



**A Flexible Spending Account
is Part of Your Employee Benefit Plan**

Plan and Save With Your FSA!

**A Flexible Spending Account (FSA) Will
Put More Money in Your Pocket by Paying
for Health, Dental, Vision & Dependent Care
with Tax-Free Dollars. Sign Up Today.**

Learn How To Take Advantage Of Your Benefit Inside This Brochure

The Flexible Spending Account Plan is as Easy as 1, 2, 3!

- 1 Elect an annual election amount based on your estimated expenses for the next Plan Year. Keep in mind that the Medical FSA and Dependent Care FSA are separate accounts, so please make your elections accordingly.
- 2 Your Employer will begin withholding funds from your check on a PRE-TAX basis and depositing them into your FSA account(s).
- 3 When you incur an expense, submit the itemized receipt to Flex Administrators, Inc. and receive reimbursement with your TAX-FREE money.

How Much Do I Really Save in Taxes Using This Account?

	Without Flex	With Flex
Annual Salary	\$40,000	\$40,000
Health Care or Dependent Care Spending Account	-0-	-2,500
Spending Account Deduction		
Taxable Salary (W-2 Income)	40,000	37,500
Federal Tax (15%)	6,000	5,625
State Tax* (4%)	1,600	1,500
Social Security Tax (7.65%)	3,060	2,869
Total Taxes	10,660	9,994
After-Tax Out-of-Pocket Medical Expenses	2,500	-0-
Annual Take-Home Pay	\$26,840	\$27,506
Annual Tax Savings with Flex Plan		\$666
Your Tax Savings		

* Taxes may vary by state.
 ** Reimbursement is through W-2, not reimbursed as an expense through third party administrator.

What Do I Need to Submit in Order to Get Reimbursement?

We accept the following forms of documentation for reimbursement:

Explanation of Benefits form (EOB) from your insurance company.

Itemized receipt from the Service Provider which includes the provider's name and address, date of service, patient name, description of service(s) and the amount of the charge.

Cash Register Receipt for OTC or Prescription Expenses will be accepted as long as the name of the provider, the date of service and the description of the expense is visible on the receipt.

Eligible Health Care Expenses

The following list is not intended to be comprehensive, but contains some of the more common medical expenses. The Internal Revenue Service determines the expenses that are allowable and disallowable. IRS Publication 502, Medical and Dental Expenses, has a checklist of the medical expenses that can be deducted under the Health Care Spending Account.

- Acupuncture
- Ambulance
- Arch supports, knee and wrist braces
- Artificial limbs
- Breast Pump
- Chiropractors' fees
- Christian Science Practitioners' fees
- Coinsurance
- Contact lens solutions/cleaners
- Crutches
- Dentists' fees including fluoride treatments (cosmetic services are typically not covered)
- Dentures
- Dermatologists
- Diabetic supplies
- Eye exams
- First aid supplies
- Gynecologists' fees
- Health/Dental/Vision insurance deductibles and copays
- Hearing aids/batteries
- Infertility treatments
- Laboratory fees
- Laser eye surgery
- Mileage related specifically to an eligible medical visit
- Nutrition Counseling (specific medical condition)
- Obstetrical fees
- Orthodontia
- Orthopedic shoes
- Over-the-counter items purchased to alleviate or treat an illness or injury
- Physical therapists' fees
- Podiatrists
- Prescription drugs (for non-cosmetic reasons)
- Prescription eyeglasses and/or contact lenses
- Psychiatrists' fees
- Psychologists' fees
- Psychotherapists' fees
- Retin-A used to treat acne
- Routine physicals
- Seeing-eye dog (purchase, training, and care)
- Skilled nurses' fees
- Smoking cessation programs
- Special education for the handicapped
- Speech therapists' fees
- Sterilization fees
- TMJ related treatments
- Therapy treatments (specific medical condition)
- Transportation expenses (for medical reasons)
- Substance addiction treatment
- Wheelchair
- X-rays

Ineligible

- Warranty
- Dates of Service outside of the Plan Year
- Service Fees/Late Fees
- Electric Toothbrushes
- Vitamins & Supplements (unless prescribed by a physician to treat illness or injury.)

Over-the-Counter Medications

As of January 1, 2020, over-the-counter items are once again eligible for reimbursement. The 5 most common expenses eligible without a prescription are: Pain relief medications, cold and flu products, allergy products, heartburn medications and menstrual products. For more information regarding OTC product eligibility, please visit our website.

Orthodontia Reimbursement

Please note: Orthodontia reimbursement is based on when the service is incurred, not when payment is made. Also, all first time orthodontia requests must include the Truth in Lending Statement or treatment contract. For assistance in determining what orthodontia expenses would be eligible for reimbursement from this Plan Year please contact our office directly or reference our website for additional information.



What Kind of Medical FSA Expenses are Eligible?

Qualifying health care expenses may be incurred for you, your legally married spouse, your natural child, your adopted child, a child placed with you for adoption, your step-child or your foster child through December 31 of the calendar year the child turns age 26; or other children, relatives and members of your household who are your "qualifying Child" or "qualifying relative" under IRS guidelines. For a complete definition of Qualifying Child or Qualifying Relative, please contact our office. Your expenses must be incurred (incurred means date of service, NOT date of payment) within the plan year or prior to your employment termination date.



FSA Store

Flex Administrators, Inc. has partnered

with FSAStore to help you understand the many available uses of your Flexible Spending Account. The site helps make purchasing FSA eligible items simple. You can access the store through our website at www.flexadministrators.com. You can use the coupon code to save on your first purchase.

\$5 OFF

with code FlexAdminOE
Expires 12/31/2024
Limit one use per customer

Visit
FSAstore.com/flexadminwelcome

[FSAstore](http://FSAstore.com)

What Kind of Dependent Care FSA Expenses are Eligible?

Who is eligible for the dependent care account?



If you are married, you can use the account if you and your spouse work, or in some situations, if your spouse goes to school. You can also use the account if your spouse is disabled and unable to care for the children. Single parents can also use the account.

Which dependents are eligible?

An eligible person is defined as an individual who qualifies as a dependent for income tax purposes and is:

- Under the age of 13, or physically or mentally unable to care for himself or herself; or
- Your spouse, or other dependent (child and/or parent) who is physically or mentally unable to care for himself or herself.

If the care is provided outside your home, the expenses can be reimbursed only if the eligible person regularly spends at least 8 hours a day in your home.

What Expenses Are Eligible for Reimbursement?

The following types of care are reimbursable from a Dependent Care Spending Account:

- Care provided inside or outside your home by anyone other than: your spouse, a person you list as your dependent for income tax purposes, or one of your children under age 19.
- Cost of care for school-age children through age 12. This includes nursery school expenses, even if the school also furnishes lunch & educational services. Educational expenses for a child in kindergarten or higher are not considered expenses for care. If dependent is in kindergarten or higher, the cost of schooling must be separated from the cost of care.
- A dependent care center or child care center (if the center cares for more than six children, it must comply with applicable state & local regulations).

NOTE: If you participate in the Dependent Care Spending Account, the IRS will require you to report the Social Security number or Taxpayer Identification number of your provider on your federal income tax return by completing Form 2441.

- A housekeeper, au pair, or nanny whose services include, in part, providing care for a qualifying dependent.
- Day care costs while in day camps
- Before/after school care
- Preschool or nursery school
- FICA and FUTA taxes

How Much Can I Contribute to the Dependent Care Spending Account?

The Internal Revenue Service places limits on the amount of money that can be paid to you in a calendar year from your Dependent Care Spending Account.



Generally, your contributions may not exceed the lesser of:

- 1 \$5,000 (if you are married filing a joint return or you are head of a household) or \$2,500 (if you are married filing separate returns);
- 2 your taxable income; or
- 3 your spouse's income (for calculation purposes, a spouse who is a full-time student or incapable of caring for himself/herself is considered to have a monthly income of \$250 for one dependent or \$500 for two or more dependents).

What Do I Need to Submit in Order to Get Reimbursement?

You will need an **Itemized Receipt** from the day care provider. The receipt must reference the from/through date of service and be signed by the provider (or on the provider's letterhead).

You can prepare your own receipts for your day care provider to complete using the sample below:

Receipt for Child Care Services	
For the Time Period:	___ / ___ / ___ through ___ / ___ / ___
For the Amount of \$	_____
Paid by:	_____
Received by:	_____
Date:	___ / ___ / ___

How Do I Submit Claims?

In order to receive reimbursement from your account, please collect the proper documentation and submit your claim via one of the options below.

Ways to File a Claim

- 1 Via your online account at <https://flexadministrators.lh1ondemand.com>. Please Note: This online portal was new as of 8/1/19. If you have not logged into your account since 8/1/19, please select "New User", and follow the prompts.
- 2 Via "Flex Administrators Mobile", our mobile app available for your phone or tablet, available at the App Store, or Google Play. Mobile App login is the same as website login.
- 3 E-mail your Claim to: claims@flexadministrators.com*
- 4 Submit via Fax at 616-454-6090*
- 5 Submit via Mail at*: Flex Administrators, Inc.
3980 Chicago Drive, Suite 230
Grandville, MI 49418

FREE App



For Apple iOS



For Android

*If you choose to file your claim via email, fax or mail, please use a Request for Reimbursement Form.

Also, please note we cannot accept Word (.doc, .docx), Excel (.xls, .xlsx), TIF (.tif) or Photoshop PSD (.psd) file types as attachments for claims submissions. In order to ensure claim receipt, please submit attachments as either an Image (.jpg) or Adobe Acrobat (.pdf) file type.

If you submit a claim by email you will receive an email response verifying that your claim was received.

CLAIM PROCESSING TIME PERIOD: 2 Business Days from time claim is received.

(This includes processing documentation requested for Flex Administrators VISA Card Transactions.)

Things to Consider

For help making your election, consider the following questions.

- How much have I spent for myself and my dependents on out-of-pocket medically related expenses in the past 12 months?
- How much will I spend for ongoing medical expenses next year?
- Am I better off having dependent care expenses paid through the Dependent Care Spending Account or taking the child care tax credit?
- Does my spouse also contribute to a Dependent Care Spending Account? The maximum amount any one family can contribute during a calendar year is \$5,000.
- Do I understand that I cannot take a federal income tax deduction for expenses I am reimbursed for from my Dependent Care Spending Account?
- **If you or any member of your family is enrolled in a high deductible health plan with an HSA, you may be limited in your participation of the medical FSA plan.**

Be conservative in estimating your plan year contribution. You may not claim any other tax deduction under this Plan, although the balance of your eligible dependent care expenses may be eligible for the dependent care tax credit. The Dependent Care Spending Account is generally more advantageous than taking a federal tax deduction if you fall into general annual salary categories based on how you file your federal income tax and your adjusted gross income. See the dependent care worksheet that compares the tax credit to the Dependent Care Spending Account plan.

Legal Requirements of the Plan

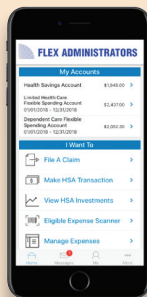
- 1 Binding Contribution:** When a participant signs up to make a contribution, the amount decided upon is “locked in” unless they incur a “change in status” (explained below).
- 2 Use-it or Lose-it Rule:** Please refer to your plan specifics sheet to determine if this may or may not impact you.
- 3 “Advance Reimbursement”** applies only to the Health Care Spending Account and allows a participant to be reimbursed up to the maximum of their plan year election prior to their full year contribution.

Ways to Manage Your Account

“Flex Administrators Mobile” is Available on the App Store & Google Play

The app lets you view balances, claims and card transactions as well as submit a claim! No more faxing receipts! You can file a claim directly from your mobile device with a photo of the receipt.

You can check account balances 24/7 *securely* since no information is stored on the mobile device.



Online Claim Filing

You have the option to enter your claim on our website and then upload your receipts without having to mail or fax anything to our office! Simply log in to your account and choose REIMBURSE MYSELF. From there the website will walk you through entering your claims information and then uploading your receipts.

Check Balances, Reimbursement Status, and get Answers to Your Questions at www.flexadministrators.com

Check your balances, see your last reimbursement and get answers to your questions by logging into your account at www.flexadministrators.com. Please note: This portal was new as of August 2019. Please select the NEW USER option below the Login and Password boxes and follow the prompts if you have not used the website since August of 2019.

This chart will help to explain the Use-it or Lose-it rule.

\$25.00 Weekly Contribution x 52 Weeks	\$1,300.00
15% Federal Income Tax Savings	\$195.00
7.65% Social Security Tax Savings	\$99.45
4% State Tax Savings*	\$52.00
Total Tax Savings	\$346.45
Money Left in account at the end of the year	\$100.00
Tax Savings Even With Money Left In Account.	\$246.45

*Tax rates may vary by state.

Use-it or Lose-it. Is it that bad?

Flexible Spending Account regulations require that money not used by the end of the plan year must be forfeited, so it's important to plan carefully. Keep in mind that you cannot transfer Flexible Spending Account monies from the Health Care Account to the Dependent Care Account and vice versa. This table shows the tax savings even if there is money left in the account. As you can see, the example leaves \$100.00 which is forfeited because of non use. Yet because of the tax savings this individual would still be tax dollars ahead by participating.

Can I Change My “Plan Year” Election?

Generally, no. You may not change your contribution during the plan year, unless you have an IRS “change in status,” and the change in your contribution is “due to and on account of” the change in status. The IRS defines a change in status as:

- 1 Change in employee’s legal marital status** – including marriage, divorce, death of spouse, legal separation, and annulment.
- 2 Change in number of dependents** – including birth, adoption, placement for adoption, and death.
- 3 Change in employment status** – Any of the following events that change the employment status of the employee, the employee’s spouse, or the employee’s dependent qualify: a termination or commencement of employment; a strike or lockout; a commencement of or return from an unpaid leave of absence; and a change in work site.
- 4 Dependent satisfies (or ceases to satisfy) dependent eligibility requirements** – an event that causes the dependent to satisfy or cease to satisfy the requirements for coverage due to attainment of age, gain or loss of student status, marriage, or any similar circumstances.
- 5 Residence change** – a change in the place of residence of an employee, spouse, or dependent (if the residence change affects the employee’s eligibility for coverage).

You can also change your contribution to the dependent care account during the plan year in the following situations:

- When the dependent ceases to qualify as a dependent (for example, the child reaches age 13);
- When the employee switches to a new dependent care provider; and,
- When the cost of the dependent care expense increases or decreases. However, a mid-year election change due to cost is not allowed where the dependent care provider is a relative of the employee.

If a change in status occurs, you must inform your employer of your new election within 30 days of the occurrence.

Have Questions?

Email us: Service@Flexadministrators.com



Flex Administrators
 3980 Chicago Drive, Suite 230
 Grandville, MI 49418
 PHONE: 616.456.7908
 Outside of 616 area code: 800.968.3539

www.flexadministrators.com

Fill This Out To Save

Worksheet: Estimated Unreimbursed Health Care Expenses

The following is a worksheet to assist you in identifying your health care expenses.

This worksheet only identifies a few of the most common expenses. There are many more eligible expenses reimbursable under the plan. Please refer to your communication brochure for a more extensive list of eligible expenses.

Medical

Deductibles \$ _____
Coinsurance payments* \$ _____
Copayments \$ _____
Office Visit Copays \$ _____
Well-baby care \$ _____
Physicals/Annual checkups \$ _____
Pap Smears \$ _____
Immunizations \$ _____
Prescription Drugs \$ _____
Contraceptives \$ _____
Insulin \$ _____
Laboratory tests \$ _____
Splints, supports, corrective devices \$ _____
Hearing devices \$ _____
Therapy treatments (medical reasons only) \$ _____
Other expenses \$ _____

Dental

Deductibles \$ _____
Coinsurance payments* \$ _____
Fillings/crowns/bridges \$ _____
X-Rays \$ _____
Cleaning \$ _____
Fluoride treatments \$ _____
Dentures \$ _____
Orthodontia** \$ _____

Vision

Deductibles \$ _____
Coinsurance payments* \$ _____
Examinations \$ _____
Lenses \$ _____
Frames \$ _____
Contact Lenses \$ _____
Contact Solution \$ _____

Over-the-Counter Items & Medications

Used to treat or alleviate an injury or illness. Common OTC items are pain relief medications, cold and flu products, allergy products, heartburn medications, and menstrual products.

\$ _____

Total Annual Unreimbursed Health Care Expenses

Cannot exceed your plan maximum as noted on the other side of this form. \$ _____

Estimated Dependent Day Care Expenses

(when you *and* your spouse work)

Child care/Day care centers \$ _____
Child care in home \$ _____
After-school care \$ _____
Care of other dependents \$ _____

Total Annual Dependent Day Care Expenses (Cannot exceed \$5,000 per calendar year or earned income of employee or spouse, whichever is less.)

Total Dependent Care \$ _____

* Please keep in mind that any coordination of benefits with another group plan will reduce your out-of-pocket expenses.

** Please see Brochure regarding Orthodontia before entering your estimated cost here.

Mandatory Statement for Dependent Care



In order to participate in the Dependent Care Flexible Spending Account you will need to complete and return this form once per Plan Year. Reimbursement cannot take place from the account unless this form is on file. If your provider changes mid-year a new form will also be required.

Employer Name: _____

Employee Name: _____ Plan Year: _____

DEPENDENT CARE PROVIDER INFORMATION:

Provider Name: _____

Provider Address: _____

Tax ID Number or Social Security Number: _____

(Please note: You must provide the above information to the IRS by completing Form 2441 on your Federal income tax return.)

DEPENDENT INFORMATION:

Name:	Date of Birth	Relationship to You	Does dependent live with you?	Is the dependent disabled?

Is the person who provided the dependent care a relative of yours? Yes No

If yes, please answer the following questions:

- How is the person related to you? _____
- If the person is your child, how old is he or she? _____
- Is the person your dependent for income tax purposes? Yes No

Dependent care will be provided in: Your Home A Qualified Day Care Center Other _____

If care is provided at a Qualified Day Care Center, does the Day Care Center provide care for more than six people, and comply with all applicable state and local laws and regulations? Yes No

Are you married? Yes No

If yes, please answer the following questions:

- Does your spouse's annual earned income exceed the amount of the dependent care expenses elected?
 Yes No If no, please state your spouse's annual earned income _____
- Is your spouse a full time student? Yes No
- Does your spouse have a total disability which makes your spouse unable to care for himself/herself?
 Yes No

I certify that the information provided above is true and accurate to the best of my information, knowledge, and belief, and further certify that I will notify my employer if any of the above information changes during the current plan year.

Signed: _____ Date: _____



Authorization for Release of Protected Health Information

For your FSA, HRA, MRA and/or HSA plan through

Employer Name: _____ (hereinafter referred to as the “Employer”)

I. Information About the Use or Disclosure

Individual’s name: _____

This authorization relates to the health plan(s) of Employer (hereinafter referred to as the “Plan”). I authorize the use or disclosure of my individually identifiable health information by or to any family member or member of my household, health care provider, the Plan sponsor, the insurer/TPA of the Plan, or any other entity providing services in connection with the Plan in order to process my enrollment in the Plan or to process any claim for my Plan benefits. This authorization is effective until the date I terminate enrollment in the Plan.

II. Important Information About Your Rights

I have read and understood the following statements about my rights:

- I may revoke this authorization at any time prior to its expiration date by notifying the Plan in writing, but the revocation will not have any affect on any actions the Plan took before it received the revocation.
- I may see and copy the information described on this form if I ask for it.
- I am not required to sign this form to receive my health care benefits (enrollment, treatment, or payment).
- The information that is used or disclosed pursuant to this authorization may be redisclosed by the receiving entity.

III. Signature of Individual or Individual’s Representative

Signature of Individual or Individual’s
Representative

Date

(Form MUST be completed before signing.)

Printed name of the Individual or Individual’s personal representative: _____

Relationship to the individual, including authority for status as representative: _____

Please Return Completed form to Flex Administrators, Inc.
Fax: 616-454-6090 | Email: Service@flexadministrators.com | Mail: 3980 Chicago Drive, Suite
230, Grandville, MI 49418



LETTER OF MEDICAL NECESSITY

Under Internal Revenue Service (IRS) rules, some health care services and products are only eligible for reimbursement from your Health Care Flexible Spending Account (FSA) if your provider believes the service or purchase is medically necessary for you or your eligible dependent(s). You may obtain a list of eligible and ineligible expenses, as well as a Reimbursement Form, online at www.flexadministrators.com. Please complete the below form in full.

TO BE FILLED OUT BY PARTICIPANT
Patient Name :
Participant Name :
Participant Employer :
Last 4 digits of Participant SSN :

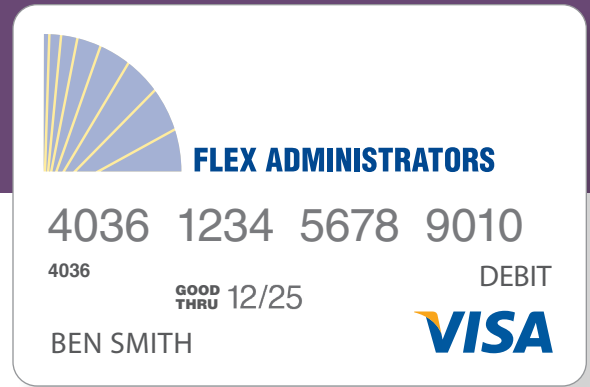
TO BE FILLED OUT BY LICENSED PRACTITIONER
Medical Condition:
Describe prescribed treatment (frequency and dosage):
Duration of the treatment:
I certify that this service or product is medically necessary to treat the specific medical condition described above and is not in any way for general health or for cosmetic purposes.
Print Name of Licensed Practitioner:
Signature of Licensed Practitioner:
Date:

NOTE: In order for the expense referred to on this Letter of Medical Necessity to be reimbursed, you must attach the detailed statement or Explanation of Benefits from your Medical Insurance Provider and complete a Reimbursement Form (certain expenses may require additional documentation). Documentation must include the date of service, the services rendered or product purchased, and the person for whom the services were rendered and the amount charged. These documents are required with each claim filed.

Please submit claims including documentation and forms to:

Flex Administrators, Inc.
3980 Chicago Drive, Suite 230
Grandville, MI 49418
Fax: 616.454.6090
claims@flexadministrators.com

Flex Administrators Visa Debit Card 101



Following the steps below will make using your Debit Card easy.

1 Activate Your Debit Cards

You can activate your debit cards by calling the toll-free number located on the activation sticker on the front of your flex card or by visiting the website on the back of the card.

2 Use Your Flex Card to Pay

Use your Flex Administrators VISA card when paying for eligible medical, dental, vision or dependent care expenses. Your eligible expenses will be determined by your plan design.

3 Save Your Statements

You may be asked to submit documentation to verify that your expenses comply with IRS guidelines. Each itemized statement must show: the provider/merchant's name, the service received or items purchased, the date of service/purchase, and the amount charged for the services/items purchased. You may also submit an Explanation of Benefits (EOB) from your insurance provider to support your debit card purchases.

4 Check Your Email

You may be required to support a purchase. If documentation is requested, you will receive a request via email only, 1-2 days following your debit card swipe. You will have 30 days from the date of the first emailed request to submit your documentation. If it is not received at the end of 30 days, your debit card will automatically be suspended until either the documentation is submitted or a repayment is made to your account. Please see your Flex Administrators brochure for instructions on how to submit documentation.

Log Into Your Account Any Time

Access your account with the online portal or the Flex Administrators Mobile App at any time to check your balance, view required tasks, submit receipts, and more! You may also call Flex Administrators at (616) 456-7908 from Monday-Friday 8:30am - 5:00pm EST and speak with our receptionist who will assist you with questions, or connect you with your account manager for further assistance.

The other side of this sheet contains answers to the most frequently asked questions.

Flex Administrators Debit Card FAQs



1 Is the Flex Card Just Like Other Visa® Cards?

No. The Flex Card is a special-purpose Visa Card that can be used only for eligible health care/benefits expenses. It cannot be used, for instance, at gas stations or restaurants. There are no monthly bills and no interest.

2 How Many Flex Cards Will I Receive?

You will receive two Cards, both in the participant's name. An eligible Dependent can use the other card by signing the back.

3 Will I Receive a New Flex Card Each Year?

No, you will not receive a new Card each year. The Card will be loaded with the new annual election amount at the start of each plan year or incrementally with each pay period, based on the type of account you have. If you have a card that will expire, new cards will automatically be requested and mailed for you with adequate time to be received before the current card expiration date.

4 What if the Flex Card is Lost or Stolen?

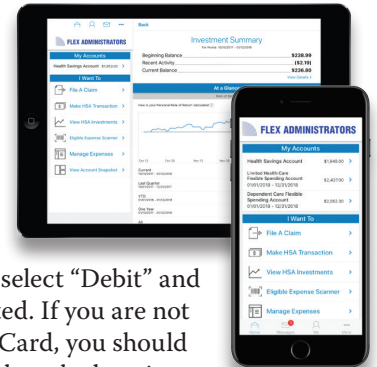
Contact Flex Administrators at (616) 456-7908 or email service@flexadministrators.com. Report a Card lost or stolen as soon as you realize it is missing, so your card can be canceled and a replacement card can be issued. There may be a fee for replacement cards.

5 How Much is on the Flex Card When it is Activated?

For Health Care FSAs, your annual election amount will be loaded onto the card. Some other types of accounts, like HSAs and HRAs, are funded incrementally at each pay period, so it is especially important to be aware of your account balances in order to avoid having your Card declined at the point of service. When you incur an expense that is greater than the amount remaining in your account, you may be able to split the cost at the register. (Check with the merchant.)

6 If Asked, Should I Select "Debit" or "Credit"?

If the you have elected to use a PIN (Personal Identification Number) with your Flex Card, you should select "Debit" and enter the PIN when prompted. If you are not using a PIN with your Flex Card, you should select "Credit" and you will be asked to sign for the benefit card purchase. You cannot get cash with the Flex Card.



7 How Will I Know to Submit Receipts to Verify a Charge?

You will receive an email from our automated system if there is a need to submit documentation. All documentation should be saved per the IRS regulations.

8 Will Supporting Documentation Be Required for All Purchases Made with the Flex Card?

No. Typically purchases made at major pharmacies and/or copay amounts from your group's medical health plan will auto-process – meaning you will not need to turn in supporting documentation. However, if automated processing is unable to approve a transaction, the IRS requires that either an itemized statement or Explanation of Benefits be submitted to validate the expense. These notifications will be sent by email.

Get the Free "Flex Administrators Mobile" App By Pointing Your Camera at the QR Code



For Apple iOS



For Android



Flex Administrators
3980 Chicago Drive, Suite 230
Grandville, MI 49418
PHONE: 616.456.7908
Outside of 616 area code: 800.968.3539
www.flexadministrators.com