

Did you know that Flexible Spending Accounts can help you save on your health care and dependent care costs?

It's true!

Having money in a Flexible Spending Account (FSA) is like having money in the bank – your bank! Participants typically save an average of 30 percent on eligible health and dependent care expenses.

It's simple!

You decide how much to contribute and that amount of money is deducted from your paycheck. That money is deducted pretax, so you don't pay taxes on it. Your FSA is used to pay for eligible out-of-pocket health and dependent care expenses.

It's easier than ever!

Tired of filling out claim forms? Take advantage of Ceridian's online claims submission. This feature allows you to submit your claims online and print a confirmation page that you send along with your receipts. It's easier than ever!

Health Care Flexible Spending Account

A Health Care FSA (HFSA) reimburses you for eligible medical care expenses you incur for yourself, your spouse and your dependents, including the new category of adult children.

Examples of eligible expenses include:

- Co-payments for doctor visits, prescriptions and hospitalization
- Over-the-counter supplies and equipment, such as blood pressure monitors, thermometers and contact lens supplies, etc.

Limited Purpose Flexible Spending Account

A Limited Purpose FSA (LPFSA) reimburses you for eligible vision and dental care expenses you incur for yourself, your spouse and your dependents (including adult children).

Examples of eligible expenses include:

- Prescription glasses, contacts or LASIK surgery
- Orthodontia and non-cosmetic dental work

Dependent Care Flexible Spending Account

A Dependent Care FSA (DFSA) helps you pay for child or elder care services so you and your spouse can work.

Examples of eligible expenses include:

- Child or elder care center
- Nursery or preschool
- After school care
- In-home care (for children or adults)

To learn more and find out how much you can save, please review the attached information.

Changes to Health Flexible Spending Accounts

The landmark health care reform law enacted in 2010 made changes to health Flexible Spending Accounts (HFSA). Below are some frequently asked questions regarding these changes. It is important you review this information prior to making decisions regarding your HFSA elections.

What changes can I expect to my HFSA as a result of the recently passed health care reform laws?

Under the new laws enacted in March 2010, there are three important changes:

1. In 2011, in order to be reimbursed for over-the-counter (OTC) drugs and medicines from your HFSA, you must provide supporting documentation, such as a doctor's prescription.
2. A new category of "adult child" has been added as an eligible individual under the HFSA. As a result, eligible expenses incurred for your "adult child" may be reimbursed from your HFSA.
3. Starting in 2013, your contributions will be limited to \$2,500 per year.

How will the OTC changes affect me?

If requesting reimbursement for an OTC drug purchased on January 1, 2011, or later, you will need to submit documentation from a physician indicating that the OTC drug has been prescribed to treat a medical condition. You can obtain a physician's statement by accessing the "Forms" tab of our participant website.

When do the OTC changes go into effect?

The change concerning OTC will take effect with purchases made on or after January 1, 2011. This means the last day you may purchase OTC drugs or medicines and request reimbursement from your HFSA without supporting documentation is December 31, 2010.

What are some examples of OTC "drugs and medicines" that require supporting documentation, such as a doctor's prescription, for reimbursement from my HFSA?

OTC drugs and medicines include, but aren't limited to, the following: cough, cold and flu medicines, stomach

remedies, antibiotics, pain relievers, digestive aids, allergy and sinus medicines and sleep aids.

Will I still be able to purchase OTC supplies and equipment, such as bandages?

Yes, many of those kinds of items available at drugstores and pharmacies, including first-aid kits, hearing aid supplies, foot therapy supplies and diabetic management supplies, and will remain eligible without a need for a prescription.

Is there a list of expenses that will help me determine what OTC expenses are eligible without additional supporting documentation and which require additional documentation?

Yes, Ceridian provides an expense eligibility list (click [here](#)) to help you determine which expenses are eligible for reimbursement under your HFSA, including additional documentation requirements. This list was revised to provide direction on which OTC items will be impacted by the January 1, 2011, effective date.

How will it work if I use a benefits debit card to make my purchases?

Debit cards linked to health FSAs will be prohibited from automatically approving or substantiating OTC drug and medicine purchases, since these expenses will require the additional documentation to establish eligibility. Effective January 1, 2011, FSA debit cards will not be accepted for purchasing OTC drug items at pharmacies and grocery stores. Merchants will be required to remove OTC drugs and medicines from their eligibility lists and you will have to provide another form of payment when purchasing OTC drugs and medications, even if you have documentation from a physician.

If the card is not available for the purchase of OTC drugs and medicines, how do I get reimbursed for OTC drugs and medicines that my doctor says I need?

To be reimbursed for OTC drugs and medicines purchased on and after January 1, 2011, you must submit a manual claim with supporting documentation from your physician. You may fax, mail, or file your claim on line.

How do the new rules on 'adult children' affect me?

Effective 3/30/2010, your employer may allow you to be reimbursed for eligible medical expenses incurred by your adult children. If you generally elect less than your HFSA plan limit, you should review the medical expenses of your adult children to determine if this change in tax law would benefit you.

What is the definition of an 'adult child'?

The new category of adult child is similar to but distinct from a tax dependent: an adopted or natural son,

daughter, stepson, stepdaughter or foster child of the participant until the end of the calendar year in which the adult child turns 26.

My adult child no longer lives with me. Can I still be reimbursed for my out-of-pocket cost for their medical care?

Yes, even though your adult child no longer resides with you, you may be reimbursed from your HFSA for the eligible expenses you incur on their behalf.

How will the new HFSA limit affect me?

Starting on January 1, 2013, you may contribute up to a maximum of \$2,500 to your HFSA. The average contribution to a health care FSA currently is about \$1,400 a year, well below the \$2,500 cap. If you generally elect less than the \$1,400 average, the cap will not affect you.

Ceridian Benefits Card

A convenient tool for managing your Health Care FSA



The Benefits Card means your flexible spending funds are now as close as your wallet. You can use your new Benefits Card to pay eligible health care expenses directly from

your flexible spending account. It's easy, fast and secure.

***Be sure to keep your receipts** for future reference.

As an added benefit, your employer has decided to offer you the Ceridian Benefits Card. Please read this carefully to find out how the Ceridian Benefits Card can give you faster access to your Health Care FSA account balance and decrease the amount of documentation that you may be required to submit for your Health Care FSA claims.

What is an Benefits Card?

The Benefits Card is like your bank debit card except that the Benefits Card is linked to your Health Care FSA. You can use the Benefits Card to pay most health care providers directly at the time of purchase.

How does the Benefits Card work?

The Ceridian Benefits Card is linked to your Health Care FSA account balance. When you incur an eligible health care expense, you simply swipe your Card at the point of sale. You will select "credit" when asked "credit or debit", as no PIN is required. The amount of the purchase is deducted directly from your Health Care FSA account balance and paid to your health care provider.

Where can I use my Benefits Card?

You can use your Benefits Card at most medical providers (including doctors' offices, dental providers, vision care providers and hospitals) that display the MasterCard® logo. The Benefits Card will only be accepted at qualified merchant types related directly to health care and will not be accepted at other locations like gas stations, convenience stores, video stores and restaurants.

Can I use my Benefits Card at a pharmacy?

As of 1/1/09, pharmacies must have an Information Inventory Approval System (IIAS) in place for your card to work. An IIAS enables FSA-eligible products to be separated from non FSA-eligible products at the point of sale, so that only FSA-eligible products are allowed to be purchased with the FSA debit card. For a complete listing of merchants with an IIAS in place, please visit the following Web site:

www.sig-is.org/imwp/idms/popups/pop_download.asp?contentID=12418

Will I have to submit receipts when an IIAS is in place?

No. Once a merchant implements an IIAS, the only products that can be purchased with the Ceridian Benefits Card are FSA-eligible products. Therefore, there is no need to submit receipts to validate the eligibility of the expense.

Can I use my Benefits Card to purchase items that are not FSA eligible?

No. If you buy items that are not FSA eligible (i.e., soda, milk, gum, etc.) you must pay for those items separately with another form of payment.

Do I have to apply for the Benefits Card?

No. If you participate in the Health Care FSA, you will receive the Benefits Card by first-class mail at your home address automatically.

When will I receive the Ceridian Benefits Card?

The Benefits Card will be sent to you approximately two weeks after Ceridian has received complete enrollment information from your employer.

What is the balance of the Benefits Card when I receive it?

At the beginning of the plan year, the balance of your Benefits Card is equal to your annual Health Care FSA election.

What happens to the balance when I use the Benefits Card?

As you use the Benefits Card or submit paper claims, the balance on the card will be adjusted to always equal the amount you have available in your Health Care FSA. You must have sufficient funds in your account to cover your eligible expenses or your Benefits Card will be declined.

My spouse and I are covered under another employer's health plan. Will the Benefits Card work for me?

The Benefits Card can be used for eligible health care expenses, even when you are covered under your spouse's health plan. However, you will be required to submit supporting documentation for all Benefits Card transactions. The exception to this is for FSA-eligible items that are purchased at a pharmacy with an IIAS in place.

When I receive my Benefits Card, will I be able to use it right away?

You will be able to use the Benefits Card for eligible health care expenses incurred during the plan year. If you receive your card before the start of the plan year, you will have to wait until the beginning of the plan year to use the card. If you receive your card after the plan year has begun, you may use the Benefits Card as soon as you receive it. Your Benefits Card will be activated automatically the first time you use it.

How many Benefits Cards will I receive?

One Benefits Card will be issued to you. Please contact your benefits representative for information on requesting additional cards.

Once I use my Benefits Card, do I have to use it for all my health care expenses?

No. You make the choice every time you purchase health care products or services if you would like to use the Benefits Card. If you do not use your Benefits Card, you can request reimbursement for eligible health care expenses by submitting a completed claim form and your receipts.

Will I continue to use the same Benefits Card each plan year?

As long as you continue to participate in the Health Care FSA, you will continue to use the same Benefits Card each year until it expires. Your Benefits Card will be loaded with the amount you elected for your Health Care FSA for each new plan year.

Will my Benefits Card ever be declined?

It is possible. There are several reasons why your Benefits Card could be declined:

1. The transaction amount is greater than the available balance.
2. Your Benefits Card has been deactivated because you did not respond to requests for receipts within the allotted time.
3. Your Benefits Card has been deactivated because you have terminated service with your employer.
4. You are attempting to use your Benefits Card at an ineligible merchant (e.g., convenience store, merchant that does not have an IIAS in place, merchant that does not accept MasterCard).

How do I receive the funds in my FSA if my provider does not accept MasterCard or if my Benefits Card is declined?

If the merchant does not accept MasterCard or if your card swipe is declined for any reason, the clerk will ask for another form of payment for the total amount of your purchase. You may submit the receipt along with a completed claim form to request reimbursement for your FSA-eligible items.

If I use my Benefits Card, will I still need to keep my receipts?

Yes. You must always keep your itemized receipts for all Benefits Card transactions.

How will I know if additional documentation is needed for a Benefits Card transaction?

You will be notified by mail or email automatically (possibly 30 to 60 days after your purchase) when additional documentation is needed. You will be provided with the date of service, the name of the provider of service and the amount of the transaction. You will also be given specific instructions on how to submit the information and what information to include. If the requested information is not received within 30 days, the Benefits Card swipe will be considered ineligible. In addition, the Benefits Card(s) will be temporarily deactivated until the requested documentation is received or the payment is recovered.

What happens if my Benefits Card is lost or stolen?

You must report lost or stolen cards immediately to Ceridian. You can contact Ceridian toll-free at 877-887-7739 with any questions. Ceridian's Customer Service Center is open Monday through Friday from 8:00 a.m. to 8:00 p.m. Eastern Time.

The Benefits Card will be flagged as lost or stolen and deactivated immediately. A new Benefits Card can be sent upon request. Ceridian will review all Benefits Card transactions with the employee to identify any transactions that were not made by the employee, the spouse or the dependent or adult child.

Flexible Spending Account – Frequently Asked Questions (FAQs)

Why should I enroll in an FSA?

With an FSA, your out-of-pocket health, dental or vision expenses and/or dependent care expenses are paid with tax-free dollars. FSAs are exempt from federal taxes, Social Security (FICA) taxes and, in most cases, state income taxes. You can typically save an average of 30 percent on all of your eligible expenses!

What is a Health Care FSA?

A Health Care FSA is an account that provides you, your spouse and your eligible dependents (including adult children) with pretax reimbursement for qualified health care expenses that are not covered by insurance.

What is a Limited Purpose FSA?

A Limited Purpose FSA (LPFSA) is an account that provides you, your spouse and your eligible dependents (including adult children) with pretax reimbursement for qualified dental and vision care expenses that are not covered by insurance. An LPFSA is designed to complement a Health Savings Account (HSA) plan.

What is a Dependent Care FSA?

A Dependent Care FSA is an account that provides pretax reimbursement for your eligible dependents' child care needs. Under certain circumstances, the account may be used to help pay for the care of elderly dependents or a disabled spouse or dependent.

Am I eligible to participate in a Dependent Care FSA?

You are eligible for this benefit if you have a dependent (whose expenses are eligible) who requires care to enable you to work. In addition, you must meet one of the following eligibility criteria:

- You are unmarried.
- Your spouse works, is a full-time student, is actively seeking work, or is disabled.

- You are divorced or legally separated and have custody of your child even though your former spouse may claim the child for income tax purposes. Your Dependent Care FSA can be used to pay for child care services provided during the period the child resides with you.

For a complete list of whose expenses are eligible for reimbursement through a Dependent Care FSA, please go to www.myceridian.com/129.

What expenses are eligible for reimbursement?

Health Care FSA

Health care plan deductibles, co-payments, prescription glasses, orthodontia, certain over-the-counter supplies are eligible if incurred while you are a participant in the plan. For a comprehensive list of expenses, please go to www.myceridian.com/hfsa-expenses.

Limited Purpose FSA

Dental and vision plan deductibles and co-payments, prescription glasses, and orthodontia expenses.

Prescription drugs and over-the-counter items are not considered eligible.

Important Notes:

- Expenses are treated as having been incurred at the time the medical care was provided, not when you are formally billed, charged, or pay for the medical expenses.
- You cannot receive reimbursement for future or projected expenses.
- All submitted expenses are reviewed for eligibility according to Internal Revenue Code Section 125 guidelines.

FSA FAQs ... continued

What expenses are eligible for reimbursement? ... continued

Dependent Care FSA

Eligible dependent care expenses may include services inside or outside your home by anyone other than your spouse or a person you list as a dependent for income tax purposes or one of your children under the age of 19. Services may be provided at a child or adult care center, nursery, preschool, after school, or summer day camp.

Important Notes:

- Dependent care for a child over 13, overnight camp, baby sitting that is not work-related, schooling in kindergarten and higher grades, and long-term care services are not eligible expenses.
- All submitted expenses are reviewed for eligibility according to Internal Revenue Code Sections 125 and 129 guidelines.

How do I determine the date my expenses were incurred?

A service or expense must be incurred before it is eligible for reimbursement. An FSA expense is considered "incurred" when the service is performed, not when you pay for the service. In addition, the service must be performed during your participation in the plan. Services or expenses incurred before or after your plan participation dates do not qualify for reimbursement.

How do I get the funds from my FSA account?

It's simple – Just log in to your account online and enter your expenses via the Web site, then print your confirmation and mail or fax it to Ceridian along with a copy of a receipt documenting the type, amount and date the expenses were incurred. Once approved, you will receive reimbursement according to your employer's scheduled reimbursement dates.

What happens if I do not use all of the money in my account by the end of the plan year?

Federal law governing FSAs specifies that any money remaining in your account at the end of the plan year will be forfeited. This is more commonly known as the use-it-or-lose-it rule. Forfeitures may be used by your employer to offset the administrative costs of operating the plan.

Can I change my election amount during the plan year?

Your decision to participate in an FSA is binding for the entire plan year, and you may change your election only as permitted by IRS regulations.

Generally, to make an FSA election change, you must experience a significant life event such as marriage, divorce, birth, or death in your immediate family. For a Dependent Care FSA only, you may also make election changes that simply correspond with changes in your cost of the care. Your employer can provide you with information about these events, which FSA election changes you might be able to make as a result, and the procedures for reporting the event.

You may not reduce your election to an amount less than either your year-to-date reimbursements or your year-to-date FSA contributions. A change to your FSA election constitutes the end of your prior election and the beginning of a new election period. Expenses incurred during the period prior to the election change are subject to the initial election amount; expenses incurred during the period after the election change are subject to the new election amount.

FSA FAQs ... continued

What happens to my FSA if I terminate employment?

Participation in the FSA ends if you terminate employment. This means only expenses incurred prior to the date your participation in the plan ends are eligible for reimbursement. Claims for expenses incurred prior to the plan termination date must be submitted within the run-out period.

Upon termination from the FSA, may I continue my coverage through COBRA?

Some employers are required by law to provide benefit continuation coverage under COBRA. The HFSA and LPFSA may qualify under this program. Check with your employer to determine your COBRA eligibility. COBRA participation will require that you continue at your current contribution level. The advantage is that you will be able to continue to submit expenses incurred after your termination date. The difference is that you will be paying after-tax dollars plus administration fees.

A Dependent Care FSA does not qualify for COBRA. Therefore, any funds remaining in the account after termination and the run-out period will be forfeited.

What is the run-out period?

The run-out is a specified period of time after the end of the plan year, or following your termination in the plan, in which you may continue to submit claims incurred during your period of coverage. This is not a period when you are able to continue to incur new expenses, but rather it allows you time to gather and submit expenses before forfeitures are applied. For example, if your plan has a 90-day run-out period, you will have 90 days from your date of termination to submit expenses incurred prior to the termination date.

How do I get started? It's easy as 1-2-3

1. Review and estimate your expenses to help determine the amount you should elect. Reviewing your checkbook, credit card statements, and insurance statements from the past year and calculating your health and dependent care costs is a good way to start.

We have included a worksheet to help you with your election decisions. You can also use Ceridian's online calculator by going to www.ceridian.com/myceridian/fsacalculator.

2. Complete the appropriate enrollment form and sign up for the FSA accounts along with your other benefits during your employer's open enrollment period.
3. Once enrolled, you will receive confirmation of the amount you elected for each account and additional information on how to use and manage your new FSA benefits.

Limited Purpose FSA Sample Expense List

This is a sample list and it may be amended during the plan year at any time without notice. All expenses submitted are reviewed and approved according to Internal Revenue Code Section 125 guidelines.

Sample Eligible Expenses

Dental

- Dental Checkup/Cleaning
- Dental Fillings and Implants
- Lab Fees (related to Dental care)
- Mileage to and from eligible Dental Services
- Orthodontia Treatment
- Periodontal Fees
- X-ray Fees (related to Dental care)

Vision

- Contact Lenses
- Lab Fees (related to Vision care)
- Lasik Surgery
- Mileage to and from eligible Vision Services
- Optometrist Fees
- Ophthalmologist Fees
- Prescription: Eyeglasses, Sunglasses and Reading Glasses (excluding sunglass clips)
- Radial Keratotomy, PRK
- X-ray Fees (related to Vision care)

Sample Ineligible Expenses

- Over-the-Counter Items
- Prescription Drugs
- COBRA Premiums, Insurance Premiums
- Cosmetic Surgery, Procedures, Services and Products (non-medically necessary)
- Dental Veneers or Bonding (non-medically necessary)
- Electronic Toothbrushes
- Herbal & Holistic Drugs or Remedies
- Teeth Bleaching, Whitening
- General Medical Expenses

Health Care FSA Sample Expense List

This is a sample list and it may be amended during the plan year at any time without notice. All expenses submitted are reviewed and approved according to Internal Revenue Code Section 125 guidelines. For a comprehensive list, please go to: www.myceridian.com/hfsa-expenses. (Items eligible under a Limited Purpose FSA are identified with an asterisk*)

Sample Eligible Expenses

- Acupuncture
- Alcoholism Treatment
- Ambulance Service
- Artificial Limbs
- Birth Control Pills
- Braille Books and Magazines (in excess of the cost of a regular edition)
- Car Controls for the handicapped
- Chiropractic Care
- Condoms
- Contact Lenses*
- Crutches
- Dental Expenses* (excludes bleaching or whitening)
- Dental Implants*
- Denture Supplies
- Dermatologist Fees
- Diagnostic Tests
- Durable Medical Equipment (with prescription and letter of medical necessity)
- Equipment for the Disabled
- Flu Shots
- Guide Dog Expenses
- Glucose Kits (including Test Strips)
- Hearing Aids and Batteries
- Hearing Exams
- Hearing Treatment
- Hospital Services (excluding phone & TV)
- Immunizations
- Infertility treatments
- Insulin Pump
- Lab Fees
- Lamaze Classes
- Lasik Surgery*
- Legal Abortion
- Medical Services, treatment
- Midwife
- Mileage to and from Medical Services
- Optometrist Fees*
- Ophthalmologist Fees*
- Organ Transplants
- Orthodontia Treatment*
- Orthotics
- Osteopath Fees
- Oxygen
- Periodontal Fees*
- Physical Exams
- Physical Therapy
- Pregnancy Tests
- Prenatal Care
- Prescription Drugs
- Prescription: Eyeglasses, Sunglasses and Reading Glasses* (excluding sunglass clips)
- Psychiatric Fees
- Psychologist Fees
- Psychotherapy
- Radial Keratotomy, PRK*
- Services for Diagnosed Severe Learning Disabilities
- Short-Term Storage of Sperm or Embryo
- Smoking Cessation Programs
- Special Schools for the Disabled
- Sterilization
- Substance Abuse Treatment
- Surgery (medically necessary)
- Telephone for the Deaf
- Therapy for Mental/Nervous Disorders
- Transportation for Medical Care
- Vaccinations
- Weight-Loss Programs (must be prescribed by a physician to treat a specific medical condition)
- Wheelchairs
- X-ray Fees

Sample Non-eligible Expenses

- Baldness Treatments
- Breast Pump Rental or Purchase
- COBRA Premiums
- Cosmetic Surgery, Procedures, Services and Products (non-medically necessary)
- Dancing Lessons
- Dental Veneers or Bonding (non-medically necessary)
- Diapers or Diaper Service
- Electrolysis
- Electronic Toothbrushes
- Exercise Equipment
- Family/Marriage Counseling
- Funeral Services
- Hair Transplants
- Health Club Dues and Memberships
- Herbal & Holistic Drugs or Remedies
- Insurance Premiums
- Marijuana or other controlled substances (even for medical purposes)
- Maternity Clothes
- Special Diet Foods
- Swimming Lessons
- Teeth Bleaching, Whitening
- Vacation expenses (even if recommended by a doctor)
- Varicose Vein Treatment

* LPFSA Eligible Expenses

Flexible Spending Account Worksheet

This worksheet can help you determine how much to contribute to your FSA. If you would like to perform your contribution calculations using the Ceridian FSA calculator, please go to www.ceridian.com/myceridian/fsacalculator.

Health Care FSA

To estimate your expenses, review health care expenses from last year and consider any anticipated new health care expenses for you, your spouse and your dependents (including adult children).

Type of Expense	Examples	Estimated Annual Cost
Deductibles	Medical, dental, vision	\$ _____
Co-payments/co-insurance	The amount not paid by your health plan coverage	\$ _____
Amounts paid over plan limits		\$ _____
Expenses not covered by insurance	Over-the-counter supplies	\$ _____
Vision care	Glasses, contacts, solution, exams, etc.	\$ _____
Dental care	Cleanings, orthodontics, crowns, etc.	\$ _____
Treatment/therapies		\$ _____
Medical equipment		\$ _____
Health care related mileage	Trip to and from doctor, dentist, etc.	\$ _____
Other anticipated health care expenses		\$ _____
Total Expenses for Health Care		\$ _____

Limited Purpose FSA

To estimate your expenses, review dental and vision expenses from last year and consider any anticipated new dental and vision expenses for you, your spouse and your dependents (including adult children).

Type of Expense	Examples	Estimated Annual Cost
Deductibles	Dental, vision	\$ _____
Co-payments/co-insurance	The amount not paid by your plan coverages	\$ _____
Vision care	Glasses, contacts, solution, exams, etc.	\$ _____
Dental care	Cleanings, orthodontics, crowns, etc.	\$ _____
Treatments/therapies		\$ _____
Dental/Vision-related mileage	Trip to and from eye doctor, dentist, etc.	\$ _____
Total Expenses for Dental and Vision Care		\$ _____

Dependent Care FSA

To estimate your expenses, review dependent care expenses from last year and consider any anticipated new dependent care expenses.

Type of Expense	Examples	Estimated Annual Cost
Annual child care expenses	Child care center	\$ _____
In-home care		\$ _____
Nursery or preschool		\$ _____
After school care		\$ _____
Au pair services		\$ _____
Summer day camp		\$ _____
Annual Elder Care Services	Elder day care center	\$ _____
Total Expenses for Dependent Care		\$ _____



Benefits Card Additional Card Request

Employee Information (All Fields Required. If more than 2 cards are needed, please complete additional form(s) as needed.)

Employee Last Name	First Name	Middle Initial	Social Security Number - -
Employer Name	Client Code	Daytime Phone Number ()	

First Additional FSA Card User Information

Last Name	First Name	Middle Initial	Social Security Number - -
Relationship to Employee (check one box) <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent or Adult Child 18 years of age or older			Date of Birth / /
I agree to use the FSA Benefits Card only for eligible medical care expenses under the Health Care Flexible Spending Account Plan of the Employee listed above and as defined in Section 213(d) of the Internal Revenue Code. I further certify that I will not seek reimbursement from any other plan for any medical expense paid with the FSA Benefits Card, nor will I claim any federal income tax deduction or credit with respect to such medical expense.			
First Additional User Signature X _____			Date _____

Second Additional FSA Card User Information

Last Name	First Name	Middle Initial	Social Security Number - -
Relationship to Employee (check one box) <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent or Adult Child 18 years of age or older			Date of Birth / /
I agree to use the FSA Benefits Card only for eligible medical care expenses under the Health Care Flexible Spending Account Plan of the Employee listed above and as defined in Section 213(d) of the Internal Revenue Code. I further certify that I will not seek reimbursement from any other plan for any medical expense paid with the FSA Benefits Card, nor will I claim any federal income tax deduction or credit with respect to such medical expense.			
Second Additional User Signature X _____			Date _____

Employee Authorization

I agree to ensure that each Additional User identified above will use the FSA Benefits Card only in connection with my employer's Health Care Flexible Spending Account Plan (the "Plan") for eligible medical care expenses, as defined in the Plan and in Section 213(d) of the Internal Revenue Code. I certify that each Additional User qualifies as either my spouse (as defined by Federal laws), dependent or adult child (as defined by the Plan) that is 18 years of age or older. I further certify that neither I, nor any Additional User, shall seek reimbursement from any other plan for any medical expense paid with the FSA Benefits Card, nor claim any federal income tax deduction or credit with respect to such medical expense.	
Employee Signature X _____	Date _____

Please return completed form to Ceridian via fax at 866-377-4261.

You may also mail to: **Ceridian, P.O. Box 534200, St. Petersburg, FL 33747.**

If for any reason an additional card cannot be issued a Ceridian Representative will contact you.

RBA1911

Managing your Flexible Spending Account

Manage your FSA online!

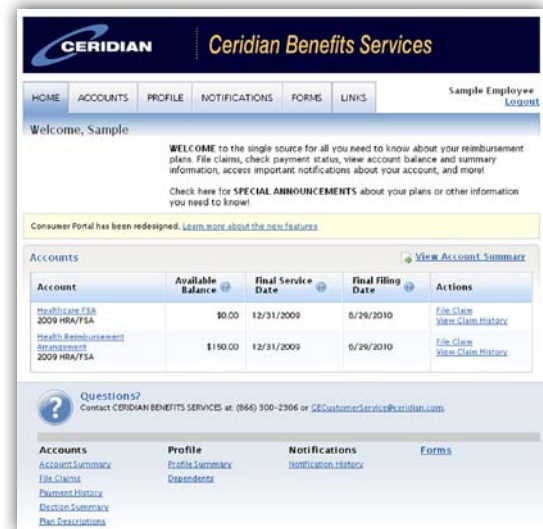
The fast and easy way to manage your FSA starts here.

How do I get started?

1. Once your account is established, go to www.ceridian-benefits.com.
2. **New Users:** Register by selecting “*First Time Login Click Here*” if it is your first time entering the site.
3. Follow the screen instructions to complete the registration process.
4. **Returning Users:** Enter your User ID and enter your password as prompted.

What will I find?

- **Home** – Displays account balances and links to plan rules and other account information.
- **Accounts** – Where you go to view your account balance and payment history.
- **Profile** – Allows you to view your current name, address, and profile information.
- **Notifications** – View or download notifications and communications related to your benefits.
- **Forms** – Where you go to download forms (direct deposit, physician’s statement, personalized claim forms, etc.).
- **Links** – Use this page to link to support documents and tools.



If you have forgotten your User ID and/or Password or do not have access to the Internet, please call Ceridian’s customer service center at 877-799-8820, Monday through Friday, between 8 a.m. and 8 p.m. Eastern Time.