

Flexible Spending Accounts (FSAs)

You must actively re-enroll in the FSAs each year. You are not automatically re-enrolled.

This year you can elect the Health Care FSA and/or Dependent care FSA. These accounts allow you to set aside pre-tax dollars to pay for eligible out-of pocket expenses.

How Flexible Spending Accounts Work

- 1. Each year during Open Enrollment, you decide how much to set aside for health care expenses and dependent care expenses.
- Your contributions are deducted from your paycheck on a pre-tax basis in 26 equal installments throughout 6/1/2021 – 5/31/2022.
- 3. The Health Care FSA includes a debit card that you can use at the point of sale. You can also file a claim manually online or via the Clarity Benefits mobile app.
- 4. For Dependent Care FSA expenses, you will need to pay up front and then submit a claim to be reimbursed from your account. This can be set up for automatic reimbursement direct to an account of your choosing.

MAXIMUM ANNUAL LIMITS:

Medical FSA - \$2,750

Dependent Care FSA - \$10,500 (increased as part of the Americans Recovery Act)

Note: If you have money left in your Health Care FSA at the end of the plan year, you may carry over up to \$500 for use in the next plan year.

Please note that these accounts are separate. You cannot use money from the Health Care FSA to cover expenses eligible under the Dependent Care FSA or vice versa.

American Recovery Act: The use it or lose it rule has been temporarily suspended until further notice. <u>ALL</u> unused funds will rollover into the new plan year. The dependent care age eligibility has been increased to age 14 under this law as well.

Plan	Annual Maximum Contribution	Examples of Covered Expenses
Health Care FSA	\$2,750	Copays, vision costs, dental costs, prescription medications, etc.
Dependent Care FSA	\$10,500	Day care, nursery school, Pre-K 3, Pre-K 4, summer camps, etc.

FSA STORE

www.fsastore.com

The FSAStore.com is a great resource for you and your family members. On this site, you can view a complete list of eligible items that are qualified health expenses.

Check out the FSA Calculator to better determine what your needs are for the upcoming plan year: www.fsastore.com/services/FSAcalculator.aspx

Eligible items: www.fsastore.com/FSA-Eligibility-List.aspx

NEW OVER-THE-COUNTER (OTC) ITEMS FOR 2021!

Over-the-counter (OTC) medications and feminine care products are now FSA-eligible for 2021.

OTC medicines like Tylenol[®], Zyrtec[®], and more will now be available for purchase with an FSA without a prescription. Menstrual care products, such as tampons and pads are now considered qualified health expenses with your FSA.

Clarity Registration

Once you have been enrolled in the plan, you will want to log in or register online to verify your information and your balance. If you have been previously enrolled in this plan, you will not need to register again.

FOR FIRST-TIME REGISTRANTS:

Go to www.claritybenefitsolutions.com and follow the steps:

Step 1: Select LOGIN at the top right of your screen and then choose "Clarity Consumer Benefits Participant Login."

Step 2: Select REGISTER under Sign in





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Step 3: Enter your credentials:

Registration ID: Employer ID is BENUSLI

Use your SSN# for the Employee ID



CONTACT US www.claritybenefitsolutions.com Fax: 877-767-8821



RECURRING DEPENDENT CARE CLAIM FORM

Part I: Participant Information (Please Print)

Company Name:		
Participant ID:		
Participant Name (Last/First/MI):		
Participant E-mail:		

*You can also add an email address on our website www.claritybenefitsolutions.com Part II: Recurring Dependent Care Reimbursement Request This form must be completed each year that a Participant elects to enroll in the Dependent Care Plan and wishes to receive recurring reimbursement of applicable expenses. To qualify for recurring reimbursement, a Participant's per pay period cost of dependent care needs to be equal to or greater than the their per pay period deductions, then the Participant must submit claims as services are provided.

Documentation must be retained for your records and provided to Clarity Benefit Solutions upon request. If any information on this request form changes during the plan year, it is your responsibility to submit an updated form.

	Date of Service Beginning Date to Ending Date	Provider's Name	Provider Tax ID #	Dependent's Full Name and Relationship	Reimbursement Requested
1					
2					
3					
4					
5					
	Total Reimbursement Requested >>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>			\$	

THIS FORM MUST BE SUBMITTED VIA FAX (877-767-8821) OR MAILED TO: 77 BRANT AVE., CLARK, NJ 07066

Part III: Dependent Care Documentation Requirements:

*Documentation required by the IRS includes either a bill, receipt or letter from the Provider which contains the following: Provider name, Dependent name, Dependent age or date of birth, date type of service(s) provided, date(s) the dollar amount for service.

Part IV: Employee Certification for Reimbursement

I hereby certify that:

* The individuals on this form are dependents of mine and are either under the age of 13 or a person of any age who is mentally or physically incapable of caring for himself or herself and the services are eligible dependent care expenses as defined by the IRS

Dependent Care Expenses for which reimbursement is being requested have not been reimbursed or are not reimbursable under any other dependent care account

* All dependent care expenses will be incurred by my eligible dependents.

* I have not been previously reimbursed for these Dependent Care Expenses and I will not seek reimbursement from any other dependent care account

I understand that:

* I am fully responsible for the completeness and accuracy of all information relating to recurring dependent care expenses

* I am responsible for and liable for the submission of any ineligible expenses

* If there are any changes in the provided information, I am responsible to notify Clarity Benefit Solutions.

* Reimbursement of Dependent Care expenses will reduce and may eliminate completely my ability to claim a dependent care credit on my personal income tax return

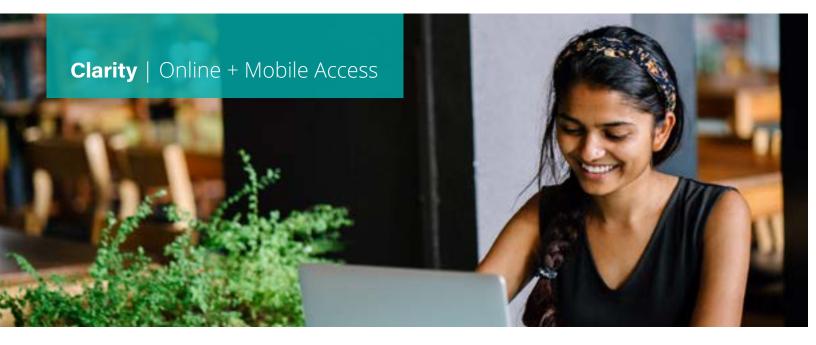
* Dependent care expenses reimbursed through this account cannot be used as a dependent care credit on my personal tax return; and I hereby authorize release of payment through my Flexible Spending Account'(s).

Employee Signature:

Date:	

Provider Signature:

Date:



ACCESS YOUR ACCOUNTS WHEREVER YOU ARE

Clarity makes it simple to manage your accounts with our easy-to-use online portal and mobile app. You can view your balance and transaction history, submit a claim, see important messages, and sign up for Quick Claim to reduce the need to send in receipts.

Clarity Online Portal

To register on the Clarity portal:

- 1. Go to www.claritybenefitsolutions.com
- 2. Select **Login** in the top right corner of the homepage.
- 3. Choose **Clarity Consumer Benefits Participant Login** from the drop-down menu and click **Register**.
- 4. Follow the prompts to create your unique user ID.
 - Employee ID: The unique number assigned by your employer (if you don't have one, use your Social Security number)
 - Registration ID: The 16-digit number on your Clarity Convenience Card
- 5. Once you've registered, log in at any time to view and manage your account.

To submit a claim online:

- 1. Log in to your Clarity online account.
- 2. Select the Cards & Claims tab.
- 3. Choose Submit an eClaim.
- 4. Provide your claims information.
- 5. Upload your documentation.
- 6. Check the certification box and submit your claim.

To sign up for Quick Claim and reduce the need to submit documentation:

- 1. Log in to your Clarity online account.
- 2. Click the **Quick Claim** widget from the homepage.
- 3. Follow the prompts to allow Clarity to link directly to your insurance carriers.