FLEXIBLE SPENDING ACCOUNT



Employer Services Corporation

FSA Rules to Remember

Open Enrollment

Enroll at www.padmin.com between March 19, 2018 -April 8, 2018.

Plan Year

May 1, 2018 - April 30, 2019

Grace Period

An extension of the plan year during which expenses can be incurred. Participants have until July 15, 2019 to incur expenses during the Plan Year.

Run-Out Period

Participants have until July 31, 2019 to submit for expenses incurred during the plan year and grace period.

Use or Lose Rule

Unused account balances will not rollover. Remember, only contribute money you are confident you will use to pay for qualified expenses during the plan year.

www.padmin.com



WHAT IS A FLEXIBLE SPENDING ACCOUNT?

A Flexible Spending Account (FSA) allows you to set aside a portion of your pay pre-tax to use for eligible expenses that are not covered by insurance or only partially covered. Because it is deducted from your pay before taxes, you can save up to 30% on your dollar (depending on your tax bracket)! Estimate how much you usually spend on these types of expenses in a year and set aside that dollar amount into your FSA.

ACCOUNTS AVAILABLE

Health FSA

Covers the cost of medical, dental, and vision expenses incurred by you and or your eligible dependent(s). Eligible expenses include deductibles, co-pays, prescriptions, eyeglasses, and dental work.

Maximum annual election amount: \$2,650

Dependent Care/Daycare Assistance Account

Covers the amount you pay to daycare centers, babysitters, after school programs, day camp programs and eldercare facilities. *This account does NOT reimburse medical expenses for your dependent(s). It is for qualified daycare expenses only.*

Maximum annual election amount: \$5,000

Adoption Assistance Account

Covers the cost of adoption related expenses that you incur in the process of legally adopting a child including attorney and travel fees. If you are in the process of adopting a child and want to enroll in this account please contact P&A Group for further guidance.

Maximum annual election amount: \$13,840

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P&A BENEFITS CARD

Your employer offers a Benefits MasterCard for employees who participate in the plan. The Benefits MasterCard works like a debit card. When you incur an eligible expense present your Benefits Card to the provider of the goods or services you are purchasing. Swipe your card at the point-of-service and the expense will automatically be deducted



from your FSA balance. If you are unable to use your Benefits Card you can still be reimbursed for all eligible expenses. Save your receipt and submit a claim to P&A Group using one of the methods below. For all purchases we encourage you to save your receipts in case documentation is requested. NOTE: This card cannot be used at an ATM machine to withdraw cash.

Your debit card is valid for three years from the date of issue. If this is your third year enrolling with P&A Group, you may be receiving a new benefits card in the mail. When it is time for you to receive a new card your card will automatically be mailed to your home address in a plain white envelope.

CLAIM SUBMISSION OPTIONS

QuikClaim

Instantly submit claims and receipts directly from your smartphone.

- 1. Capture a picture of your receipt or other supporting documentation of your eligible expense.
- Log into your P&A Account at www.padmin.com from your mobile device by selecting Account Login and follow the prompts on your screen.

Electronic Claim Upload

Submit claims directly online at P&A's website www.padmin.com by logging into your P&A account. Select **Upload Claim/Documentation** under **Member Tools**.

Fax or Mail a Paper Claim

Claim forms are available online at www.padmin.com.

FAX: (877) 855-7105 MAIL: P&A Group 17 Court St. Ste 500 Buffalo, NY 14202

When submitting a claim make sure to include proof of service/documentation (itemized receipt, etc).

HOW TO ENROLL

Enroll online. Log into your account at www.padmin.com from March 19, 2018 - April 8, 2018.

<u>NOTE</u>: You do not need to be enrolled in your company's health insurance plan in order to participate in the FSA.

FSA CALCULATOR

Use this online tool to help estimate your calculated savings when you sign up for an FSA. Log into your account at www.padmin.com to access the calculator.

TEXT MESSAGING FEATURES

Log into your online P&A Account and update your profile with your mobile number. Then text one of the codes below to the number **70626** and you'll receive a text message with your account information!

- Account balance text BAL
- Claim status text CLM
- Deposit update text DEP

QUESTIONS?



EMPLOYER SERVICES Employer Services Corp. PH: (716) 932-6870

P&A Group

PH: (800) 688-2611 WEB: www.padmin.com Customer service hours: Monday - Friday, 8:30 am -10:00 pm ET.





WELCOME TO ONLINE ENROLLMENT

Follow the steps below to access P&A Group's online enrollment center.



Go to www.padmin.com. Choose **Online Enrollment** at the top of the screen. Select **FSA** to enroll in the Flexible Spending Account.



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If you previously created an online account, enter your username and password under **Existing User Sign-In**. Click **Submit**.

If you are a first time user, use the New	Jser
Sign-In box to access online enrollment.	Enter
your credentials and click Submit .	

Once logged in, click **Go to Online Enrollment**.

Existing User Sign-In	
If you have already cre need to log into online and password below.	eated a login to your P&A Account and you e enrollment, please enter your username
UserName	
Password	
	Forgot your password? SUBMIT Forgot your username?
New User Sign-Up	
If you have never sign information below. Yo username and passwo	ed into your P&A Account, enter the w'll then be prompted to create a unique ord.
SSN/Emp ID	
DOB _/_/_	
Zip Code	
	SUBMIT







A pop up of instructions will appear on your screen. After reading, click **I Accept**.

•	This enrollment system uses a wizard approach for making your enrollment selections easy.
•	Only options you are able to enroll in are presented with the enrollment wizard.
•	You must complete each section of the wizard, either marking no selection or marking the enrollment options.
•	You can use the buttons at the bottom of the wizard to go back and forward within the enroliment options.
•	A final confirmation page containing a confirmation number has to be produced by the enrollment system in order to ensure enrollment
	For additintional information regarding you enrollment please CLICK HERE

Online Enrollment Wizard – you are now ready to make your elections based on the account(s) made available by your employer. For each account available, make your election choice by clicking the gray circle. You can choose to maintain your current election, change your election amount, cancel your election or opt not to enroll.

EXAMPLE: To change your annual Health FSA election amount, enter your desired annual election. The estimated per payroll deduction will appear below. Once finished, click **Next**. To go back at any time, click **Previous**.

EXAMPLE

(Not all plans below may apply to your employer)

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Health FSA	Digenities (Long Incomine)	rid-glasseringergi	TRANSPORT OF THE	and the second s	P 1 Sector
Step 1 - Hea	alth FSA				
• You • You • You	are enrolling for the plan year from 1/ will be able to make changes to your e are currently enrolled in this plan with	1/2018 to 12/31/2018 lection until 12/31/2018 11:59:20 PM an election of 52,500.00			
@ Ewant	to maintain my election of \$2,500.00	Annualty .			
Estimat	ed per pay deduction: \$104.17				
· I wish t	o change my election amount to	\$ 1500 Annually	/		
Estimat	ed per pay deduction: \$62.50	tinimum: \$1.00 Maximum: \$2,550.	00		
() i wish t	o cancel my enrollment for this plan				

EXAMPLE

(Not all plans below may apply to your employer)



Pre-Confirmation Page – this page summarizes the elections you made. To make any changes, click the blue pencil icon and you'll be directed back to your account options. If no changes are needed, click **Next**.



Enrollment Complete Page – your enrollment is now complete. Please note the available options to help manage your account, like e-mailing or printing your confirmation page. You can also access forms, update your direct deposit information and more.

	✓ENROLLMENT COMPLETE
Your	confirmation number for this enrollment is : 192373
A fev	additional options are available at this point:
	Click here to have a copy of this enrollment emailed to you:
٠	Click here to print a copy of this enrollment.
1	Click here to allow plan access to another person, using the HIPAA Consent Form.
\$	Click here to submit or update direct deposit information.
*	Click here to complete the enrollment wizard and return to My Benefits.