

FLEXIBLE SPENDING ACCOUNT

SIGN-UP & SAVE MONEY



WHAT IS AN FSA?



BY REDUCING YOUR TAXABLE INCOME WITH AN FSA, **YOU SAVE** FICA, FEDERAL, STATE, AND LOCAL TAXES AND INCREASE YOUR TAKE-HOME PAY.

An FSA allows you to contribute money into an account with each paycheck to pay for qualified expenses on a pre-tax basis. You can then use these tax-free funds to pay for qualified out-of-pocket medical costs and other eligible expenses. With an FSA, you save FICA, federal, state, and local taxes by reducing your taxable income, an increasing your take-home pay.

HOW IT WORKS

Example: An employee makes \$2,000 each month and decides to participate in their employer's Flexible Spending Account. As a result, their insurance premiums and health and daycare expenses are paid with tax-free dollars, giving them an additional \$100 each month!

Without the Plan

Monthly Expenses	
Employee's Gross Earnings	\$2,000
FICA, Federal, State Taxes	- \$500
Insurance Premium	- \$100
Health and Daycare Expenses	- \$300
Net Earnings	\$1,100

With the Plan

Monthly Expenses	
Employee's Gross Earnings	\$2,000
Insurance Premium	- \$100
Health and Daycare Expenses	- \$300
Adjusted Gross Earnings	\$1,600
FICA, Federal, State Taxes	- \$400
Net Earnings	\$1,200

FSAs MADE EASY

You have 24/7 access to your FSA benefit plan and funds. With the self-service portals, modern mobile app, and debit smart card, manage your account anywhere, anytime. We make accessing TPA benefit plans convenient and intuitive with:



Self-Service Employee Portal

Fully engage with benefit accounts and funds with our HIPAA-compliant portal. Enroll in benefits, submit claims, upload receipts, track expenses, view balances and activity, and much more.

Mobile App

Conveniently access your FSA balances, submit claims, and more with our Mobile App! Rest easy knowing sensitive account information is never stored on the device and secure encryption is used to protect all transmissions.

Debit Smart Card

Pay for qualified expenses with a debit card loaded with account balances. No more claim forms. No more paying out-of-pocket. No more hassle.

USING YOUR FSA



YOUR OPTIONS

Healthcare FSAs provide reimbursement for out-of-pocket medical, dental, and vision care expenses, such as deductibles, prescriptions, check-ups, and more.

Dependent Care FSAs help pay for eligible child and adult care services, such as preschool, before or after school programs, daycare, summer camps (not overnight camps), and more.

Eligibility includes:

- a child under the age of 13, or
- a child, spouse, or other dependent who is physically or mentally incapable of self-care and resides with you for more than half the year and regularly spends at least 8 hours a day in your home.

Limited FSAs can be used for qualified dental, vision and preventive expenses when enrolled in an HSA plan.

Premium Only Plans allow you to pay for employer-provided health and other insurance premiums with tax-free dollars. If you are covered under your employer's health and/or other insurance plans, you are typically automatically enrolled. Notify your employer if you don't want your premiums paid tax-free.

LEFTOVER FUNDS

Your plan may include the \$680 carryover or grace period option. The \$680 carryover allows you to rollover up to \$680 of unused medical/limited FSA funds at the end of the plan year. Alternatively, the grace period option allows for an extended period of time at the end of the plan year (usually 2.5 months) in which you can continue to incur expenses to use your remaining FSA balance. Refer to your Summary Plan Description (SPD) for detailed information regarding your plan.

FAQs

How do you benefit by participating?

The biggest advantage is the tax savings. Every dollar set aside in your FSA account reduces your income taxes and can be used on qualified expenses.

Why should you participate in the FSA when you already have health insurance?

This account is used to pay for qualified expenses not covered by insurance.

Can you change your contributions during the year?

Only if you have a change in status such as: marriage, divorce, birth, adoption, or a change in employment status for you, your spouse, or your dependent.

What if you currently take the dependent care credit on your annual tax return?

Whether or not to participate in the daycare portion of this plan depends on your income, filing status, number of dependents, and annual daycare expenses. The amount deposited into your Dependent Care Account reduces the amount, dollar for dollar, that can be claimed as a credit on your tax return. Contact a tax advisor for further information.

How do you get reimbursed for qualified expenses?

Use your Benefit Card, if applicable or submit claims online in the Employee Portal or Mobile App. Manual claims may be submitted with a claim form via fax, secure email, or mail.

Do you have to wait for the money to be deposited in your account in order to make a claim for reimbursement?

The annual amount allocated for the Medical/Limited Flexible Spending Account is available to you at any time throughout the plan year. The amount available to you from your Dependent Care Account is the amount you have contributed to date.

How to check your account balance?

Check your account balance using the Employee Portal, Mobile App or Interactive Voice Response System (IVR). For manual claims, you will receive a statement attached to your check or advice of deposit indicating your election amount and claims paid-to-date.

What happens to your account if you terminate your employment?

Most FSA plans include a run-out period for terminated employees. During this time, you can submit claims for reimbursement on qualified expenses incurred on or before the date of termination. Check your Summary Plan Description for any additional rights or benefits provided by your company's plan.

What if you don't use all of the money set aside in your accounts?

You should carefully review your expenses prior to selecting your annual election amount and refer to your SPD for plan details. Unused funds at the end of the plan year will not be paid to you in cash.

What if you are not covered under your company's health insurance plan?

Good news! You can still participate in the Medical/Limited or Dependent Care Flexible Spending Accounts as long as you are eligible for their group medical plan.

Are there any negatives to know about?

Yes, because you are not paying social security tax on the portion of your income that has been redirected, your social security benefits may be slightly reduced.

ELIGIBLE EXPENSE LIST



MEDICAL EXPENSES

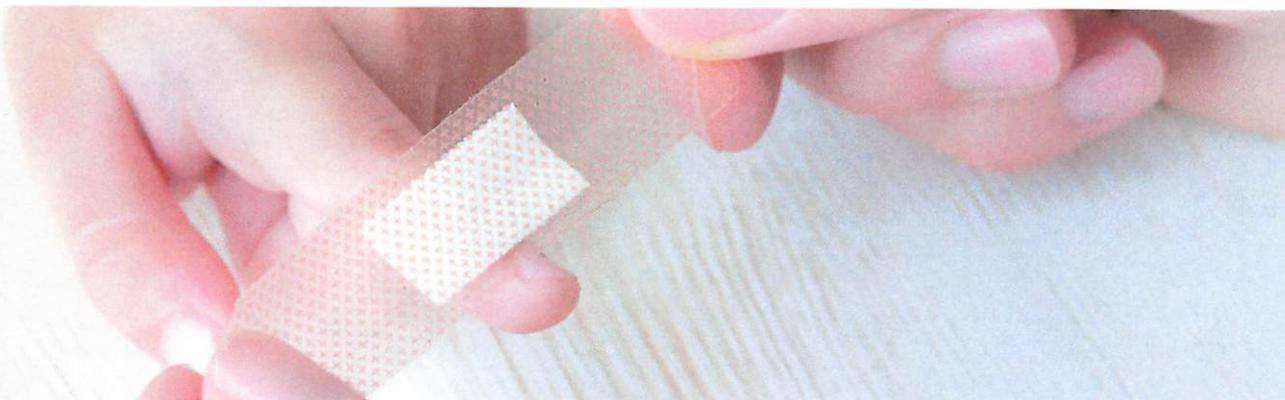
Per IRS regulations, the following, while not intended to be complete, illustrates examples of section 213 eligible medical or medical-related expenses. Expenses must be incurred during the Plan Year from which you are requesting reimbursement. Expenses are considered incurred when service is rendered, not when service is billed or payment is made. Expenses cannot be reimbursed in advance of the date service is rendered.

- Acupuncture
- Ambulance fees
- Braille – books and magazines
- Breast pump
- Childbirth classes (not eligible if purchased to prevent the spread of COVID)
- Chiropractic care
- Coinsurance
- Contact lens(es), solutions, and cleaners
- CPAP Devices and Apparatus Cleaner
- Crutches
- Deductibles
- Dental fees
- Dentures
- Denture adhesives
- Diagnostic testing fees
- Prescription eyeglasses
- Gloves (eligible if purchased to prevent the spread of COVID)
- Guide dog
- Hearing aids and batteries
- Hospital bills
- Insulin and diabetic supplies
- Laboratory fees
- Laetrile by prescription
- Masks (eligible if purchased to prevent the spread of COVID)
- Nurse fees
- Obstetrical expenses
- Operations
- Orthodontia
- Osteopath fees
- Oxygen
- Personal Protective Equipment (PPE) (eligible if purchased to prevent the spread of COVID)
- Physician fees
- Practical nurse fees
- Prescribed drugs - see cosmetic exceptions below
- Psychiatric care
- Psychologist fees or individual therapy
- Radial keratotomy/ Laser eye surgery
- Routine physicals
- Special communication equipment for the deaf
- Smoking cessation prescriptions
- Surgical fees
- Therapeutic care for drug and alcohol addiction
- Prescribed therapy treatments
- Transplants
- Transportation expenses/mileage to receive medical care or services
- Wheelchairs
- X-rays

EXPENSES THAT MAY NOT BE CLAIMED AS PART OF THE PLAN

- Cosmetic surgery or treatment not done for the primary purpose of proper functioning of the body or to prevent or treat illness or disease; including but not limited to face lifts, whitening or capping of teeth, hair transplants, or treatments including Retin-A and vein surgery.*
- Diaper service for infants
- Ear piercing by a physician
- Employment-related expenses (physicals, transportation)
- Fitness programs or physical therapy for general health benefits
- Illegal treatments
- Insurance premiums, including contact lens insurance programs
- Hygiene items
- Expenses reimbursed by an HSA or HRA.

*To be eligible, treatments must be proven medically necessary.



OVER-THE-COUNTER

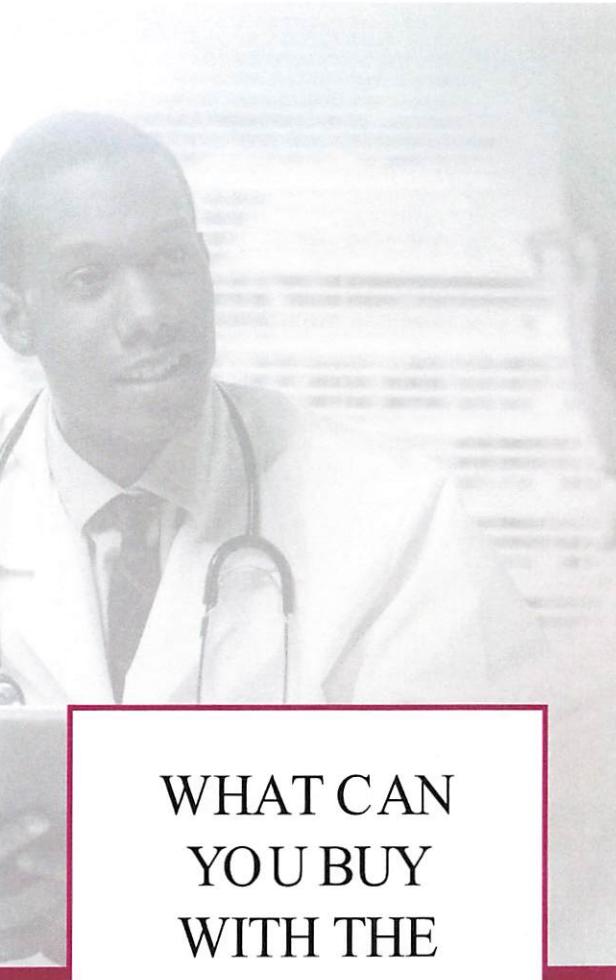
Over-the-Counter Items that **DO NOT REQUIRE** a Doctor's Prescription:

- Acid controllers
- Allergy & Sinus
- Antibiotic products
- Anti-itch & insect bite
- Anti-parasitic treatments
- Asthma flow meters
- Callous, corn, & wart removers
- Cholesterol tests
- Cold sore remedies
- Contact Lens Solution
- Cough, Cold, & Flu
- Crutches
- Diabetes care: blood test strips, glucose kits, monitors, and tests
- Gauze & Gauze pads
- Heating pads
- Hemorrhoidal preps
- Incontinence Supplies for Adults
- Medical bracelets/necklaces
- Medical tape
- Menstrual Productss
- Nasal Strips
- Nebulizers
- Ointments
- Orthopedic shoe inserts
- Pain Relief
- Personal Protective Equipment (PPE)
- Reading Glasses
- Respiratory treatments
- Rubbing Alcohol
- Sleep aids
- Stomach remedies
- Sunburn Creams
- Sunscreen (SPF 15+)
- Supports & braces
- Thermometers

DUAL USE (REQUIRES DOCTOR LETTER)

- Accommodations made for disabling medical conditions
- Activity trackers*
- Baby Rash Ointments
- Feminine anit-Fungal/anti-itch
- Foot spa
- Gloves and masks
- Herbs
- Humidifier
- Massagers
- Minerals, Vitamins, & multivitamins
- Orthopedic shoes only the cost above a regular shoe qualifies
- Special supplements
- Weight Loss Programs

*Activity trackers (aka fitbits, step counter) are a wearable device with the primary purpose of tracking activity. The device's purpose is to record a person's daily physical activity, together with other data relating to their health, the number of calories burned, heart rate, number of steps someone walks, sleep quality etc.



Experience **\$153.31** in tax savings by purchasing these items with your tax-free FSA funds!

WHAT CAN YOU BUY WITH THE CARRYOVER IN AN FSA?

Save on federal, state, and local taxes when you contribute to a Flexible Spending Account!

In fact, FSA participants save an average of 30 percent each year on eligible out-of-pocket expenses.

Doctor Visit Copay	\$30
Chiropractic Care (6 Visits)	\$180
Pair of Eyeglass/Contact Lenses	\$211
Maintaining Health Cost	\$421

Prescription Copay	\$20
Motrin/Tylenol	\$13.05
Tylenol Cold & Flu	\$7.93
Tums	\$5.10
OTC & Prescription Drug Cost	\$46.08

First Aid Kit	\$15
Boxes of Band-Aids	\$8.67
Coppertone Sunscreen (15+ SPF)	\$11.99
Hot/Cold Reusable Pack	\$8.29
First Aid & Sunscreen Cost	\$43.95

TOTAL COST: \$511.03

****FSA TAX-SAVINGS: \$153.31**

**Example is based on a 30% tax bracket. Actual tax savings is dependent upon your state and/or annual income and tax bracket.

EMPLOYEE INFORMATION

Employee Name:	Employee Address:
Company:	
Last Four Digits of Social Security #:	Has your address changed? Yes: <input type="checkbox"/> No: <input type="checkbox"/>

DEPENDENT CARE EXPENSES

	Service Start Date mm/dd/yyyy	Service End Date mm/dd/yyyy	Recurring Frequency ex: wkly/mnthy	Service Provider Name and Address	Dependent's Name	Age	Amount
1.							
2.							
3.							

Future dated services must have a Recurring Frequency & Provider Signature. Total Dependent Care Expenses Requested

I provided the dependent care as stated above. If a recurring claim is selected, I attest to providing care for the dates of service provided above.

Provider Signature:

Date:

HEALTH CARE EXPENSES

Please select a service with each claim.

	Patient	Service Start Date mm/dd/yyyy	Service End Date mm/dd/yyyy	Medical	Rx	Dental	Vision	OTC	Mileage \$.21 per mile**	Amount
1.										
2.										
3.										
4.										
5.										

Total Health Care Expenses Requested

ORTHODONTIA ONLY *Contract and Proof of Payment Necessary

Banding Date (when appliance were applied):	Recurring Frequency
For full initial payment, list full cost (\$):	*Full Amount eligible for reimbursement*
For installment plan, list installment amount (\$):	*Monthly installment amount eligible upon each due date*

*Please arrange documentation in order listed above.

The undersigned participant in the Plan certifies that all expenses for which reimbursement or payment is claimed were incurred during the current period under the company's Cafeteria Plan. The undersigned participant in the Plan understands that expenses are "incurred" when a service is performed or care is provided, not when the bill is paid. The undersigned certifies that all expenses for which reimbursement or payment is claimed on this form were incurred on the dates of service stated above. The undersigned fully understands that he or she is alone fully responsible for the sufficiency, accuracy, and veracity of all the information relating to this claim and unless an expense for which payment or reimbursement is claimed is a proper expense under the Plan, the undersigned may be liable for payment of all related taxes including Federal, State, or City income tax on amounts paid from the Plan which relate to such expense.

Employee Signature:

Date:

GUIDELINES FOR CLAIMS SUBMISSION

THE INTERNAL REVENUE CODE PROVIDES THE FOLLOWING GUIDANCE

MEDICAL REIMBURSEMENT

The best receipt is an Explanation of Benefits from your insurance company.

If other receipts are submitted, they must show the following:

1. Who rendered the service (name and address).
2. What type of service was rendered.
3. Date Service was provided, not billing or due date.
4. Amount of Charge
5. Any insurance payment, if applicable.

Canceled checks and credit card slips are not allowable receipts. Any amount claimed which is a "Previous Balance" or "Balance Forward," etc. cannot be paid unless the information stated in items 1-5 above is shown on the receipt.

Receipts must show all expenses incurred. Any over-payment, pre-payment, etc., for which no services are listed, cannot be reimbursed.

NOTE: In order to process your claim, all 5 pieces of information must be on each receipt. This includes receipts for orthodontic services.

OVER-THE-COUNTER (OTC) ITEMS

Receipts must show the following information:

1. When and Who Sold the product (date, name, and address).
2. Type of OTC purchased. Must show product or brand name.
3. Amount of charge.

NOTE: Every claim requiring a prescription or letter of medical necessity to be eligible must be attached for each submitted claim. Prescriptions or letters of medical necessity are not kept on file.

MILEAGE REIMBURSEMENT

Mileage incurred to and from your home or office to receive medical care is reimbursable through the FSA at the rate of \$ 0.21 per mile (2023, adjusted annually). If rate has changed, amount will be adjusted at processing. Mile claim must include substantiation. (i.e. provider invoice, receipt, ect.)

DEPENDENT CARE REIMBURSEMENT

All receipts must show the following information:

1. Who rendered the service (name and address).
2. What type of service was rendered.
3. Date of original service, not a billing date. *IRS requires dates of service be incurred to process reimbursement.
4. Amount of charge.

If your daycare facility does not provide a copy of a valid receipt, then you may have the provider sign off on this claim form attesting to the validity of these charges. Canceled checks and credit card slips are not allowable receipts.

RECURRING EXPENSE

Recurring expenses can be requested upfront and auto paid as services are rendered.

Examples of expenses considered as recurring:

1. Daycare
2. Orthodontics

The best documentation for recurring expenses is a service agreement or payment plan. The documentation provided must show:

1. Who rendered the service (name and address).
2. What type of service was rendered.
3. Date service was provided, not billing or due date.
4. Amount of Charge
5. Any insurance payment, if applicable
6. Frequency and duration of recurring expense

Note: The participant is responsible for maintaining receipts for recurring expenses even though the receipts are not being submitted. The participant is also responsible to notify Paylocity if recurring expense is not incurred according to original documentation submitted.

TO SUBMIT A CLAIM:

Please review claim guidelines on the back of this sheet before submitting.

Submit your claim electronically through the Employee Portal

Submit your medical or dependent care claim on our mobile app, (available on App Store or Google Play), or
Send your claim form along with all supporting documentation directly to Paylocity via fax: 833.710.7744 or
mail: Benefit Administration Technologies Inc. PO Box 2278 Fargo, ND 58108-2278

Please do not submit a claim for reimbursement if you used your Debit Smart Card.

Paylocity issues checks on the following Thursday for all claims received by Friday at 3:00 p.m. CST.

**Mileage to and from provider to your home. If rate has changed, amount will be adjusted at processing.



FSA, HSA, HRA, 213D

Eligible Medical Expenses

Per IRS regulations, the following, while not intended to be complete, illustrates examples of section 213 eligible medical or medical-related expenses.*

- Acupuncture
- Addiction treatments smoking, alcohol, & drug therapy
- Ambulance fees
- Braille books and magazines
- Breast Pump
- Chidbirth classes mother-to-be expenses only
- Chiropractic & osteopath care
- Coinsurance
- Contact lenses, solutions, & cleaners
- CPAP devices and apparatus cleaner
- Deductibles
- Dental & orthodontia fees
- Diagnostic & laboratory testing fees
- Eyeglasses with prescription
- Guide dog
- Hearing aids & batteries
- Hospital bills
- Insulin & diabetic supplies
- Laser eye surgery
- Mobility Aids crutches, wheelchairs, etc.
- Nurse fees
- Obstetrical expenses
- Oxygen
- Physician fees
- Psychologist fees or individual therapy
- Routine physicals
- Special communication equipment for the deaf
- Surgical & operation fees
- Prescribed therapy treatments
- Transplants
- Transportation expenses/mileage to receive medical care or services
- Tuition at special school for learning disabled requires a letter of medical necessity
- X-rays

*Eligible items subject to change

Over-The-Counter Items

Eligible without a doctor's prescription

- Acid controllers
- Allergy & sinus
- Antibiotic products
- Anti-itch & insect bite
- Anti-parasitic treatments
- Asthma flow meters
- Band-aids
- Blood pressure monitors
- Callous, corn, & wart removers
- Cholesterol tests
- Cold sore remedies
- Contact lens solution
- Cough, cold, & flu
- Crutches
- Diabetes care: blood test strips, glucose kits, monitors, and tests
- First aid kits
- Gauze & gauze pads
- Heating pads
- Hemorrhoidal preps
- Incontinence supplies for adults
- **Male condoms**
- Medical bracelets/necklaces
- Medical tape
- Menstrual products
- Nasal strips
- Nebulizers
- Ointments
- Orthopedic shoe inserts
- Pain relief
- Reading glasses
- Respiratory treatments
- Rubbing Alcohol
- Sleep aids
- Stomach remedies
- Sunburn Creams
- Sunscreen (SPF 15+)
- Supports & braces
- Thermometers

Expenses That May Not Be Claimed

- Cosmetic surgery or treatment not done for the primary purpose of proper functioning of the body or to prevent or treat illness or disease; including but not limited to face lifts, whitening or capping of teeth, hair transplants, or treatments including Retin-A or vein surgery. [To be eligible, treatments must be proven medically necessary.]
- Diaper service for infants
- Ear piercing by a physician
- Employment-related expenses (physicals, transportation)
- Fitness programs or physical therapy for general health benefits
- Illegal treatments
- Insurance premiums, including contact lens insurance programs
- Hygiene items
- Expenses reimbursed by an HSA or HRA

Dual Use

Requires doctors letter - To be eligible, treatments must be proven medically necessary.

• Accommodations made for disabling medical conditions	• Foot spa	• Orthopedic shoes only the cost above a regular shoe qualifies
• Activity trackers*	• Gloves and masks	• Special supplements
• Baby Rash Ointments	• Herbs	• Weight Loss Programs
• Feminine anti-Fungal/anti-itch	• Humidifier	
	• Massagers	
	• Minerals, vitamins, & multivitamins	

Note: Plan restrictions may apply. Check with your plan administrator.

For more information please contact us at batinfo@paylocity.com

ORTHODONTIA FAQ

You can use your healthcare Flexible Spending Account (FSA) to pay for your eligible orthodontia expenses. Please see the commonly asked questions below.

Who is eligible?

- You, your spouse and your eligible dependents

What is eligible?

- Only the portion of your orthodontic expense not paid by your dental insurance or any other plan is considered an eligible expense.
- It is recommended to verify in advance what portion of the expense the dental insurance and/or any other plan will approve for payment. Use your FSA benefit to pay for only the balance you will be responsible for paying out of pocket.

How do I pay for my orthodontic services?

- Pay for services with your benefit card
- Pay for services out of pocket and request reimbursement via portal, mobile, app, or claim form.

I received a discount from the orthodontia office for services by paying the full amount due upon banding. Can I be reimbursed this full amount?

- The FSA plan reimburses based on date of service/treatment. In regards to orthodontia the banding date is considered the date of service. You are able to use the funds available in the plan year corresponding to the date of service to pay for expenses.

I set up a payment plan to pay for orthodontia services. The plan is set to extend over more than one year. Am I able to use FSA funds from more than one plan year?

- The FSA plan reimburses based on date of service/treatment. Orthodontia is considered ongoing treatment therefore you are able to pay the monthly amount due in the plan year corresponding to the date of service.

What documentation is required to request reimbursement?

- To request reimbursement please provide documentation verifying (1) provider's name (2) patient name (3) description of service (4) amount due. For orthodontic services, a copy of the original contract is recommended

Should I submit documentation if I use my benefit card to pay for my services?

- As noted in the benefit card terms and conditions, save the detailed receipts AND payment contract documents provided by your orthodontist. To be compliant with the benefit, Paylocity may send a request for this documentation to verify your eligible expense.

What should I do if my insurance pays more than expected?

- If your other plan (Dental insurance) pays more than expected after you have received reimbursement from your account, then you are responsible for paying the "covered" portion back to your account.



Employee Quickstart Guide

Employee Portal Overview

Your Company offers a variety of benefits that are designed to make your life easier, provide you with great coverage that is affordable to you and support your goals for the future. To that end, we'd like to welcome you to the Online Employee Portal.

This one-stop portal allows you to manage your tax-favored accounts (Flexible Spending Account (FSAs), Health Reimbursement Arrangement (HRA), Health Savings Account (HSA), and Transportation Management Account (TMA) that includes Parking and/or Transit and gives you 24/7 access to view step-by-step instructions on how to:

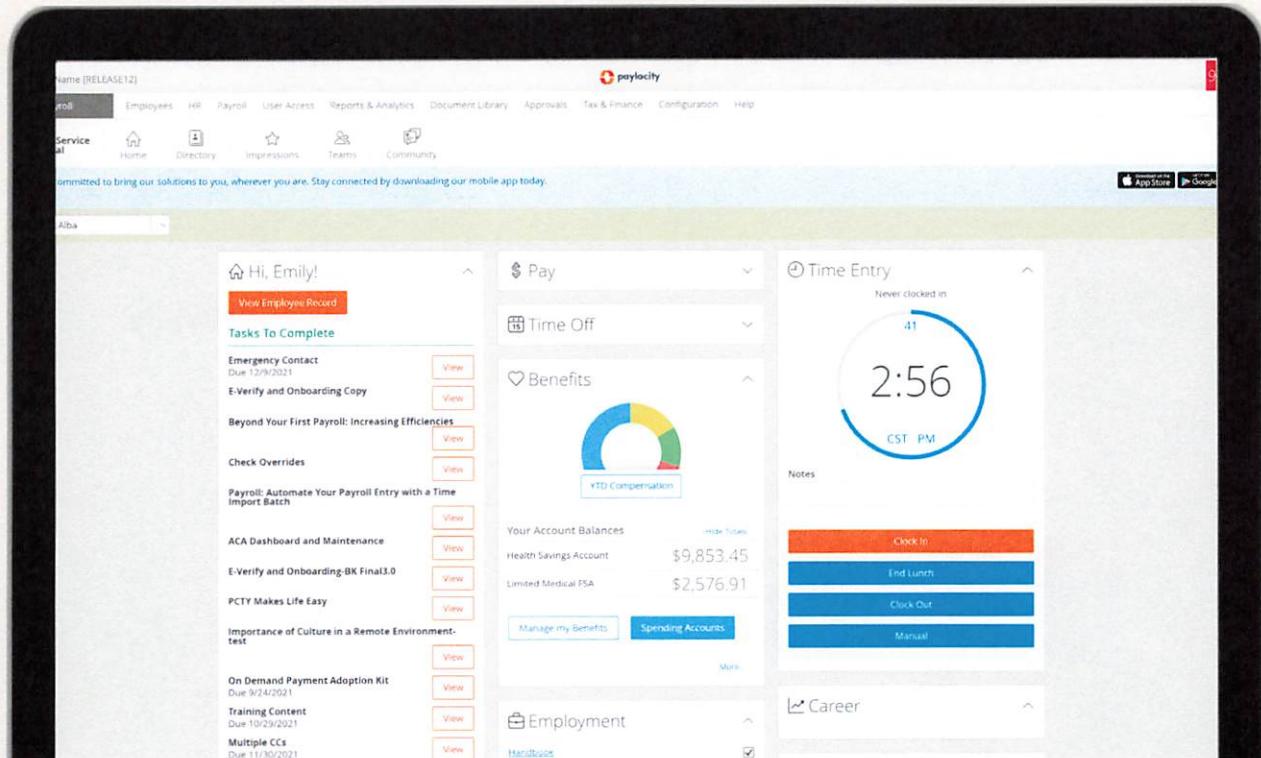
- File a claim online
- Update your personal profile information
- View account balance and activity
- View your claims history and payment (reimbursement) history
- View debit card and direct deposit information
- Download account summary and tax statements

For a quick overview of your Spending Accounts dashboard, check out this [video](#).

Access Spending Accounts

Paylocity provides a secure portal through which all authorized users can gain access to their benefit information. This section provides step-by-step instructions for secure access and login to the Employee Portal.

1. Navigate to <https://access.paylocity.com/>
2. Enter your company ID, username, and password.
3. Select Self Service Portal from the main menu.
4. Select Spending Accounts from the Benefits card to display the overview tab of Your Spending Accounts. OR navigate to Spending Accounts from the main menu.



Your Spending Accounts Dashboard

Your Spending Accounts is a dashboard that allows you to quickly and easily access and manage your account information.

Overview

From the overview tab, you can view your balances, contributions, recent transactions, and investments.

Transactions

Recent Transactions, you see a summary of your most recent transactions, along with the status. Click View Transaction Details to expand more info.

File a Claim

File a claim for FSA, TMA, or HRA accounts.

1. Click the File a Claim button to submit a new claim.
2. Enter the on-screen info, click Next, and make sure the info is correct.
3. Check the box to verify you read and agree to the info and disclaimer.
4. Then click Submit.

Investments

If you have an HSA account, you can manage investments by clicking the My Investments link.

Make an HSA Transaction

5. From the **Make an HSA Transaction** screen, select the **From** and **To** accounts for the transaction. Note: If you choose your bank account in the From and HSA in the To, you'll be making a contribution. If you choose your HSA in the From and either your bank account or a check in the To, you'll be making a distribution (withdrawal).
6. Click **Next**.
7. Choose the frequency of the transaction (one-time, or scheduled). Click **Next**.
8. Enter the transaction details and amount. Click **Next**.
9. Review the information. Click the checkbox to confirm you've read, understand, and agree.
10. Click **Submit** to complete the transaction request. You must answer a security question to complete the transaction and you'll receive a confirmation screen.

View Transactions

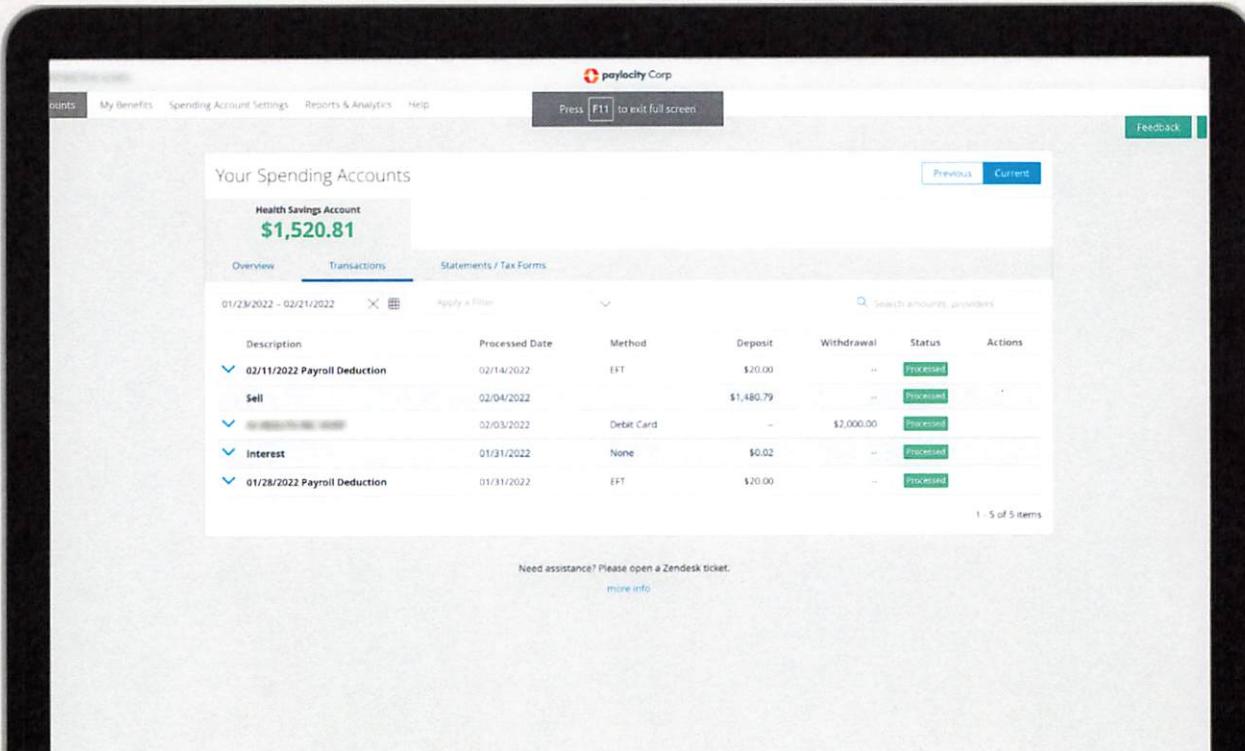
The Transactions tab shows a full list of all your transactions for a given time period.

1. Select the Transactions tab.
2. To change the date range, select the calendar icon, and choose a day or range. You can also filter by method or status.
3. Click the carrot in front of each transaction to expand the details.

Transactions may include:

- Debit card transactions
- Contributions
- Distributions
- Reimbursements
- Interest

Some spending accounts may be eligible for a debit card. If that's your case, you'll receive two Paylocity debit cards in the mail. This gives you instant access to your elected funds, and you can pay for your eligible expenses with a swipe of the card.



Health Savings Account
\$1,520.81

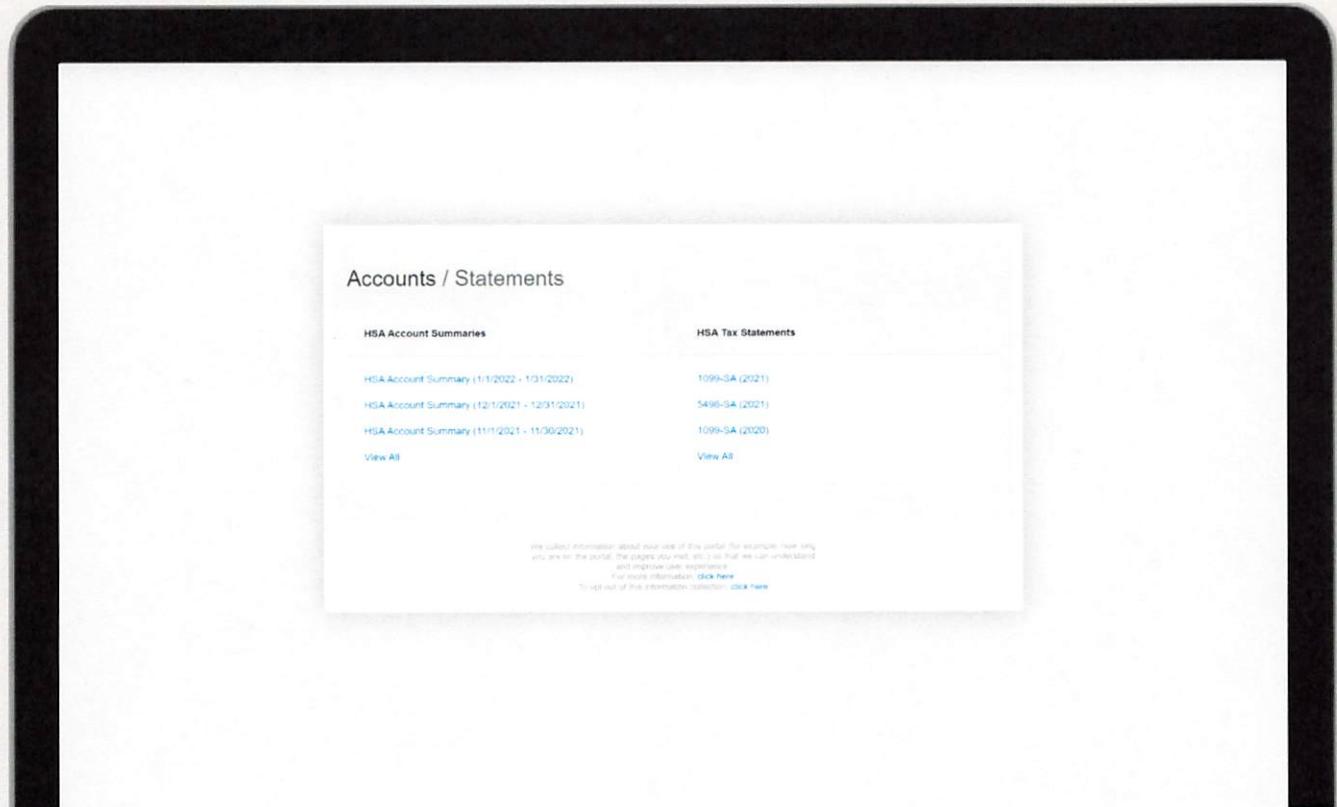
Description	Processed Date	Method	Deposit	Withdrawal	Status	Actions
02/11/2022 Payroll Deduction	02/14/2022	EFT	\$20.00	—	Processed	View
Sell	02/04/2022	—	\$1,480.79	—	Processed	View
Interest	01/31/2022	Debit Card	—	\$2,000.00	Processed	View
01/28/2022 Payroll Deduction	01/31/2022	None	\$0.02	—	Processed	View
01/28/2022 Payroll Deduction	01/31/2022	EFT	\$20.00	—	Processed	View

Need assistance? Please open a Zendesk ticket.
[more info](#)

Access Statements and Tax Forms

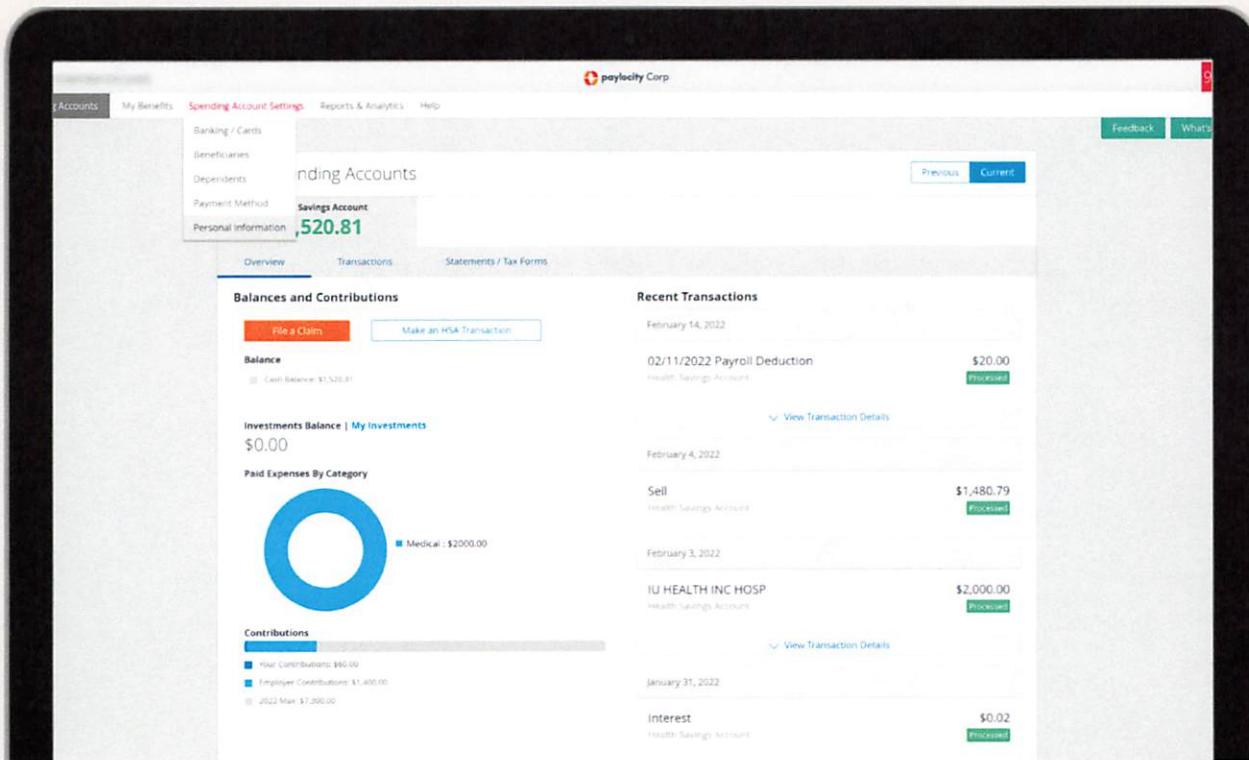
If you want to access any of your statements or tax documents, you can do that from the Statements/Tax screen.

1. Select the Statements / Tax Forms tab.
2. Click any of the documents to open a downloadable PDF.



View Spending Account Settings

Quickly view information about your spending account cards, beneficiaries and dependents, payment method and, personal information from the Spending Account Settings tab in the main menu.



Mobile

Manage your benefits anywhere, 24/7 with our mobile app. Convenient, real-time access to all your benefit accounts makes it easy to view recent account activity along with the ability to:

- Submit Claims
- Check Account Balances
- Track Healthcare Expenses
- Upload Pictures of Receipts
- Receive Text Alerts
- View Message Center
- Access Eligible Expense Scanner
- Accept HSA Custodial Agreements
- Complete HSA Transactions
- View HSA Investments

Available for all iPhones, iPads, and Android devices. Download at iTunes or Google Play.