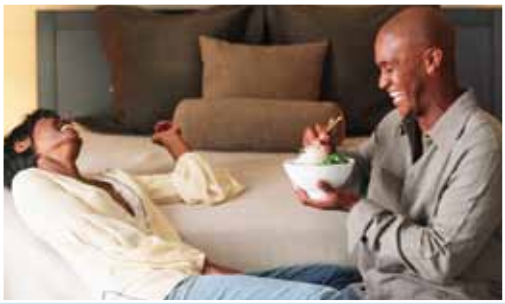
2012

Flexible Spending Accounts



Pennsylvania State System of Higher Education

Reference Guide

Pennsylvania State System of Higher Education (PASSHE)

Important Dates to Remember

Your Open Enrollment dates are: **October 31, 2011, through November 11, 2011.**
Your Period of Coverage dates are: **January 1, 2012, through December 31, 2012.**

Welcome to WageWorks

WageWorks will officially be PASSHE's Flexible Spending Account (FSA) administrator in the new plan year beginning January 1, 2012. PASSHE is pleased to be working with WageWorks, a market leader in FSA administration, to offer enhanced capabilities and excellent customer service for our employees.

The Benefits of a WageWorks FSA

Using your FSA in 2012 will continue to be quick and convenient while offering key enhancements with WageWorks.

- Website – The WageWorks website is a world class site with many features that are leading edge. Once enrolled in the FSA plan you will receive a welcome guide, be encouraged to set up direct deposit reimbursements, provide an email to receive up-to-date account and claims status information and access on-demand account activity statements. The site has the ability to upload claims and has a "Pay My Provider" feature, which works like an online bill pay service, allowing you to send a payment directly from your FSA to a provider for eligible services rendered or you can use the mobile application to file a claim from your Smartphone.
- Customer Service – Beginning January 1, 2012, the WageWorks customer service team is available from 8 am to 8 pm Eastern Time to answer your questions. Just call the toll-free number 1-877-924-3967. Helpful tips, guides, video tutorials and FAQ's are available online at **www.wageworks.com**.

Important Enrollment Information and Deadlines

- Complete your enrollment by November 11, 2011, to enroll in either the Medical or Dependent Care Reimbursement Accounts.
- Enrollment can be completed via Employee Self Serve through the following link **https://portal.passhe.edu/irj/portal**. Contact your University Benefits Office with any questions.

Make your benefits work for you – it's easy!

Before you sign up for an FSA, review this reference guide to understand how FSAs can save you and your family a significant amount of tax money. For more information, refer to the Flexible Spending Accounts section beginning on the next page.

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Remember to complete your enrollment by November 11, 2011, to enroll in either the Health Care or Dependent Care Flexible Spending Accounts..

Flexible Spending Accounts

A Flexible Spending Account (FSA) is an account you set up to pre-fund your anticipated, eligible medical services, medical supplies and dependent care expenses that are normally not covered by your insurance. You can choose from two accounts: **Medical Reimbursement FSA** (also referred to as a Health Care FSA) and **Dependent Care Reimbursement FSA** (also referred to as a Dependent Care FSA).

Not only are your Medical Reimbursement FSA funds available to you in one lump sum at the beginning of your plan year, but your FSA funds are deducted before federal and state taxes are calculated on your paycheck. Dependent Care Reimbursement FSA funds are only available as they are deducted from your paycheck.

With either FSA, you benefit from having less ***taxable*** income in each of your paychecks, which means more ***spendable*** income to use toward your eligible medical and dependent care expenses.

Once you decide how much to contribute to your Medical Reimbursement and/or Dependent Care Reimbursement FSA, the amount is deducted in small, equal amounts from your paychecks during the plan year.

FSA Savings Example*

(With FSA)		*(Without FSA)*
$31,000.00	Annual Gross Income	$31,000.00
- 3,500.00	FSA Deposit for Eligible Expenses	- 0.00
$27,500.00	Taxable Gross Income	$31,000.00
- 5,678.75	Federal, Social Security Taxes	- 6,401.50
$21,821.25	Annual Net Income	$24,598.50
- 0.00	Cost of Eligible Expenses	- 3,500.00
$21,821.25	Spendable Income	$21,098.50

By using an FSA to pay for anticipated recurring expenses, you convert the money you save in taxes to additional spendable income. That's a potential annual savings of

$722.75!

* Based upon a 20.65% tax rate (15% federal and 5.65% Social Security) calculated on a calendar year.

Who is Eligible?

You are eligible if you are a full-time permanent employee, including temporary faculty employed for a one-academic-year contract, or a part-time permanent employee, including temporary faculty employed for a one-academic-year contract, who works 50 percent of the time.

Examples of how to use your FSA

Medical Reimbursement FSA (Health Care FSA) Example:
Paying an office visit co-payment

After paying your co-payment at a service provider's office, obtain an Explanation of Benefits (EOB) or detailed receipt of the completed services. Submit these documents, along with a claim form to WageWorks. Within five business days, WageWorks will process your request and mail your reimbursement check to you or direct deposit your funds into the account of your choice. Or, you may have the ability to use your WageWorks Health Care Card, and have instant access to your medical reimbursement funds (see Page 8 for more information on the WageWorks Health Care Card).

Dependent Care Reimbursement FSA (Dependent Care FSA) Example:
Paying for day care services

Once you have paid for your child's day care service, send a completed claim form to WageWorks, along with documentation showing the following:

- Provider Name – Facility name or person who provided the service.
- Dates of Service – Service start and end date for services provided.
- Service Description – Detailed description for services provided.
- Amount – The amount incurred for the services.
- Dependent Name – Person who received the service.

Your request will be processed within five business days and either mailed to you or deposited into the account you have chosen.

Flexible Spending Accounts

Annual Contribution Limits

For Medical Reimbursement FSA (Health Care FSA):*
Maximum Annual Deposit: $3,500

For Dependent Care Reimbursement FSA (Dependent Care FSA):*
The maximum contribution depends on your tax filing status.

- If you are married and filing separately, your maximum annual deposit is $2,500.
- If you are single and head of household, your maximum annual deposit is $5,000.
- If you are married and filing jointly, your maximum annual deposit is $5,000.
- If either you or your spouse earn less than $5,000 a year, your maximum annual deposit is equal to the lower of the two incomes.
- If your spouse is a full-time student or incapable of self-care, your maximum annual deposit is $3,000 a year for one dependent and $5,000 a year for two or more dependents.

* There is no minimum contribution amount for either account.

Important FSA Notes:

- Your Medical Reimbursement FSA (Health Care FSA) has a **two month grace period** (ending February 29). This means that you can submit claims for expenses incurred during the first two months of the new plan year, and any leftover funds in your account from the prior plan year can be used for these services. Claims received for the first two months of the new plan year will be automatically applied to any remaining prior year account balances. Be sure to submit your grace period claims before the end of your three month run-out period.
- You have a **three month run-out period** (ending March 31) after your plan year ends to submit reimbursement requests for all eligible FSA expenses incurred DURING your plan year.

Medical Reimbursement FSA (Health Care FSA)

A Medical Reimbursement FSA (Health Care FSA) is used to pay for eligible medical expenses which aren't covered by your insurance or other plan. These expenses can be incurred by yourself, your spouse, a qualifying child or relative. An eligible child of divorced parents is treated as a dependent of both, so either or both parents can establish a Medical Reimbursement FSA (Health Care FSA).

Once you sign up for a Medical Reimbursement FSA (Health Care FSA) and decide how much to contribute, the maximum annual amount of reimbursement for eligible health care expenses will be available throughout your period of coverage.

Typical FSA-eligible expenses

You can use your FSA to save on hundreds of products and services for you and your family. Eligible expenses are defined by the IRS and your employer. For details and examples of eligible expenses, visit **www.wageworks.com**.

Eligible Medical Expenses*

Typically, your Medical Reimbursement FSA (Health Care FSA) covers:

Acupuncture
Ambulance service
Birth control pills and devices
Breast pumps
Chiropractic care
Contact lenses (corrective)
Dental fees
Diagnostic tests/health screening
Doctor fees
Drug addiction/alcoholism treatment
Drugs (prescription)
Eyeglasses
Guide dogs
Hearing aids and exams
In vitro fertilization
Injections and vaccinations
Nursing services
Optometrist fees
Orthodontic treatment
over-the-counter items (some require prescription)
Prescription drugs to alleviate nicotine withdrawal symptoms
Smoking cessation programs/treatments
Surgery
Transportation for medical care
Weight-loss programs/meetings
Wheelchairs
X-rays

Eligible Dependent Care Expenses*

Your Dependent Care FSA covers these types of expenses for your eligible dependents while you work:

After school care
Babysitting fees
Day care services
In-home care/au pair services
Nursery and pre-school
Summer day camps

Note: Budget conservatively. No reimbursement or refund of FSA funds is available for services that do not occur within your plan year.

* IRS-qualified expenses are subject to federal regulatory change at any time during a tax year. Certain other substantiation requirements and restrictions may apply, and will be supplied to you following enrollment.

Flexible Spending Accounts

Dependent Care Reimbursement FSA (Dependent Care FSA)

The Dependent Care Reimbursement FSA (Dependent Care FSA) is a great way to pay for eligible dependent care expenses such as after school care, baby-sitting fees, day care services, nursery and preschool. Eligible dependents include your qualifying child, spouse and/or relative.

Once you sign up for a Dependent Care Reimbursement FSA (Dependent Care FSA) and decide how much to contribute, the funds available to you depend on the actual funds in your account. Unlike a Medical Reimbursement FSA (Health Care FSA), the entire maximum annual amount is not available during the plan year, but rather after your payroll deductions are received.

Ineligible Expenses

For Medical Reimbursement FSA (Health Care FSA):

- insurance premiums
- vision warranties and service contracts and
- cosmetic surgery not deemed medically necessary to alleviate, mitigate or prevent a medical condition.

For Dependent Care Reimbursement FSA (Dependent Care FSA):

- books and supplies
- child support payments or child care if you are a non-custodial parent
- health care or educational tuition costs and
- services provided by your dependent, your spouse's dependent or your child who is under age 19.

Note: You may use your Dependent Care Reimbursement FSA (Dependent Care FSA) to receive reimbursement for eligible dependent care expenses for qualifying individuals, which includes a tax dependent under the age of 13, or a spouse or other tax dependent of any age who is physically and/or mentally incapable of self-care. Only the custodial parent of divorced parents can be reimbursed using a Dependent Care Reimbursement FSA (Dependent Care FSA).

Termination of Employment

If your employment with the Pennsylvania State System of Higher Education (PASSHE) terminates, you may submit claims against the balance in your medical reimbursement account (Health Care FSA) for qualified expenses incurred prior to your termination date. Reimbursements from your medical accounts (Health Care FSA) will not be permitted for expenses incurred after your termination, unless you have elected COBRA continuation coverage. You are eligible for COBRA continuation coverage provided you have a positive account balance at the time of your termination. If you have money left over in a dependent care account, you may continue to submit claims for qualified expenses that were incurred both prior to and following your termination date, to the extent that the expenses are incurred prior to the end of the plan year. Note that for both medical and dependent care accounts, you have until March 31 of the following year to complete the claims paperwork and submit qualifying claims for reimbursement.

When Coverage Ends

Your contributions to the FSAs will cease when the earliest of the following occur:

- Your employment with PASSHE terminates;*
- PASSHE terminates the medical reimbursement account and/or the dependent care reimbursement account;
- You revoke your elections to participate after a qualifying change in status.

* Your contributions to the medical reimbursement account (Health Care FSA) may be continued if you make a COBRA election to continue making after-tax contributions for the remainder of the year in which your employment terminates. You may not make after-tax contributions to the dependent care reimbursement account (Dependent Care FSA) after you terminate, even if you elect COBRA continuation coverage.

If you cease making contributions during the year due to a change in status, you may continue to submit claims for eligible expenses incurred during the calendar year until March 31 of the following year. See section Changing Your Coverage of this document for changes in status that allow you to make mid-year election changes. All charges for reimbursable expenses must be incurred before you elect to stop making contributions to the accounts.

COBRA

What is continuation coverage?

Federal law requires that most group health plans, including Medical Reimbursement Flexible Spending Accounts (Health Care Flexible Spending Accounts), give employees and their families the opportunity to continue their health care coverage when there is a "qualifying event" that would result in a loss of coverage under an employer's plan.

How long will continuation coverage last?

For Medical Reimbursement FSAs (Health Care FSAs):

If you fund your Medical Reimbursement FSA (Health Care FSA) entirely, you may continue your Medical Reimbursement FSA (Health Care FSA) (on a post-tax basis) only for the remainder of the plan year in which your qualifying event occurs, if you have not already received, as reimbursement, the maximum benefit available under the Medical Reimbursement FSA (Health Care FSA) for the year. For example, if you elected a Medical Reimbursement FSA (Health Care FSA) benefit of $1,000 for the plan year and have received only $200 in reimbursement, you may continue your Medical Reimbursement FSA (Health Care FSA) for the remainder of the plan year or until such time that you receive the maximum Medical Reimbursement FSA (Health Care FSA) benefit of $1,000.

Keep Your Address Updated

In order to protect your family's rights, you should inform your employer and us of any changes in the addresses of family members. You should also keep a copy, for your records, of any notices you send to your employer and us.

For More Information

This COBRA section does not fully describe continuation coverage or other rights under the Plan. More information about continuation coverage and your rights under the Plan is available from your employer. You can get a copy of the plan document from the Pennsylvania State System of Higher Education.

For more information about your COBRA rights, the Health Insurance Portability and Accountability Act (HIPAA) and other laws affecting group health plans, contact the U.S. Department of Labor's Employee Benefits Security Administration (EBSA) in your area or visit the EBSA website at **www.dol.gov/ebsa**.

Using Your FSA Dollars

When you pay for an eligible health care or dependent care expense, you want to put your FSA account to work right away. WageWorks gives you several options to use your money the way you choose.

Online claims

You can file a claim online to request reimbursement for your eligible expenses.

- Go to **www.wageworks.com**, log into your account and click the Health Care or Dependent Care tab.
- Select the online claim form.
- Fill in all the information requested on the form and submit.
- Scan receipts, EOBs and other supporting documentation.
- Attach supporting documentation to your claim by using the upload utility.
- To speed processing, remember to save receipts that show exactly what you paid for, the amount and date of service.
- Most claims are processed within one to two business days after they are received, and payments are sent shortly thereafter.

If you prefer to submit a paper claim by fax or mail, you can go to www.wageworks.com to download a Pay Me Back claim form and follow the instructions for submission.

Smartphone claims

- Download and open the WageWorks EZ Receipts™ app.
- Enter your **www.wageworks.com** User Name and Password.
- Select "Submit New Receipt" and choose Health Care or Dependent Care Claim.
- Follow the step-by-step instructions provided to upload and submit your claim.

You must keep your documentation for a minimum of one year to submit upon request.

Using your WageWorks Card

Use your WageWorks Health Care Card instead of cash or credit at health care providers and pharmacies for eligible services, goods and prescriptions. However, because a doctor's prescription is required for over-the-counter (OTC) drugs and medicines, it may be easier to use another form of payment for OTC items and then submit a claim for repayment afterward. You still will be able to use the Card to purchase certain medical items, such as band-aids, at qualified merchants. To accept the Card, the merchant must have an IRS-qualified system that can automatically verify transactions at checkout. While many of your Card transactions will be verified at checkout, you still will need to hold on to your receipts for tax purposes and in case we need to verify the transaction for any reason. For a list of qualified merchants, please visit **www.sigis.com**.

- When you swipe your Card at the checkout, choose "credit" (even though it isn't a credit card).
- Pay for services or purchases on the same day you receive them. If your health plan covers a portion of the cost, make sure you know what amount you need to pay before using the WageWorks Health Care Card, by presenting your health plan member ID card first, so the merchant can identify your co-pay or coinsurance amount and ensure the service is claimed to your health care, dental, or vision insurance plan.
- Save your receipts. Even when your Card is approved, a detailed receipt may still be requested; you will be notified by email and when you log into your account when a Card transaction is in need of verification.
- If you've lost or can't produce a receipt for an expense, your options may range from submitting a substitute receipt to paying back the plan for the amount of the transaction.
- If you use your Card at a doctor's or dentist's office, we will most likely ask you to submit a receipt for verification. Failure to do so will result in your Card being suspended.
- If you lose your Card, please call WageWorks immediately to report your missing Card and order a new one. You will be responsible for any charges until you report the lost Card.

Pay My Provider

You can pay many of your eligible health care and dependent care expenses directly from your FSA account with no need to fill out paper forms*. It's quick, easy, secure and available online at any time.

To pay a provider:

- Log in to your FSA account at **www.wageworks.com**.
- Click either the Health Care or Dependent Care tab.
- Request "Pay My Provider" from the menu and follow the instructions.
- When you're done, WageWorks will send a check directly from your account. If you pay for eligible recurring expenses, follow the online instructions to set up automatic payments.

* **You must, however, provide documentation**.

WageWorks Health Care Card

About Your Card

While your WageWorks Health Care Card and account offer a great deal of convenience, both are regulated by IRS rules that all participants are required to follow. In most instances, you will be able to use your Card with little or no inconvenience. There are, however, situations where the Card will be declined or you will be required to submit receipts and/or other documentation to verify that the item or service purchased was eligible.

How To...

Use your Card

You can use your Card in these ways:

1) For eligible goods and services at health care providers and select pharmacies
2) For eligible over-the-counter (OTC) non-drug items at general merchandise stores (including most drugstores) that have an industry standard (IIAS) inventory and checkout system
3) For prescribed OTC drugs at the pharmacy counter, as long as the drug is dispensed as a valid prescription Go to **www.wageworks.com/healthcarereform** to learn more about the OTC drug prescription requirement. In most instances, your Card transaction will be verified at checkout, which means you will not have to submit a receipt to WageWorks after the transaction. You are, however, required to keep each receipt for tax purposes, and in the event it is needed for verification.

Before shopping for prescriptions and over-the-counter items, always visit www.sigis.com for a list of merchants that have an IIAS system in place.

Use your Card at the doctor or other health care provider

If you use the Card at a health care provider or at a pharmacy that does not have an IIAS system, WageWorks will likely require that you submit a receipt or your health insurance explanation of benefits (EOB) to verify that the transaction was for an eligible health care expense or service.

Verify a Card transaction after the purchase

If WageWorks is unable to determine that your Card was used to pay for eligible health care products and services, you will need to take the following action to verify the transaction:

- Log into your account at **www.wageworks.com**
- Click on the "Submit Receipts for Health Care Card Use" link on the right-hand side of the Welcome page
- Select the unverified transaction
- Scan and upload the corresponding receipt and/or documentation

If you have lost or misplaced the receipt, you can submit a substitute receipt of equivalent value or repay your account.

Make sure your receipts meet the requirements for verification

In order for the receipt (or any documentation) to be valid, it must include the five specific pieces of information required by the IRS:

- The patient name
- Provider name
- Date of service
- Type of service
- The amount you were charged or your cost (e.g. your deductible or co-pay amount or the portion not covered by your insurance)
- For OTC drug prescriptions, the receipt must also include the prescription number. If not included, a copy of the prescription must accompany the receipt instead.

Quick Tips

Log into your account at www.wageworks.com regularly to see if you have any Card transactions in need of verification.

If you have a Card transaction that requires verification, you will be notified immediately on the Welcome page upon login and via email. Remember to also monitor the Statement of Activity page for pending transactions, as it can take up to three weeks to verify a purchase. If a pending transaction cannot be verified, the Status will update to "Receipt Needed."

Avoid problems: act quickly to resolve all unverified transactions.

You have 90 days from the date of the transaction to take care of any outstanding unverified purchases. If you do not take action within 90 days:

1. The amount of any outstanding unverified Card transactions may be deducted from your next Pay Me Back claim submission.
2. Your Card will be suspended.

If your Card is suspended, it will be reactivated within 24 – 48 hours after receipts or repayment have been processed for all unverified Card transactions.

Know when a Card transaction needs to be verified

WageWorks will notify you of any Card transactions that require attention by email and when you log into your account.

For tips and more information about how to use your Card go to **www.wageworks.com/card**.

Estimate Your Savings

How much you save depends on how much you spend on health and dependent care, and on your tax situation. For every $100 of eligible expenses, most people will save from $20 to $30 in taxes. To estimate your expenses and see for yourself how your savings can add up, use the savings calculator at: **FSAWorks4Me.com**.

Use the worksheets below to determine how much to deposit in your FSA. Calculate the amount you expect to pay during the plan year for eligible, uninsured out-of-pocket medical and/or dependent care expenses. This calculated amount cannot exceed established IRS and plan limits.

Be conservative in your estimates, since any money remaining in your accounts cannot be returned to you.

Medical Reimbursement FSA (Health Care FSA) Worksheet

Estimate your eligible, uninsured out-of-pocket medical expenses for the plan year.

UNINSURED MEDICAL EXPENSES

Health insurance deductibles	$ _____
Coinsurance or co-payments	$ _____
Vision care	$ _____
Dental care	$ _____
Prescription drugs	$ _____
Travel costs for medical care	$ _____
Other eligible expenses	$ _____
TOTAL	$ _____

(Remember, your total contributions cannot exceed the plan year limit of $3,500.)

Dependent Care Reimbursement FSA (Dependent Care FSA) Worksheet

Estimate your eligible dependent care expenses for the plan year. Remember that your calculated amount cannot exceed the calendar year limits established by the IRS.

CHILD CARE EXPENSES

Day care services	$ _____
In-home care/au pair services	$ _____
Nursery and preschool	$ _____
After school care	$ _____
Summer day camps	$ _____

ELDER CARE SERVICES

Day care center	$ _____
In-home care	$ _____
TOTAL	$ _____

(Remember, your total contribution cannot exceed IRS limits for the plan year and calendar year.)

Direct Deposit delivers your money to you faster, and unlike with a check, the funds are in your account automatically – no waiting in bank or ATM lines, no waiting for it to clear. You will have the opportunity to elect Direct Deposit reimbursements when setting up your profile at www.wageworks.com.

Please note the bank information entered will be sent to the bank to confirm the account number. Any reimbursements issued during this prenote process will be issued as a check until this process has been completed. If you do not want your reimbursements sent via direct deposit, you may have your reimbursements sent via a check to your home address.

Changing Your Coverage

Changing Your FSA Election Amount

Within **60 days** of a qualifying event, you must submit a Change in Status (CIS)/Election Form and supporting documentation to your employer. Upon the approval of your election change request, your existing FSA(s) elections will be stopped or modified (as appropriate).

Changes in Status:	
Marital Status	A change in marital status includes marriage, death of a spouse, divorce or annulment (legal separation is not recognized in all states).
Change in Number of Tax Dependents	A change in number of dependents includes the following: birth, death, adoption and placement for adoption. You can add existing dependents not previously enrolled whenever a dependent gains eligibility as a result of a valid CIS event.
Change in Status of Employment Affecting Coverage Eligibility	Change in employment status of the employee, or a spouse or dependent of the employee, that affects the individual's eligibility under an employer's plan, including commencement or termination of employment.
Gain or Loss of Dependents' Eligibility Status	An event that causes an employee's dependent to satisfy or cease to satisfy coverage requirements under an employer's plan. May include change in age, student, marital, employment or tax dependent status.
Change in Residence*	A change in the place of residence of the employee, spouse or dependent that affects eligibility to be covered under an employer's plan, including moving out of an HMO service area.
Some Other Permitted Changes:	
Coverage and Cost Changes*	Your employer's plans may permit election changes due to cost or coverage changes. You may make a corresponding election change to your Dependent Care FSA benefit whenever you actually switch dependent care providers. However, if a relative (who is related by blood or marriage) provides custodial care for your eligible dependent, you cannot change your salary reduction amount solely on a desire to increase or decrease the amount being paid to that relative.
Judgment/Decree/Order†	If a judgment, decree or order from a divorce, legal separation (if recognized by state law), annulment or change in legal custody requires that you provide accident or health coverage for your dependent child (including a foster child who is your dependent), you may change your election to provide coverage for the dependent child. If the order requires that another individual (including your spouse and former spouse) covers the dependent child and provides coverage under that individual's plan, you may change your election to revoke coverage only for that dependent child and only if the other individual actually provides the coverage.
Medicare/Medicaid†	Gain or loss of Medicare/Medicaid coverage may trigger a permitted election change.
Family and Medical Leave Act (FMLA) Leave of Absence	Election changes may be made under the special rules relating to changes in elections by employees taking FMLA leave. Contact your employer for additional information.

* Does not apply to a Medical Reimbursement FSA (Health Care FSA) plan.
† Does not apply to a Dependent Care Reimbursement FSA (Dependent Care FSA) plan.

Beyond Your Benefits

Notice of Administrator's Capacity

This notice advises Flexible Spending Account participants of the identity and relationship between your employer and WageWorks. WageWorks is not an insurance company. We have been authorized by your employer to provide administrative services for the Flexible Spending Account plans offered herein. We will process claims for reimbursement promptly. Iin the event there are delays in claims processing, you will have no greater rights in interest or other remedies against WageWorks than would otherwise be afforded to you by law.

Social Security

Social Security consists of two tax components: the FICA or OASDI component (the tax for old-age, survivors' and disability insurance) and the Medicare component. A separate maximum wage to which the tax is assessed applies to both tax components. There is no maximum taxable annual wage for Medicare. The maximum taxable annual wage for FICA is subject to federal regulatory change. If your annual salary after salary reduction is below the maximum wage cap for FICA, you are reducing the amount of taxes you pay and your Social Security benefits may be reduced at retirement time.

However, the tax savings realized through the Flexible Spending Account generally outweigh the Social Security reduction. Call Customer Service at 1-877-924-3967 for an approximation.

Written Certification

When enrolling in either or both FSAs, written notice of agreement with the following will be required:

- I will only use my FSA to pay for IRS-qualified expenses and only for my IRS-eligible dependents
- I will exhaust all other sources of reimbursement, including those provided under my employer's plan(s) before seeking reimbursement from my FSA
- I will not seek reimbursement through any additional source and
- I will collect and maintain sufficient documentation to validate the foregoing.

Questions? Ask the experts.

WageWorks
Customer Service
Toll Free Number 1-877-924-3967
Mon - Fri, 8 a.m. - 8 p.m. ET
www.WageWorks.com

Your Employer and WageWorks

This program is sponsored by your employer and brought to you by WageWorks — the nation's leading provider of consumer-directed savings and spending accounts. WageWorks sets the standard for convenience and flexibility with easy access to your account, no-hassle payment options, comprehensive online tools, and expert support. Millions of employees nationwide enjoy the WageWorks advantage to save money and make smart choices about their health care, dependent care, and commuter expenses.

WageWorks®
Flexible Spending Account

FSAWorks4Me™

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No part of this document constitutes tax, financial or legal advice. Please consult your advisor regarding your personal situation and whether this is the right program for you.

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