of the money in my account by the end of the plan year?

Federal law governing flexible spending accounts specifies that any money remaining in your account at the end of the plan year will be forfeited. This is more commonly known as the "use-it-or-lose-it" rule. However, your plan may have a "grace period" or "rollover" feature that allows additional time to use money from your FSA. See your SPD for plan details.

Can I change my election during the plan year?

Your decision to participate in an FSA is binding for the entire plan year, and you may change your election only as permitted by IRS regulations.

Generally, to make an FSA election change, you must experience a significant life event such as marriage, divorce, birth, or death in your immediate family. Your employer can provide you with information about these events, which FSA election changes you might be able to make as a result, and the procedures for reporting the event.

What happens to my FSA if I terminate employment?

Participation in the FSA ends if you terminate employment. This means only expenses incurred prior to the date your participation in the plan ends are eligible for reimbursement. Claims for expenses incurred prior to the plan termination date must be submitted within the "runout" period.

What is the "runout" period?

The run out is a specified period of time after the end of the plan year, or following your termination in the plan, in which you may continue to submit claims incurred during your period of coverage. This is not a period when you are able to continue to incur new expenses, but rather it allows you time to gather and submit expenses before forfeitures are applied.

For example: If your plan has a 75 day run out period, you will have 75 days from your date of termination to submit expenses incurred prior to the termination date.