



Congratulations on taking the first step to save yourself money!

Flexible Spending Accounts save on average 25-40 percent of the amount elected. You also no longer have a “use it or lose it rule” associated with your Medical FSA and can carry over unused money, up to \$500. If you elect just \$500 you will have a tax savings on average of \$150 per year! It is as simple as filling out an election form! To submit claims we have a mobile app, online claims entry, and other methods that make it as easy as possible! In this packet you will find:

- FSA Enrollment Form; for the plan year. Claims have to be incurred during the plan year to be eligible expenses. You have to re-elect to participate in the FSA every year, regardless if your election remains the same.
- Carry over information. You can carry over up to \$500 in the medical FSA. Dependent Care FSA has a grace period and no carry over.
- Debit Card Info.
- Debit Card Enrollment Form; Debit cards are good for 3 years and if you are still a participant when the card is about to expire you will automatically receive new cards. You can elect to have more than 2 cards, fill out additional forms as needed, or once the plan year begins you can request cards on the online user portal. **DO NOT THROW YOUR CARD AWAY** when your election is exhausted, you will be using the same card in following plan years.
- Introduction to Mobile App, Online User Portal, and how to find Eligible Expenses (login instruction to the online user portal is on the rear of this form).

Contact Alternative Benefit Systems at 484-248-6323 – 1-800-631-2828 or support@alternative-benefit.com with any questions.

Wilson Area School District

CAFETERIA PLAN ELECTION FORM FOR THE 2018 PLAN YEAR

This election form is used to elect to participate in the Cafeteria Plan for the period starting on September 1, 2018 and ending August 31, 2019.

Employee Information:

Name: (First) (MI) (Last)	Social Security No:
Address: (Street) (City) (State) (Zip)	

Part One: Insurance Contributions

The first part of your Cafeteria Plan involves the insurance premiums you currently pay through your employer via payroll deduction. These premiums can be for Health, Dental, Vision, or any other Insurance Plans deemed eligible by the Internal Revenue Service that your employer offers. These Plans must be sponsored by your employer to be eligible for the pre-tax benefit through your Cafeteria Plan. Individually owned policies or policies sponsored by your spouse's employer are **not** eligible through this Plan. Please indicate your election by checking the appropriate box below:

Please check one:

<input type="checkbox"/>	Yes, I want to save taxes! Please deduct the portion I pay towards my insurance before applicable taxes are calculated on my income!
<input type="checkbox"/>	No, I do not wish to save taxes on this expense. Please deduct my insurance contribution after applicable taxes are calculated on my income.

Part Two: Flexible Spending Accounts (FSA):

The second part of your Cafeteria Plan consists of the Health Care Reimbursement and Dependent Day Care Reimbursement accounts also referred to as Flexible Spending Accounts. Please refer to our brochure entitled "Keep More of What You Earn" for further explanation of these accounts including a worksheet of eligible expenses to help you calculate your annual election. If you find that you could benefit from one or both of these accounts, please make your election below. Be sure your elections do not exceed the Plan Maximums and do not include any insurance premiums in your election for the Health FSA.

FLEXIBLE SPENDING ACCOUNT	PRE-TAX AMOUNT PLAN YEAR	PRE-TAX AMOUNT PER PAY	PLAN YEAR MAXIMUMS
Health Care Reimbursement <small>(UNINSURED MEDICAL, DENTAL, & VISION EXPENSES)</small>	\$	\$	\$2,650
Dependent Day Care* <small>*Please call our office if your spouse does not have earned income</small>	\$	\$	\$5,000

Waiver of FSA Coverage (please check):

<input type="checkbox"/>	I do not wish to participate in a Flexible Spending Account.
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I acknowledge that:

- § I have voluntarily elected to participate or not participate in the Plan for the benefits listed above and authorize my employer to reduce my salary in the amount necessary for the coverages elected.
- § Any amount placed in a Flexible Spending account may not be used for another benefit.
- § All administrative requirements for verifying reimbursement claims (such as proper claim filing and submitting proper documentation) must be satisfied before I am entitled to receive reimbursements.
- § I will forfeit any funds left in my FSA if I fail to incur or properly verify a reimbursable expense.

<hr style="border: none; border-top: 1px solid black; margin-bottom: 5px;"/> Employee Signature	<hr style="border: none; border-top: 1px solid black; margin-bottom: 5px;"/> Date
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USE IT OR LOSE IT?

NOT ANYMORE!

Flexible Spending Accounts, or FSAs, used to be “use it or lose it.” Any money not spent by the deadline was forfeited – gone for good. But not anymore!

Thanks to a recent ruling by the IRS, you won't lose any of your FSA contribution as long as the balance left over is \$500 or less. It's called the “FSA Carryover.” Money left in your FSA account at the end of a plan year, up to a maximum of \$500, can now be carried over to the next plan year.

Health FSAs allow you to set aside up to \$2,650 per year in pre-tax money to cover eligible health-care expenses. In other words, an FSA lets you save on taxes for purchases you would have to make anyway. And with FSA Carryover, there are even more reasons to elect a Flexible Spending Account this year:

Peace of Mind

Safely set aside pre-tax money for unexpected medical emergencies without fear of losing money if it isn't needed.

Easier to Calculate

Don't worry about precisely predicting your out-of-pocket medical expenses. If you set aside too much, you can carry over up to \$500 to the next plan year.

Flexibility

If you normally set aside \$500 to cover expenses, you can now elect \$1,000 without fear of losing the difference. This can help you make better choices when facing unexpected medical costs by providing some *wiggle room*.

If you were not planning to elect a Health FSA for the upcoming benefit year, take another look. You'll get significant tax savings, the convenience of a MasterCard® debit card – and now, FSA Carryover up to \$500.



Get Reimbursed with the Swipe of a Card

What exactly is this card for?

mySourceCard™ is a MasterCard® debit card designed to reduce your out-of-pocket expenses and the hassle of writing a check or paying with cash. This card allows you to pay for your health care needs or daycare expenses – at qualified locations that accept MasterCard® – without the hassle of waiting for a reimbursement check.

Advantages of the mySourceCard™

- Payment comes directly from your reimbursement account – no more paying cash out of your pocket
- Reduces the need for claim forms and the wait for reimbursement checks
- Online access to real-time account information – allowing you to check your balance at any time – at www.alternative-benefit.com

Where can I use the card?

mySourceCard™, your MasterCard® debit card, gives you hassle-free reimbursement for goods and services at qualified locations such as:

- Hospitals
- Physician Offices
- Dental Offices
- Vision Service Locations
- Pharmacies
- Daycare Facilities

How do I use the card?

Simply present the mySourceCard™ as payment for qualified goods and services. Qualified purchases will be paid directly from your reimbursement account.

How is this card different?

For the most part, your card works just like any other debit card, except for three important differences:

1. It is limited to specific merchants and eligible expenses, which are determined by the benefit account you have selected.
2. You can't use it at an ATM or for "cash back" when making a purchase.
3. When given the option between debit and credit, choose credit.

What is an eligible expense?

Depending on the benefits you have selected from your employer, it can include anything from hospital stays and doctor visits to prescription drugs, eyeglasses, and daycare services. Check out our brochure "Keep More of What You Earn" for a more detailed list.

What is an ineligible expense?

Anything that's not listed in your benefit plan documents. It's important to note that you are responsible for how you use the card. If you are not sure if something is eligible, check with our office.

What if there's not enough money in my account?

Usually, the transaction will be denied. You'll have to have the merchant enter the payment amount for exactly what is left in your account and then use an alternate payment method for the remaining balance, or you can pay for the expense yourself and submit a receipt and a claim form to Alternative Benefit Systems for reimbursement.

What if my doctor or daycare provider doesn't accept MasterCard®?

You'll need to pay with a different payment method (Cash, Check, Debit/Credit) and submit the receipt along with a claim form to Alternative Benefit Systems for reimbursement.

Important things to remember when using the mySourceCard™:

- Keep all your receipts. We may request them to verify expense eligibility.
- You can only use the card at authorized merchants.
- You can only use the card up to the amount available in your account. Any charge above this amount will cause the entire transaction to be denied.
- You have 24/7 access to account information at www.alternative-benefit.com

Still have questions?

Call our office at 484-248-6323 or 800-631-2828.



Administrative Services Provided by:



P.O. Box 349
Blandon, PA 19510
484-248-6323 or 800-631-2828

Employer Name: Wilson Area School District

mySourceCard® Enrollment Agreement

As a participant in one or more of your Employer Plans you will receive a mySourceCard® MasterCard® Debit Card issued by Benefit Bank, and agree to use it according to this Agreement and the Cardholder Agreement that will be provided to you with the Card.

You understand that the Card is restricted to certain merchant categories and is not accepted at all MasterCard® acceptance locations. You understand that you may not obtain a cash advance with the Card at any merchant, bank or ATM. You understand that the Card is to be used *exclusively* for Qualified Expenses as defined by the plan(s) in which you participate. If the Card is issued pursuant to Employer Plans and you use the Card for an expense that is not a Qualified Expense, you are indebted to your employer and must repay the full amount of the non-qualified expense.

You agree to save all invoices and receipts related to any expense paid with the Card; upon request you must submit these documents for review by the Plan Service Provider. Failure to submit the receipt(s) will cause the expense to be treated as a non-qualified expense and you will be required to remit payment to your employer. Payment may be in the form of an offsetting claim, a personal check, electronic draft from your personal checking or savings account, a post-tax deduction from your paycheck, or other options established by your employer.

**For proper Cardholder Identification, please complete the following information.
Your Card will not be issued until this form is received by your Plan Service Provider.**

Name on Card: (Please Print) _____
21 characters maximum including spaces

Address: _____ City: _____ State: _____ Zip: _____

Social Security Number: _____ Date of Birth: _____ Home Phone: _____

E-mail Address: _____

Name on 2nd Card: (Please Print) _____
21 characters maximum including spaces

Mother's Maiden Name (Security purposes only): _____

Signature: _____ Date: _____

ALL FIELDS ARE REQUIRED

For Official Use Only

Plan Service Provider Initials:

Receive Date:

Process Date:



Online User Portal

Having your FSA as easy to use as possible is our goal. We want you to be able to take advantage of all the tax breaks you deserve, saving the most money you can, with the least hassle possible.

To help with that we have a online user portal which lets you view account balances, edit personal information, and submit claims online if you have a scanner to upload the receipts. Different forms can be found online that you may need throughout the year as well. It is very user friendly and easy to use.

Please see the enrollment instructions on the rear of this page to find out how to sign up, and your unique employer code.

Mobile App

To make things even easier for you we have recently released a Mobile App for smart phones. It is available in both the Apple and Android operating systems free of charge. You can do many of the same things as you can from our online user portal, right from your smart phone. It also has a "Snap Claim" feature which allows you to take a photo of your receipt with your smart phone and submit your claim that way. You will use the same user name and password that you created with the online user portal to login, so you will need to create that account first if you haven't. Once you register with the online user portal and login you can find a guide to the Mobile App, in the documents section.

Product Eligibility List and FSASTore

If you don't know what is eligible, you cannot be saving the most money! It's as simple as that. If you go to the chiropractor, pay deductibles, buy sunscreen (spf 15+), etc and don't know that you can be using your FSA funds, you are missing out. To help give you an idea of some available items visit our website www.alternative-benefit.com and click the FSA picture. Then click "Documents/ Guides" link at the top of that section. You will find a Product Eligibility list you can then open.

On our websites home page you will also see a link to the FSASTore section. There you will find thousands of eligible items and they are categorized nicely. Everything on the site is FSA eligible. If you are planning out how much to set aside for your FSA, or trying to use up left over monies at the end of the year these are both very valuable resources.




Login ID:	<input type="text"/>
Password:	<input type="password"/>
	<input type="button" value="Log In"/>
Register	
Forgot Login ID or Password?	

ON-LINE ACCOUNT ACCESS INSTRUCTIONS

Through this service you will be able to access your account balances, claims processed, checks issued, **online claims entry**, obtain forms and more! The following instructions are designed to help you through the initial setup of your Login ID and Password. **This can only be done when you are an active participant in the plan.**

FIRST TIME LOG IN (follow these easy steps):

1. Go to www.alternative-benefit.com
2. In the top right area of the screen you will see the Login portal as pictured above. Click “ [Register](#) ”.
3. Click on our logo. 
4. Enter your Login ID. This will be your social security number with no spaces or dashes
5. Next, you will be asked to enter your Employer Code. **55906596**
6. Next, you will be asked to set up a new Login ID, and to provide some additional account information. You will use this new Login ID the next time you login to our site.
7. Lastly, you will be asked to enter a password that will be used to login to our site.
8. After completing all steps if it does not log you in automatically, go to our website www.alternative-benefit.com and enter the login information that you just created.

After your initial login you may access this service by going to our website at www.alternative-benefit.com.

The username and password generated will be the same that you use to login to our mobile app available on your smart phones app store.

If you have any questions or problems with this service please call us at (484) 248-6323, (800) 631-2828 or email support@alternative-benefit.com