



Putting Your Money Back Where It Belongs.

SECTION 125 FLEXIBLE SPENDING ACCOUNTS

Debit Card



Plan administered by



VIIQ

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IMPORTANT INFORMATION ABOUT FLEXIBLE SPENDING ACCOUNTS

What is a Flexible Spending Account?

A Flexible Spending Account is a benefit provided by your employer that lets you set aside a certain amount of your paycheck into an account before paying income taxes. Then, during the year, you can use the funds in the account to pay for qualified expenses with untaxed dollars.

Why should I participate in the plan?

Your biggest benefit is savings on payroll withholding taxes. You will save \$25 to \$40 on every \$100 you budget to pay for qualified expenses.

What expenses qualify for payment?

Most qualified expenses are for goods or services that you'll buy anyway. They include health care costs such as co-pays, doctors' fees, over-the-counter items and prescriptions, dental and eye care expenses and daycare expenses for dependents so you can work.

How do I know how much is available for me to spend and how do I file a claim?

Your balance and claim forms are available 24/7 online at www.myRSC.com and all other details are always available online or by calling the Flex Hotline at **866-419-3519**. Filing claims is easy. Just complete a claim form and attach a copy of the bill. Then, send it to us. Within a short time (usually less than 72 hours), you'll receive your TAX-FREE reimbursement.

Must money be deposited in my account before I pay expenses or file a claim?

NO. The entire annual amount you elect for the Health Care Spending Account (Health FSA) is available on the first day. However, only amounts contributed to date are available for the Dependent Care Spending Account (Dependent Care FSA).

I already have health insurance. Why should I participate in the Health FSA?

The Health FSA is used to pay for expenses not covered by insurance. These include co-pays, over-the-counter medications, glasses, contacts, orthodontics and prescription drugs, just to name a few.

I don't use my employer's health insurance. Can I still save?

YES. You can still set aside money (before taxes are taken out) to budget and pay for qualified expenses. Remember, a qualified expense paid from this plan cannot be eligible for reimbursement from another plan.

If I set aside part of my pay, won't I make less money?

NO. For every dollar you set aside to pay qualified expenses, you save FICA and federal income tax withholding. Your net take-home pay will increase by the tax you save. Plus, when you pay a qualified expense or receive a cash reimbursement, it's TAX FREE.

Can I change my contribution during the year?

YES, but only in certain situations. For the Health FSA and Dependent Care FSA, you can change your election if you have a change in status or a change in your employment or the employment of your spouse or a dependent.

What if I don't use all the money in my account?

Generally, contributions that are not used during the plan year are forfeited back to your employer, but changes to IRS may allow extra time to spend your money or to carryover up to \$500. Check with your employer to learn your options.

What happens to my accounts if I terminate employment?

You may request reimbursement for qualified expenses incurred prior to your termination date.

AS OF JANUARY 1, 2011:

All over-the-counter medications require a one-time physician's prescription per plan year.



HOW FLEXIBLE SPENDING ACCOUNTS WORK

When you pay for these expenses with pre-tax dollars, **you pay no social security or federal income tax on your contributions**. Your taxable income and your taxes are reduced. Here's how it works:

Let's say you earn \$25,000 per year. And you are paid semi-monthly, so each paycheck is for gross compensation of \$1,041.67. You have insurance premiums and other expenses eligible for payment through the Health FSA of \$62.50 per pay period. Here is a comparison of what your paycheck looks like both with and without the Flexible Spending Account.

As you can see, when you pay for your expenses with pre-tax dollars, your net income is increased!

	Without FSA	With FSA
Gross Earnings	\$1,041.67	\$1,041.67
Plan Contributions	-0-	62.50
Taxable Earnings	1,041.67	979.17
Less Taxes		
FICA	79.69	74.91
Federal	105.42	93.41
	\$856.56	\$810.85
Eligible Expenses	62.50	
	\$794.06	\$810.85
****GAIN****	\$33.58 Monthly	\$402.96 Annually

When you incur a medical, dental or vision expense, you will be reimbursed the "full" amount of the expense at that time, up to your yearly contribution election.

EXAMPLE

You are going to contribute \$500 for the plan year (\$41.67 per month). On January 15, you visit your eye doctor and receive your exam and contact lenses for a total charge of \$200.

Fax that receipt to Higginbotham and receive your full \$200 back within 24-72 hours, even though you do not have the \$200 in your account at that time.

You are entitled to the entire \$500 from day one of your plan year.

ORTHODONTIA EXPENSES:

If you are currently paying on an orthodontia contract for yourself, your spouse or your children, you can put that payment aside in your Health FSA and use the *mySourceCard* to make the payment each month to your orthodontist. All we need is a copy of your current contract and the first payment receipt made with the *mySourceCard*. Your monthly orthodontic payments will be substantiated automatically for the current plan year.



Your account balance and claim forms are available 24/7 online at www.myRSC.com. All other general details are always available online or by calling the **Flex Hotline** at **866-419-3519**.

HEALTH CARE EXPENSES

That Qualify for Reimbursement

NOTE: Only health care expenses NOT reimbursed by insurance can be claimed on a Flexible Spending Account plan.

Acupuncture (excluding remedies and treatments prescribed by acupuncturist)	Eye examination fees	Periodontist fees
Alcoholism treatment	Eyeglasses prescribed by your doctor	Physician fees (cosmetic procedures not eligible)
Ambulance	Eye surgery (cataracts, LASIK, etc.)	Podiatrist fees
Artificial limbs/teeth	Hearing devices and batteries	Prescribed medicines
Chiropractors	Home health care	Psychiatric care
Christian Science Practitioner's fees	Hospital bills	Psychologist and psychiatrist fees
Contact lenses and solutions	Insulin	Radiology
Co-payments (doctor, dental, vision, pharmacy)	Laboratory fees	Routine physicals and other non-diagnostic services or treatments
Costs of physical or mental illness confinement	Laser eye surgery	Smoking cessation over-the-counter drugs
Crutches	Obstetrics and fertility	Smoking cessation programs
Deductibles	Office visits	Surgical fees
Dental fees (cosmetic procedures not eligible)	Oral surgery	Wheelchair
Dentures	Orthodontic fees	Vitamins with doctor's letter
Diagnostic fees	Orthopedic devices	X-rays and MRI
Drug and medical supplies (syringes, needles, etc.)	Osteopath fees	
Endodontist fees	Oxygen	

That Require a Physician's Letter Listing a Medical Condition Making the Item Necessary

Bedpans
Ring Cushions
Boost/Pediasure
Foot spa
Massagers
Massages
Reconstructive surgery in connection with birth defect, disease or accident
Special school for disabled child
Therapeutic support gloves
Weight loss program fees and over-the-counter drugs pertaining to a specific disease
Wigs for hair loss caused by disease

That Do Not Qualify for Reimbursement

Cosmetic surgery, procedures and/or medications
Dental bleaching and electronic toothbrushes
Hair restoration (procedures, drugs or medications)
Health club or gym memberships for general health
Marriage and family counseling
Weight loss program food supplements
Weight loss programs for general health or appearance
Mail order prescriptions from another country
Premiums you or your spouse pay for insurance coverage (payroll-deducted premiums sponsored by your employer are eligible under the Premium Only Plan)

Reimbursements are as simple as 1, 2, 3!

- Complete a claim form
- Provide required documentation
- Submit by email or mail

OVER-THE-COUNTER DRUGS

(Over-the-Counter Drugs Require a Physician's Prescription)

Over-the-Counter Drugs that Qualify for Reimbursement			Those that Do Not Qualify
<p>Antiseptics Antiseptic wash or ointment for cuts or scrapes Benzocaine swabs Boric acid powder First aid wipes Iodine tincture Sublimed sulfur powder</p> <p>Asthma Medications Bronchodilator/expectorant tablets/asthma inhalers</p> <p>Cold, Flu and Allergy Medications Allergy medications Cold relief, cough relief or flu relief (liquid, tablets or drops) Homeopathic sinus medications Medicated chest rub Nasal decongestant (drops, inhaler, spray or strips) Sinus medications, sinus and allergy nasal spray Vapor patch cough suppressant</p> <p>Ear/Eye Care Airplane ear protection Ear drops for swimmers Ear water-drying aid Ear wax removal drops</p>	<p>Homeopathic earache tablets</p> <p>Health Aids Anti-fungal treatments Diuretics and water pills Hemorrhoid relief Lice control Medicated bandages Motion sickness tablets Respiratory stimulant ammonia Sleeping aids</p> <p>Pain Relief Arthritis pain reliever Bunion and blister treatments Itch relief Orajel Pain reliever, aspirin, non-aspirin Throat pain medications</p> <p>Skin Care Acne medications Anti-itch lotion Cold sore/fever blister medications Corn and callus removal medications Diaper rash ointment</p>	<p>Eczema cream Medicated bath products Wart removal medications</p> <p>Stomach Care Acid reducers Antacid gum Antacid liquid Antacid tablets Anti-diarrhea medications Gas prevention (liquid, tablets or drops) Ipecac syrup Laxatives Pinworm treatment Prilosec Upset stomach medications</p>	<p>Aromatherapy Baby bottles and cups Baby oil Baby wipes Blistex/Chapstick Breast enhancement system Cosmetics Cotton swabs Dental floss Deodorants Facial care Feminine care fragrances or facial care products Feminine hygiene products Hair regrowth Insoles Low calorie foods Low "carb" foods Mouthwash/oral care/toothbrushes Petroleum jelly Shampoo and conditioner Skin care Spa salts Sun clips Sun tanning products</p>

OVER-THE-COUNTER EXPENSES

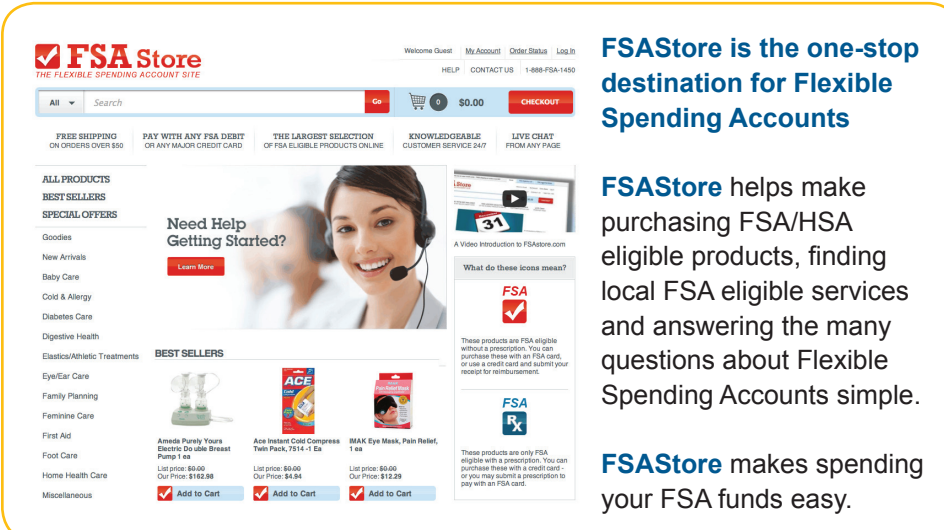
Over-the-Counter Expenses that Do Not Require a Physician's Prescription	
<p>Bandages, gauze and related items Blood pressure monitors Cholesterol test kits and supplies Colorectal cancer screening tests Condoms and other OTC contraceptives Contact lens cleaning solutions Crutches, canes, walkers and wheelchairs Denture adhesives Diabetic supplies, including Insulin Fertility monitors First aid kits Hearing aids and batteries</p>	<p>Heat wraps and cold packs Home drug tests Hydrogen peroxide Incontinence supplies (Depends, Serenity pads) Latex gloves Occlusal guards (for teeth grinding) Oral syringes Ovulation predictor kits Pregnancy test kits Reading glasses and other OTC eyeglasses Rubbing alcohol Thermometers</p>

FSASore FOR ELIGIBLE PRODUCTS

The thousands of products that are available at **FSASore** are all FSA/HSA eligible or FSA/HSA eligible with a prescription and can be purchased with your FSA/HSA debit card or any major credit card. **FSASore** offers free shipping on orders of at least \$50, and its prices on brand name products are very competitive. When you take into account that you are using pre-tax dollars, you generally save up to 40%.

Visit **FSASore** by logging into www.myRSC.com and clicking on the banner

ONE-STOP SHOPPING FOR ALL YOUR OTC NEEDS!



FSASore is the one-stop destination for Flexible Spending Accounts

FSASore helps make purchasing FSA/HSA eligible products, finding local FSA eligible services and answering the many questions about Flexible Spending Accounts simple.

FSASore makes spending your FSA funds easy.

The **FSASore** services channel allows you to search for nearby eligible services, such as acupuncture and chiropractic care. You can browse through a database of more than 300,000 health care providers by zip code.

FSASore offers instant access to common questions and answers about FSAs/ HSAs via the learning center and is focused on keeping you informed about ongoing changes to FSA/HSA benefits.

FSASore ACCEPTS OVER-THE-COUNTER PRESCRIPTIONS!

You can easily shop for FSA eligible prescription products using your FSA/HSA debit card. You can choose to have your physician submit prescriptions to **FSASore**, have **FSASore** call your physician to obtain the prescription, or you may mail the prescription directly to **FSASore** to enjoy the tax-free benefit of over-the-counter products that require a prescription in order to be reimbursed.



HEALTH CARE SPENDING ACCOUNT WORKSHEET

Accurate budgeting of out-of-pocket medical expenses **not** reimbursed or covered by insurance is necessary to gain maximum benefit from the Health Care Spending Account. Only expenses that you know you or your family will incur during the plan year can be included in the program. You should consider your cost of deductibles and coinsurance features of any medical and dental insurance policies as well as those costs not covered by insurance.

INCLUDE EXPENSES FOR ALL MEMBERS OF YOUR IMMEDIATE FAMILY!!

NOTE:
COSMETIC SURGERY IS ONLY COVERED IF YOU HAVE A DOCTOR'S NOTE STATING THAT THE SURGERY IS MEDICALLY NECESSARY!

NOTE:
TEETH BLEACHING IS NOT A COVERED 125 EXPENSE.

PLANNED MEDICAL EXPENSES

Known Annual Medical Expenses (those expenses not covered by insurance that your entire family will incur during the plan year for the following services):

- Deductibles — Coinsurance _____
- Prescriptions and Doctor Visits (**CO-PAYS**) _____
- Over-the-Counter Medications (with RX)** _____
- Massage Therapy (Dr.'s RX Needed) _____
- Lasik Eye Surgery _____
- Medical Supplies and Equipment _____
- Therapist, Psychologist, Chiropractor _____
- Hearing Aids and Supplies _____
- Laboratory and X-ray Expenses _____

PLANNED DENTAL CARE (your portion of these expenses)

- Deductibles _____
- Fillings and Crowns _____
- Extractions, Dentures and Bridgework _____
- Oral Surgery _____
- Orthodontic Expenses _____

PLANNED VISION CARE

- Examination _____
- Glasses/RX Sunglasses _____
- Contact Lenses, Solution and Materials _____

TOTAL \$ _____

Total Expenses :- _____ (# of pay periods) = \$ _____

This is only a worksheet and is just for your use.
Visit our website at www.myRSC.com for more information.

REASONS TO TAKE ADVANTAGE OF THE TAX SAVINGS NOW

Taking advantage of the Health FSA and Dependent Care FSA doesn't change what you do at tax time. You actually get a "tax refund" on every paycheck after electing the benefits because you pay no tax on the money you set aside each pay period.

You decide how much money to put into the plan and where and when to spend the money in your account.

This is a great way to budget. A regular amount is deducted from your paycheck, but the entire annual election is always available for you to spend on eligible expenses from day one of the plan year. Starting January 1, 2015, Health Care Reform limits the annual election for Health FSAs to \$2,550.

Once you have enrolled in the plan, everything you need can be found at the website www.myRSC.com. You can even enter your claim online. Then you just print the claim form and submit it along with your detailed receipts. It only takes a few moments to go to the website and familiarize yourself with the reimbursement plan. Turning in a reimbursement claim is quick and easy.

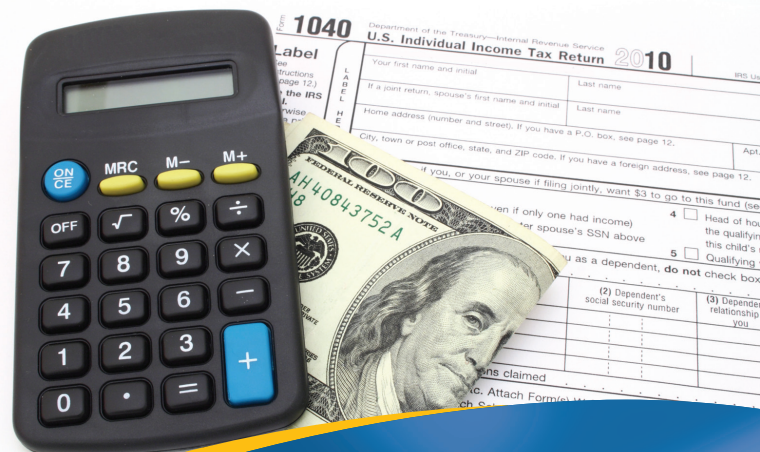
Don't worry about it making your social security benefits smaller because social security benefits are based on your lifetime earnings history. Your social security benefits may be slightly reduced by participating in the plan. However, tax advisors will tell you that the tax savings you earn today will far outweigh any reduction in social security benefits.

The Flexible Spending Accounts are not just for people who need prescription drugs and have children — everyone has medical expenses, not just families. And with the new IRS Revenue ruling, anyone who buys over-the-counter (OTC) drugs may be reimbursed through the plan. The plan is not just for prescription drugs. Things like cough syrup, pain relievers, allergy medicine, etc. are included with an OTC prescription.

It is OK if both you and your spouse enroll in a similar plan at work. There is no IRS limit on the amount of medical expenses that can be reimbursed per household. Each employer sets the annual limits for the Health FSA plan.

Don't worry that you cannot afford to have any more money taken out of your paycheck...**Did you know you can get money out of the plan before you put it in?** By joining the plan, you can have the plan pay your health care expenses in full at the time of service, even before you make your contribution.

Do you take a deduction for medical expenses on a Form 1040? If so, you can only do so after you spend in excess of 7.5%-10% of your adjusted gross income for them. The first dollar you pay for unreimbursed medical expenses is not deductible on your Form 1040. But through the Health FSA, the very first dollar you spend will earn you 25%-40% in tax savings.



DEPENDENT CARE SPENDING ACCOUNT

- You and your spouse must be employed in order to participate, or one of you can be a full-time student actively looking for work, or disabled.
- Kindergarten is not reimbursable, unless it can be determined that the educational part is incidental and cannot be separated from the cost of care.
- Overnight camps are not eligible — only day camps can be considered.
- Household service is eligible if part of the service is for the care of a qualifying person.
- Before and after school care is eligible.
- Your care provider cannot be your dependent.
- The debit card cannot be used for dependent child care.
- The maximum flex deduction per family per year is **\$5,000 when filing jointly** or head of household; and **\$2,500 when married filing separately**. HOWEVER, the IRS maximum limit for income tax purposes is \$6,000 and \$3,000 — whatever amount you do not deduct from your Flexible Spending Account, you can deduct the difference (up to \$3,000 or \$6,000) on your income tax return.
- Any care for your children whom you claim as tax dependents under the age of 13 is eligible. A person may qualify for only part of the year if he/she turns 13 mid-year.
- Care for spouse or dependents of any age who spend at least eight hours a day in your home, who are mentally or physically incapable of self-care is eligible.

Answers to Common Questions

Q I take a dependent care credit on Form 1040. Will the Dependent Care Spending Account save more?

A The more you earn, the more you'll save. In addition, you'll also save social security tax (FICA) with a Dependent Care Spending Account. So, don't wait until April 15 to take the credit. Now, you can save taxes on every paycheck.

Which is best for you?

Visit www.myRSC.com and use the easy calculator under the Employees tab to determine your savings.

Q Are there any negatives I should know about?

A Because you will not pay social security tax on the amount of gross pay you set aside to pay for qualified expenses, your social security benefits at retirement may be slightly reduced. However, most tax advisors recommend taking advantage of current tax-savings opportunities like the Health FSA and Dependent Care FSA. Also, if disability insurance is paid on a pre-tax basis, any future benefits you receive will be taxable.



QUICK TIPS ON SUBMITTING YOUR CLAIMS TO AVOID DENIAL



We need to know the date of service in order to pay the claim when you submit a dental or doctor bill. Please **DO NOT** submit “balance forward” or “previous balance” statements.



An OTC RX Checklist is located at the back of this booklet. Please have your physician complete this form and return it to us, and any over-the-counter items you submit will be reimbursable back to you.



On your doctor visit co-pays, we need the actual statement from the doctor if the charge is anything other than a co-pay amount. They will print a statement for you. We need **date of service, service rendered, patient’s name, insurance payments**, etc. If the statement is pink or yellow, please make a dark copy before faxing. The pink and yellow copies are not legible when faxed.



When submitting a statement for a co-insurance, deductible or hospital expense, please make sure the **Explanation of Benefits (EOB) states very clearly the date of service, patient name and procedure**. The best document to submit is the EOB from your health insurance provider, as all these details will be included once insurance has been processed.



THANK YOU FOR
YOUR HELP IN
THE ABOVE

Submitting a complete claim request helps us pay all eligible claims in full and will also eliminate the letters coming back to you requesting more information regarding the reimbursement!



MOBILE *myRSC*

Benefits at Your Fingertips

You can access your employee account information on your smartphone with the **Mobile *myRSC*** app for iPhone and Android.

Locating and Loading the Mobile *myRSC* App

Simply search for “myRSC” on the App StoreSM for Apple products or on the Google PlayTM Store for Android products, and then load as you would any other app.



App Store is a service mark of Apple Inc.



Google Play is a trademark of Google Inc.



What You Can Do with Mobile *myRSC*

- **View Accounts:** Detailed account and balance information.
- **Card Activity:** Account information.
- **SnapClaim:** File a claim and upload receipt photos directly from your smartphone.
- **Manage Subscriptions:** Set up e-mail notifications to keep you up-to-date on all account and health debit card activity.



How to Use Mobile *myRSC*

Logging In

Use the same username and password you use to log in to the full *myRSC* website.

After logging in, you will be on the home page, which will list your options.

Getting Help

Click the Help button at the bottom right of all pages to access contact information for your administrator, who will be able to provide assistance.

Going Home

Press the Home button on the bottom left corner of any page to return to the home page and start over.

mySourceCard™

The debit card is a quick and easy way to pay for qualified expenses from your Flexible Spending Account. You have no out-of-pocket expense — the money is taken directly out of your account. Plus, you don't have to wait on reimbursement.

Go to www.myRSC.com and request your **mySourceCard** debit card.



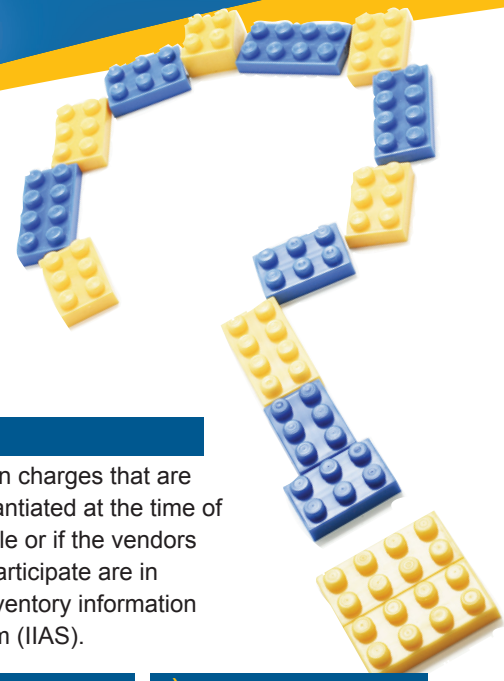
Employee

- 24/7 access to plan documents, letters and notices, forms, account balances, contributions, investments and other plan information or cafeteria plans, health reimbursement arrangements and transit plans
- Change personal information/census data online
- Access to contact information or the administrator
- Access to 125 tax calculators

Debit Card Procedure

- Use your debit card at the time of service (doctor's office, hospital, pharmacy, etc.).
- The debit card cannot be used for child care.
- Make sure you get a statement for the service rendered.
 - **Hospital:** Statement from the doctor with the procedure code and diagnosis code, date of service, name of patient and name and address of the provider.
 - **Dental/Vision:** Statement with the procedure code, date of service, name of patient and name and address of the provider.
- Fax in the statement the next time you come to work: 817-882-9267 or toll-free 866-419-3516.
- You can either fax the documents after you have received your services OR you can wait until you receive an e-mail from the plan requesting that you send in the statements. You will NOT get an e-mail for all of your swipes — the co-pays for your doctor visits and prescription co-pays will automatically substantiate. **However, any time you swipe the card for any amount other than a co-pay amount, you will need to submit the itemized statement or an Explanation of Benefits.**
- **Very Important:** If you do not fax the documentation within 60 days from the date you receive the e-mail, your debit card will be suspended until proper substantiation is received.





Debit Card FAQs

Q The following items are auto substantiated:

A a) Certain transactions involving dollar amounts that are consistent with predetermined co-pay under the plan.

b) Certain recurring previously approved expenses.

c) Certain charges that are substantiated at the time of the sale or if the vendors that participate are in the inventory information system (IIAS).

Q Purchases at pharmacies and medical providers that do not subscribe to the IIAS are treated as **conditionally approved** and **paid** at the time of service; statements must be faxed **after** the purchase to substantiate the purchase was for a qualified expense. i.e.:

A a) A dentist office could charge you \$200 for teeth bleaching. The \$200 would be approved at the time of sale, but the member must submit the statement with the required information. Since teeth bleaching is not a covered expense, the claim would be denied, and the member would pay the plan \$200.





b) A physician could charge \$150 for a consult for cosmetic surgery. The \$150 would be approved at the time of purchase, but cosmetic surgery is not a covered item and the claim is not eligible for reimbursement under IRS guidelines. The claim would be denied, and the member would owe the plan \$150.

c) A member pays \$125 for a qualified medical expense. He/she uses the debit card, sends in the form with the required information, and it is marked as eligible in the system.

Q Can I use my debit card to pay for over-the-counter drugs?

A No. You must provide a physician-signed over-the-counter prescription, and you must submit a paper claim for these items and then be reimbursed.

Renewing Your Debit Card

-  Your debit card will work for three years initially. Check the expiration date on front of the card.
-  To receive a replacement card, you will be charged a \$2.00 fee.
-  If your company has the “grace extension” added to the end of the plan year and you have a “balance” from the old year, that balance will “transfer” to the new debit card.
-  If your card is “suspended” as of the last day of your plan year, your new card will not work until the old plan year expenses are paid back.

New Plan Year Debit Card Use with an Old Plan Year Balance

The main thing to keep in mind is that if your company has the “grace extension” or “rollover provision” on the prior plan year, the balance in your “prior” plan year will be loaded to your debit card — the system will automatically do a “look back” at the old plan year and apply these expenses to that plan year first.



Name: _____ Company: _____

OTC Checklist

**Please have your doctor check off the items they recommend you use.

- | | |
|--|--|
| <input type="checkbox"/> Acne Medications | <input type="checkbox"/> Allergy Medications |
| <input type="checkbox"/> Antacids/Indigestion Medications | <input type="checkbox"/> Anti-Diarrhea Medications |
| <input type="checkbox"/> Anti-Itch Medications | <input type="checkbox"/> Antifungal Treatments |
| <input type="checkbox"/> Antiseptics | <input type="checkbox"/> Cold Sore/Fever Blister Medications |
| <input type="checkbox"/> Cold/Flu Medications | <input type="checkbox"/> First Aid Medications |
| <input type="checkbox"/> Corn & Callus Removal Medications | <input type="checkbox"/> Hemorrhoid Relief |
| <input type="checkbox"/> Diuretics/Water Pills | <input type="checkbox"/> Laxatives |
| <input type="checkbox"/> Eczema Medications | <input type="checkbox"/> Medicated Bandages |
| <input type="checkbox"/> Gas Prevention/Relief | <input type="checkbox"/> Motion Sickness Medications |
| <input type="checkbox"/> Ipecac Syrup | <input type="checkbox"/> Pinworm Treatment |
| <input type="checkbox"/> Lice Control | <input type="checkbox"/> Sleeping Aids |
| <input type="checkbox"/> Medicated Bath Products | <input type="checkbox"/> Wart Removal Medications |
| <input type="checkbox"/> Pain Relief | <input type="checkbox"/> Respiratory Stimulant Ammonia |
| <input type="checkbox"/> Vitamins/Supplements: **Please list each item out** | |

Other: **Please specify**

Doctor Signature/Stamp: _____ Date: _____

Provider Address: _____

Fax or mail to:

**Attn: Flex Department
c/o Higginbotham
500 W. 13th Street
Fort Worth, TX 76102
Phone: 866-419-3519
Fax: 817-882-9267
Toll-Free Fax: 866-419-3516
E-mail: flexclaims@higginbotham.net**



HIGGINBOTHAM

HEALTH CARE SPENDING ACCOUNT Reimbursement Form

Employer Name _____

Flex Debit Card Used

Employee Name _____

Reimbursement Request

Employee SSN _____

Address _____ City _____ State _____ Zip _____

Phone _____ E-mail _____

Patient's Name and Relationship to Employee _____

Do you have medical insurance? Yes No

Do you have dental insurance? Yes No (check only if submitting dental expenses)

For most expenses, **attach receipts that include date of service, provider, amount of charge, and explanation of expense. Credit / Debit Card Receipts are accepted for the co-pay amount only. All others will require either an Explanation of Benefits (EOB) or an itemized statement of charges. Cash Register receipts for Rx's are not accepted—we need the receipt that is stapled to your Rx bag.** Amounts covered do not include payments under any other healthcare plan or program, Federal, State or governmental program, workers' compensation or any other policy or health insurance.

I certify that the above information is correct to the best of my knowledge and that each item or expense is eligible for reimbursement. I certify that these expenses have not been reimbursed and I will not seek reimbursement for them under a major medical plan or any other health plan, such as an individual policy or my spouse's or dependent's health plan. I understand that the expense for which I am reimbursed may not be used to claim any federal income tax deduction or credit. I authorize any physician, hospital, or other organization or person having any records, data, of information concerning health history or other insurance for me or my dependents, to furnish such records, data or information as may be requested by HIGGINBOTHAM.

Employee Signature _____ Date _____



Fax or mail to:

**Attn: Flex Department
c/o Higginbotham
500 W. 13th Street
Fort Worth, TX 76102
Phone: 866-419-3519
Fax: 817-882-9267
Toll-Free Fax: 866-419-3516
E-mail: flexclaims@higginbotham.net**



HIGGINBOTHAM

DEPENDENT CARE SPENDING ACCOUNT Reimbursement Form

Employer Name _____

Employee Name _____

Employee SSN _____

Address _____ City _____ State _____ Zip _____

Phone _____ E-mail _____

Child(ren) Name(s) _____

Date(s) of Service _____ Charge(s) _____

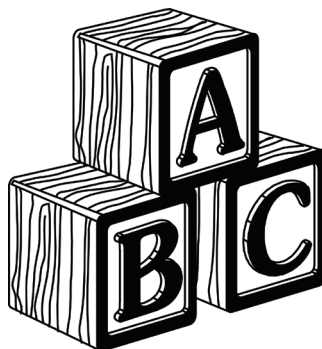
Name and Address of Facility or Provider _____

Provider's Tax I.D. or Social Security Number _____

Signature of Provider _____

The dependent care expenses hereby presented for reimbursement from the Plan have not been reimbursed and will not be reimbursed through any other dependent care plan, including other dependent care flexible spending arrangements.

Employee Signature _____ Date _____



Fax or mail to:

**Attn: Flex Department
c/o Higginbotham
500 W. 13th Street
Fort Worth, TX 76102
Phone: 866-419-3519
Fax: 817-882-9267
Toll-Free Fax: 866-419-3516
E-mail: flexclaims@higginbotham.net**



HIGGINBOTHAM

AUTHORIZATION FOR DIRECT DEPOSIT
Section 125 Reimbursement Account

Employer Name _____

Employee Name _____

Employee SSN _____

I hereby authorize HIGGINBOTHAM to initiate credit or debit entries to my checking account or savings account indicated below.

Check only one: Checking Account Savings Account

Bank ACH Transit Routing Number _____

Account Number _____

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

Employee Signature _____ Date _____

****AN ACTUAL VOIDED CHECK MUST BE ATTACHED ****

If an actual check is not available to attach, you are responsible for obtaining the correct ACH transit routing number from your financial institution.

DO NOT SUBMIT DEPOSIT SLIP INFORMATION AS IT WILL NOT BE ACCEPTED.

Mail to:

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c/o Higginbotham
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