FLEXIBLE SPENDING ACCOUNT

Enrollment Kit

Enjoy More Benefits and Take Home More Money
More Benefits for Less Money. 
Sound too Good to be True?

Congratulations! Your employer is offering you a Flexible Spending Account (FSA) as part of your benefits package. An FSA allows you to set aside pre-tax dollars to pay for eligible out-of-pocket healthcare and dependent care expenses.

Start Saving Today with an FSA!

With an FSA, you can save 30% or more on eligible healthcare, and/or qualifying child and adult dependent care expenses. Perhaps you’ve heard your friends or co-workers talking about a similar program they use to pay for things like co-pays and deductibles, dental and vision expenses, many over-the-counter medications and healthcare related products, and before-school and after-school day care expenses.

Save 30% or More on these Eligible Out-of-Pocket Expenses with an FSA

Examples of eligible expenses include:

Healthcare expenses for you, your spouse or qualifying child or relative
- Office visit co-pays
- Prescription drugs and many over-the-counter healthcare products
- Dental – including child and adult orthodontia
- Vision care – including contact lenses and laser eye surgery
- Chiropractic
- Acupuncture

Employment related dependent care expenses:
- Care for your qualifying child under the age of 13
- Care for your spouse or your qualifying child or relative who is physically or mentally incapable of self-care

Eligible Expenses

Visit the CONEXIS Web site for a comprehensive list of eligible healthcare and dependent care expenses, including many over-the-counter medicines or healthcare related products such as pain relievers, cold remedies and bandages.
Increase Your Take-Home Pay with an FSA

Your increased take-home pay and savings depends on your income tax bracket. For example, if you are in the 30% tax bracket, you can save $30 for every $100 that you put into your FSA. So, if you put $1,000 into your FSA, you’ll reduce your taxes while increasing your annual take-home pay by $300.

$1,000 X 30% tax rate = $300 increased take-home pay

What Would You do with an Extra $1,050? (FSA Savings Example)

<table>
<thead>
<tr>
<th></th>
<th>With FSA</th>
<th>No FSA</th>
<th>Your Savings?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employee Taxable Income:</td>
<td>$35,000</td>
<td>$35,000</td>
<td>$</td>
</tr>
<tr>
<td>Healthcare FSA (annual):</td>
<td>$(1,500)</td>
<td>0</td>
<td>$</td>
</tr>
<tr>
<td>Dependent Care FSA (annual):</td>
<td>$(2,000)</td>
<td>0</td>
<td>$</td>
</tr>
<tr>
<td>Employee Taxable Income:</td>
<td>$31,500</td>
<td>$35,000</td>
<td></td>
</tr>
<tr>
<td>Subtract Taxes (est. 30%)*:</td>
<td>$(9,450)</td>
<td>$(10,500)</td>
<td>$</td>
</tr>
<tr>
<td>After-Tax Dollars Spent on Eligible FSA Expenses:</td>
<td>0</td>
<td>$(3,500)</td>
<td>$</td>
</tr>
<tr>
<td>Spendable Income (take-home pay):</td>
<td>$22,050</td>
<td>$21,000</td>
<td>$</td>
</tr>
<tr>
<td>Employee Savings with an FSA:</td>
<td>$1,050</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*This example is intended to demonstrate possible tax savings based on a total income tax rate of 30%. Actual savings are based on individual tax situations.

Other Important Plan Information

FSA Contributions

Your entire annual contribution amount is available immediately* at the beginning of the plan year to pay for eligible healthcare expenses. However, your total FSA election amount is deducted from your paycheck in equal amounts during the year.

Election Changes

You will be given the opportunity to make new elections during the annual enrollment period at the beginning of each plan year. Once you have made your elections and the plan year has commenced, IRS rules allow you to change your election (increase, decrease or stop your pre-tax contribution) during the plan year only if you have a qualified change in status event and the requested change is consistent with the event.

The Use-It-Or-Lose-It Rule

All of the money in your flexible spending account must be spent by the end of your employer’s plan year, since unused funds will not be returned to you or carried over to the following year.

*This applies to healthcare expenses only. Dependent care expenses are reimbursed based on the availability of funds in your account.
Three Ways to Save Money

Healthcare Flexible Spending Account (FSA)

Use pre-tax dollars for a variety of qualifying healthcare expenses. Your participation will increase your take-home pay by reducing your taxes when you have qualified out-of-pocket healthcare expenses that can be reimbursed through your Flexible Spending Account. Your annual limit for qualified healthcare expenses is determined by your employer.

Dependent Care Assistance Plan

Use pre-tax dollars for a variety of dependent care expenses, such as child or adult day care. By using pre-tax dollars for dependent care expenses, you will reduce your taxes while increasing your take-home pay.

Current tax laws allow you to set aside up to $5,000 annually to pay for employment-related child day care or adult dependent care ($2,500 if you are married and file separate returns). Your maximum allocation may not exceed the lesser of your earned income or the earned income of your spouse. At 30% off, your savings could really add up!

What would you do with an extra $1,500?
($5,000 X 30% tax savings = $1,500)

Our easy-to-use online savings calculator will help you estimate the amount of funds you should set aside. Your Flexible Spending Account (FSA) acts much like a savings account that covers future healthcare expenses such as those listed on the following pages.

Premium Only Plan

Pay your share of premiums for your employer-sponsored insurance plans with pre-tax dollars. Keep the same benefits while lowering your taxes and increasing your take-home pay with pre-tax premium contributions.

What Expenses Qualify under a Premium Only Plan?*

- Medical insurance premiums
- Dental insurance premiums
- Vision insurance premiums
- Group Term Life insurance premiums  
  (up to $50,000 in employee-only coverage)
- Disability insurance premiums - When disability insurance premiums are deducted on a pre-tax basis, income received from the disability policy becomes taxable income.
- Other qualified voluntary insurance (as applicable)

*Your employer must elect these premiums to be eligible through the plan.
How the Plans Work

Flexible Spending Accounts - (Healthcare and Dependent Care)

- Before you enroll, use our online savings calculator to decide how much you want to set aside for allowable out-of-pocket healthcare and/or dependent care expenses. Your election amount should conservatively match your estimated expenses for the plan year.

- Complete the Flexible Benefits Enrollment form provided by your benefits counselor or human resources representative.

- Each pay period an equal portion of your annual election amount will be deducted from your gross pay and transferred to your FSA prior to calculating federal and state income* and social security taxes. Again, by participating in an FSA program, you will reduce your taxes while increasing your take-home pay.

Premium Only Plan

- The amount you currently pay toward qualified employer sponsored benefits, such as medical, dental, and vision, will be deducted on a pre-tax basis.

- Since your taxable income is reduced, you will reduce your taxes while increasing your take-home pay.

- To participate, complete the enrollment form or other materials provided by your HR representative or benefits counselor.

How Reimbursement Works

Simply complete a claim reimbursement form and submit it along with all proper expense documentation (purchase receipts, EOBs, etc.) to CONEXIS. Upon receipt, a CONEXIS claims processor will review your claim and process it for payment after verifying the eligibility of all expenses and confirming receipt of all proper documentation.

Healthcare and dependent care reimbursement claim forms are available on the CONEXIS Web site at www.conexis.com. If you do not have Web access, please contact a CONEXIS participant services representative or your human resources department for a claim form.

*Pennsylvania does not exempt state withholding for dependent care benefits and New Jersey does not exempt state withholding for employee salary reductions.
We’re Here for You — 24 Hours a Day, 7 Days a Week!

Our industry-leading, Web-based technology provides you with the tools and resources necessary to determine how to maximize your benefits and tax savings by participating in a Flexible Benefits Plan. We also have an online video presentation that explains how these pre-tax plans work to help you make an informed decision. And our online savings calculator takes the guesswork out of estimating your annual expenses, while also estimating your monthly and annual savings.

Go to www.conexis.com to:

• View a short video presentation about the benefits of an FSA.
• Use healthcare and dependent care calculators to determine how much to place in your account and estimate your annual savings.
• Enroll in ACH/Direct Deposit to receive your reimbursement up to five days quicker than traditional paper checks. ACH/Direct Deposit is a quicker, easier and more secure way to receive reimbursements – directly to your bank account!
• Check the status of a reimbursement claim within days after you’ve faxed it to us, including the amount of your reimbursement and when it was issued.
• View your entire healthcare and dependent care FSA payment history, including all pending, approved and denied claims for the plan year.
• See a comprehensive list of eligible healthcare and dependent care expenses, including eligible over-the-counter medicines or healthcare related products such as pain relievers, cold remedies and bandages.

Open an FSA in Three Easy Steps

1. Determine how much you expect to spend on qualifying out-of-pocket healthcare and/or dependent care expenses during your upcoming plan year.

2. Go to the CONEXIS Web site and use one of our user-friendly FSA calculators to determine exactly how much you should put into your FSA and to calculate your annual savings. Plan carefully, because IRS regulations require that all unused FSA dollars are returned to your employer at the end of the plan year and cannot be carried forward.

3. Enroll online (if available through your employer) or complete and submit a Flexible Benefits Enrollment form with your healthcare and/or dependent care elections during the open enrollment period.
If Congress Is Giving You A Tax Break, Shouldn’t You Be Taking It?
Complete this form and return it to your human resources or benefits representative

Employee Information

Employer Name ____________________________________________________________

Employee Name ___________________________ Account Number / SSN ________________

Street Address ___________________________________________________________

Daytime Phone Number _____________________________________________________

City _______________________________ State ______________ Zip Code ___________

Date of Birth _______________ Date of Hire _____________ Gender (M or F) ___________

Do you want to know when CONEXIS has received and processed your claim? Please provide your e-mail address:

E-mail Address _____________________________________________________________

Elections (Additional plan information can be found at www.conexis.com)

Healthcare Flexible Spending Account (contact your administrator for the maximum allowed contribution)

☐ I elect to participate $____ per pay period x ____ remaining pay periods = $____ Plan Year Total

☐ I elect to waive coverage

Dependent Care Flexible Spending Account

Annual maximum allowable is:

- $5,000 if married filing jointly or single
- $2,500 if married filing separately

☐ I elect to participate $____ per pay period x ____ remaining pay periods = $____ Plan Year Total

☐ I elect to waive coverage

Employee Certification

- I understand I may elect coverage under any or all of the above components;
- I understand completion of this form does not guarantee insurance coverage will be initiated and, in most cases, an application for insurance must also be completed;
- I understand the terms of eligibility of this plan do not override the terms of eligibility of each of the available benefit plan options;
- I understand my election is irrevocable for the plan year unless I have a change in status or other qualifying event as defined in the IRS regulations, and the requested change is on account of and consistent with the event;
- I understand any unused contributions will be forfeited to my employer at the end of the plan year;
- I understand participation in this plan reduces my social security withholdings and could reduce my social security benefits;
- I certify I have read and agree to the terms above.

Employee Signature __________________________ Date ________________

For Employer Use Only

<table>
<thead>
<tr>
<th>Company Name</th>
<th>Division</th>
<th>Effective Date</th>
<th>Pay Cycle</th>
<th>Entered in Payroll</th>
<th>Initial</th>
</tr>
</thead>
</table>
A healthcare Flexible Spending Account (FSA) is a reimbursement account offered by your employer as part of your benefits package. Participating in the FSA plan saves you money by allowing you to use pre-tax dollars to pay for qualifying expenses not covered by insurance. Participation is voluntary, and you must satisfy any healthcare FSA eligibility requirements established by your employer in order to participate.

- Only eligible expenses can be reimbursed under the plan. Eligible expenses are defined by Internal Revenue Code §213(d) and your employer’s plan.
- Expenses must be incurred by you, your spouse, or your eligible dependents during the current plan year and while you are an active participant in the plan. Medical expenses are incurred when you (or your spouse or dependents) are provided with the medical care that gives rise to the medical expenses, and not when you are formally billed, charged for, or pay for the medical care.
- Only “out-of-pocket” expenses are eligible for reimbursement. Expenses previously reimbursed by your healthcare FSA or covered by any other plan or program are not eligible for reimbursement.
- Generally, eligible expenses include items that are meant to diagnose, cure, mitigate, treat or prevent illness or disease.
- Expenses such as cosmetic surgery, insurance premiums, vitamins or items for your general well-being are not eligible for reimbursement.
- A comprehensive list of eligible expenses, including many over-the-counter items, is available online at: https://www.conexis.org/solutions/expenses_EE.asp
- Expenses reimbursed under the healthcare FSA may not be used to claim any federal income tax deduction or credit.
- Minimum (if any) and maximum election amounts are determined by your employer.
- Your election is irrevocable during the plan year, unless you experience a qualifying change in status event. Rules regarding status changes and other qualifying events are defined by IRS regulations. Not all plans recognize all of the permissible changes. For more information regarding eligible status change events under your plan, please review your Summary Plan Description.
- Your contributions are subject to the “use-it-or-lose-it” rule. Any unused contributions are forfeited to the plan at the end of the plan year.
- Your annual healthcare FSA election amount is available to you at any time during the plan year.
- All requests for reimbursement are subject to review and approval based on IRS guidelines. If your request is denied, you will receive an explanation from CONEXIS including the reason for the denial and instructions for appealing your request.
- If you elect to participate in the plan, your employer will provide a Summary Plan Description outlining the complete rules and regulations of your plan.

Healthcare FSA Participation Process

The expense must be eligible under the Internal Revenue Code and your employer’s plan. Expenses must be incurred by you, your spouse or your eligible dependent on the date(s) indicated on claim form. All requests for reimbursement are subject to review and approval based on IRS guidelines. All such requests must satisfy all applicable guidelines as established by the IRS and any other applicable legislative or judicial bodies and the rules established by the sponsoring employer as defined within the plan’s Summary Plan Description.

This document provides basic information regarding participation in your employer’s FSA plan. This document does not contain all of the rules governing your employer’s plan. For complete rules and plan information, please review the plan’s Summary Plan Description.
A dependent care Flexible Spending Account (FSA) is a reimbursement account offered by your employer as part of your benefits package. Participating in the FSA plan saves you money by allowing you to use pre-tax dollars to pay for qualifying expenses such as day care or before and/or after school care. Participation is voluntary, and you must satisfy any dependent care FSA eligibility requirements established by your employer in order to participate.

- Only eligible expenses can be reimbursed under the plan. Dependent care expenses must be incurred to enable you (and your spouse, if married) to work, look for work or attend school full time for at least 5 calendar months during the tax year. Work may include actively looking for work, but does not include unpaid volunteer work. Expenses must be incurred during the plan year.

- Any incurred expenses must be for the care of a qualified individual. A qualified individual is a child age 12 and under or a spouse or other tax dependent who is physically or mentally incapable of self-care. The individual must also reside in the same household for more than half of the year.

- Per IRS regulations, a child is a qualified dependent of the “custodial parent.” Therefore, only the custodial parent may participate in a dependent care FSA.

- Expenses reimbursed under the dependent care FSA may not be used to claim any federal income tax deduction or credit.

- Expenses related to before and after school care or nursery school are eligible expenses, if the care is primarily custodial in nature.

- Fees associated with kindergarten as well as tuition for school programs are not eligible for reimbursement.

- All requests for reimbursement are subject to review and approval based on IRS guidelines. If your request is denied, you will receive an explanation from CONEXIS including the reason for the denial and instructions for appealing your request.

Dependent Care Participation Process

- The minimum election amount (if any) is determined by your employer. The pre-defined maximum election amount is $5,000 per IRS regulations ($2,500 if married and filing separately). The amount of reimbursement that you receive on a tax-free basis during the plan year cannot exceed the lesser of your earned income or your spouse’s earned income.

- Your election is irrevocable during the plan year unless you experience a qualifying change in status event or the cost of care increases or decreases significantly. Rules regarding status changes and other qualifying events are defined by IRS regulations. Not all plans recognize all of the permissible changes. For more information regarding eligible status change events under your plan, please review your Summary Plan Description.

- Your contributions are subject to the “use-it-or-lose-it” rule. Any unused contributions are forfeited to the plan at the end of the plan year.

- Dependent care FSA reimbursements are issued as contributions (payroll deductions) are posted to your account.

- If you elect to participate in the plan, your employer will provide a Summary Plan Description outlining the complete rules and regulations of your plan.

This document provides basic information regarding participation in your employer’s FSA plan. This document does not contain all of the rules governing your employer’s plan. For complete rules and plan information, please review the plan’s Summary Plan Description.
Spending Your FSA Dollars on Eligible Healthcare Expenses Just Got Easier

The CONEXIS Benefit Card provides instant access to the money in your healthcare FSA by automatically deducting funds from the available balance in your account when you make a qualified purchase.

Key Benefits of using the CONEXIS Benefit Card

- Easy to use - the CONEXIS Benefit Card is a stored value card that simplifies the process of paying for qualified medical expenses
- Works at most healthcare related merchants where MasterCard is accepted
- You spend only the pre-tax dollars in your healthcare FSA
- No waiting for reimbursement! No claim forms to submit!

Common Purchases and Uses for the Card

- Prescriptions
- Eligible over-the-counter healthcare products
- Office visits to a physician or dentist
- Vision service providers
- Hospital charges

Using Your Benefit Card

The CONEXIS Benefit Card may only be used at merchants who have a healthcare related merchant category code (such as physicians, stand-alone pharmacies, dentists, vision care offices, hospitals, and other medical care providers) or who utilize an Inventory Information Approval System (IIAS).

- When utilizing an IIAS, a merchant allows the Benefit Card to be used to purchase only those items identified on a list of eligible medical expenses maintained by the merchant.
- When purchasing eligible, healthcare related items AND ineligible, non-healthcare related items, the merchant will only accept the Benefit Card as payment for the healthcare related items. You must pay for the ineligible items with another form of payment (cash, personal credit or debit card, etc).
- You may not use the Benefit Card at any merchant that does not have a healthcare related merchant category code unless that merchant utilizes an Inventory Information Approval System. NOTE: Many pharmacies in retail and discount stores will not qualify as merchants with a healthcare related merchant category code.
- In rare circumstances, purchases made at merchants utilizing an IIAS may fail to process appropriately. In those cases, you will be required to submit receipts or other substantiating documentation as described below. A list of merchants utilizing an IRS-approved IIAS is available online at www.conexis.com/IIASvendors.

Save All Receipts for Purchases Made with the Benefit Card

Please remember to keep all receipts for all purchases made with the Benefit Card. Per IRS regulations, CONEXIS may be required to request itemized receipts to verify the eligibility of purchases made with the card.

- All receipts or other proofs of purchase must include the dollar amount, date of service, name of provider, and a description of the purchased service or product. For over-the-counter healthcare items, the name of the product must be listed on the receipt.
- Any receipt that does not contain the detailed information described above is not acceptable. Credit card receipts and cancelled checks are not acceptable.
- If the requested receipt is lost or otherwise unavailable, most providers can provide a detailed statement documenting FSA eligible purchases.
Three-Step Card Audit/Verification Process

Should you receive written notice from CONEXIS requesting appropriate documentation (as described above) to verify a Benefit Card purchase, you will have 30 days to respond. If you do not respond within this time frame, you will receive an additional notice. If you do not respond to either notice within the required time, your Benefit Card will be deactivated until the card purchase is verified.

1. You will receive an initial detailed notification when documentation is required to verify a purchase.
2. If we do not hear from you within 30 days from the date of the initial notice, you will receive a final notice to submit receipts within 30 days to verify your purchases and prevent your card from being deactivated.
3. If the documentation you submit is incomplete or the expense is ineligible, you will receive a notice allowing you 30 days to submit appropriate receipts or to repay the money (if your purchase is ineligible) and prevent your card from being deactivated.

In an effort to deliver a Benefit Card audit notice to you as quickly as possible, we will send all notices via e-mail if we have your current e-mail address. If we do not have your current e-mail address, please go to the CONEXIS Web site at www.conexis.com and login under the employee/participants section to submit or update this information.

You Will Not Be Required to Submit a Receipt When:

- The expense matches a specific co-payment you have under your employer’s medical, pharmacy, vision, or dental plans. For example, you may not be required to submit a receipt if you have a $10.00 co-pay for physician office visits, and the payment was made to a physician office in the amount of $10.00.
- Recurring expenses will not result in a request for documentation as long as the expense equals the same amount, duration and provider as a previously approved expense. Recurring transactions will be processed and approved without documentation only after substantiating receipts or other documentation is provided and the initial transaction is reviewed and approved.
- You purchase your FSA-eligible items at a merchant utilizing an IRS-approved Inventory Information Approval System.
- In limited scenarios, your claim information may be provided through an electronic file from your insurance carrier or other provider. In these scenarios, expense substantiation may not be required if the electronic claim file is accompanied by an electronic or written confirmation from the healthcare provider (e.g., your prescription benefits manager) that identifies the nature of your expense and verifies the amount.

Note: You must still obtain and retain the third-party receipt when you incur the expense and swipe the card, even if you believe it will not be needed. All receipts should be retained for at least one year following the close of the plan year in which the expense is incurred.

Co-Pay Helpful Hints

You may swipe your card for an amount up to five times (5x) the maximum co-payment amount to include:

- **Single co-payment for a specific benefit**
  If the transaction equals a multiple of a specific co-payment that is applicable to you under your employer’s plan, then no additional substantiation is required; however, the transaction will fall outside of this auto-adjudication (verification) category if the transaction amount exceeds five (5) times the applicable co-payment amount.

- **Different co-payment for a specific benefit**
  If the transaction equals a multiple of a co-payment for a particular benefit or a combination of the co-payments for a particular benefit, then no additional substantiation is required; however, this transaction will fall outside of the auto-adjudication (verification) category if the transaction amount **exceeds five (5) times the maximum co-payment for a particular benefit.**
**Instructions**

1. Employee must complete **Employee Information**.

2. Complete **Claim Information** in its entirety. Please ensure your supporting documentation clearly indicates the requested amount.

3. Check the appropriate box in Supporting Documentation section and attach Acceptable Supporting Documentation as described below. (When attaching small receipts, we suggest you tape them to a standard size sheet of paper.)
   a) Itemized statement or bill from your provider including:
      - Provider name
      - Patient name
      - Description of service
      - Original date of service (the date of service, not the date of payment must fall within the plan year for which you are enrolled and while you are a participant in the plan)
      - Patient portion of charge(s); or
   b) Explanation of Benefits (EOB) from your insurance carrier; or
   c) Pharmacy statement including:
      - Patient name
      - Prescribing physician
      - RX number
      - Name of the drug
      - Date the RX was filled
      - Co-payment amount

*Unacceptable Documentation includes the following:
   - Cancelled checks
   - Credit / cash receipts (An itemized cash register receipt is acceptable for eligible over-the-counter expenses)
   - Balance forward statements

4. Sign and date **Employee Certification**.

5. **Submit Claims to CONEXIS Flexible Benefits Services:**
   
   By Fax: (877) 864-9555

   By Mail: P.O. Box 226190
            Dallas, TX 75222
Employee Information

Employer Name

Employee Name

Account Number / SSN

Street Address

Daytime Phone Number

City

State

Zip Code

Do you want to know when CONEXIS has received and processed your claim? Please provide your e-mail address:

E-mail Address

Claim Information

Patient Name

Date of Service

Type of Service

Requested Amount

$ $

$ $

$ $

$ $

$ $

Total Amount Requested (continue on additional page if necessary)*

$ 

Supporting Documentation

Attach Supporting Documentation (*see list of acceptable documentation above)

☐ I have attached copies of Explanation of Benefits (EOBs) for deductible and coinsurance requests.

☐ I have attached itemized bills for expenses not covered by medical, dental or vision insurance.

Employee Certification

• I certify the expenses listed for reimbursement are eligible healthcare expenses under the Internal Revenue Code and my employer’s Flexible Benefits Plan (“Plan”);

• I certify the services listed above have been received by me, my spouse, or my dependent on the dates indicated;

• I certify these expenses have not been submitted previously for reimbursement under the Plan and such items have not and will not be covered by any other plan or program of any employer or other person;

• I certify the services listed above were not purchased with my CONEXIS Flexible Spending Benefit Card;

• I understand my employer does not accept responsibility for direct payment to any individuals other than the employee;

• I understand the expenses reimbursed may not be used to claim any federal income tax deduction or credit;

• I understand any unused contributions will be forfeited to my employer at the end of the plan year;

• I understand that I may be required to provide further details about some expenses, including a statement from a medical practitioner that the expense is for a specific medical condition;

• If my employer has adopted a grace period, I understand eligible expenses incurred and approved during the grace period will be paid first from available amounts that were remaining at the end of the plan year to which the grace period relates and then from any amounts that are available to reimburse expenses incurred during the current plan year. I further understand claims will be paid in the order in which they are received and previous claims will not be reprocessed or re-characterized so as to change the order in which they were received;

• In the event of an erroneous or excess reimbursement, I understand I am required to reimburse the Plan for the improperly paid amount. I further understand failure to repay the Plan could result in adverse income tax consequences;

• By providing my e-mail address, I authorize CONEXIS to send account information to me via e-mail.

Employee Signature

Date

Medical expenses which have been reimbursed under this plan are not deductible for income tax purposes.

* Only the total amount supported by the attached documentation (receipts) will be paid.

Fax: (877) 864-9555  Phone: (877) 864-9549
Instructions

1. Employee must complete Employee Information.

2. Complete Claim Information in its entirety. Please ensure your supporting documentation clearly indicates the requested amount. You must submit a claim for each reimbursement. You may not submit one claim at the beginning of the year for the entire plan year.

Eligible expenses are defined in your Summary Plan Description. Such expenses include, but are not limited to after-school care, extended day programs, au pair services, babysitter in or out of the home, nanny day care expenses, sick child facility, and summer day camp for your qualifying child who is age 12 or under. Also eligible, custodial or elder day care expenses of a qualifying individual, educational expense for pre-school / nursery school, FICA / FUTA taxes of the dependent care provider.

Ineligible expenses include but are not limited to assisted living expenses, airfare, living expenses or other fixed costs for a nanny or au pair, gardening services, housekeeping services, kindergarten expenses, nursing home expenses, overnight camp expenses, meals, registration fees and educational expenses (tuition).

NOTE: There is a special rule for children of divorced parents. The child is a qualifying individual of the “custodial parent”, as defined in Code Section 152(e).

3. Check the appropriate box in Provider Certification. If both the employee and provider certifications are completed and signed, additional documentation is not required. For claim forms without the provider’s signature, an itemized statement from the dependent care provider is required. Itemized statements should include the date(s) of service, the name and date of birth of the dependent, itemization of charges and the provider’s name, address, and Tax ID/SS number. If mailing small receipts, we suggest you tape them to a standard size sheet of paper. However, faxing the claim will produce a quicker turnaround time.

4. Sign and date Employee Certification.

5. Submit Claims to CONEXIS Flexible Benefits Services:
   
   By Fax: (877) 864-9555

   By Mail: P.O. Box 226190
            Dallas, TX 75222

Request for Reimbursement
Dependent Care Flexible Spending Account

CXO-07-50000 2007-10
Employee Information

Employer Name  
Employee Name       Account Number / SSN 
Street Address       Daytime Phone Number 
City       State       Zip Code 

Do you want to know when CONEXIS has received and processed your claim? Please provide your e-mail address:

E-mail Address 

Claim Information

Dependent Care Provider       Tax ID Number / SSN 
Street Address        City       State       Zip Code 
Dependent Name  Date of Birth Date(s) of Service (MM/DD/YYYY) Requested Amount  

Provider Certification
I certify that the above services have been provided. 

Provider Signature  Date 

If the provider signs the claim form, additional documentation is not required

☐ My provider has signed the claim form.  
☐ I have attached itemized receipt(s) or statement(s) from my dependent care provider. 

Employee Certification

• I certify the expenses listed for reimbursement are eligible dependent care expenses under the Internal Revenue Code and my employer’s Flexible Benefits Plan (“Plan”); 
• I certify the services listed above have been received by my qualifying individual (as defined in the Summary Plan Description); 
• I certify these expenses have not been submitted previously for reimbursement under the Plan and such items have not and will not be covered by any other plan or program of any employer or other person;  
• I understand my employer does not accept responsibility for direct payment to any individuals other than the employee; 
• I understand any unused contributions will be forfeited to my employer at the end of the plan year; 
• I understand any amount I receive over the statutory limits may not be excluded from my income and my maximum allocation may not exceed the earned income limitation as described in the Summary Plan Description;  
• If my employer has adopted a grace period, I understand eligible expenses incurred and approved during the grace period will be paid first from available amounts that were remaining at the end of the plan year to which the grace period relates and then from any amounts that are available to reimburse expenses incurred during the current plan year. I also understand claims will be paid in the order in which they are received and previous claims will not be reprocessed or re-characterized so as to change the order in which they were received; 
• In the event of an erroneous or excess reimbursement, I understand I am required to reimburse the Plan for the improperly paid amount. I also understand failure to repay the Plan could result in adverse income tax consequences;  
• By providing my e-mail address, I authorize CONEXIS to send account information to me via e-mail. 

Employee Signature  Date 

* Only the “Amount Requested” will be paid, rather than the “Total Charges” for all “Date(s) of Service.”

Fax: (877) 864-9555  Phone: (877) 864-9549 

REQUEST FOR REIMBURSEMENT
Dependent Care Flexible Spending Account 

CXO-07-50000 2007-10