



## Flexible Spending Account (FSA) Enrollment Kit

- Significant savings
- 24/7 web access
- Fast, efficient, convenient
- The benefit that benefits everyone



# The FSA Plan

## A Flexible Spending Account (FSA)

is an employee benefit plan established under IRC Section 125 that allows you to pay for everyday health care, dependent care expenses and certain individual premium expenses with pre-tax dollars.

An FSA saves you money by reducing your taxable income. The FSA amount you elect will be subtracted from your gross income. Federal, state and FICA taxes are then calculated on the lower amount. When you (or your spouse or dependents) incur an eligible expense, you'll receive reimbursement from the funds you've set aside from your paycheck.

### Health Care Component:

This account helps you save money on everyday out-of-pocket medical expenses such as medical copays, coinsurance, prescription drugs, orthodontics, vision expenses, hearing aids, dental services, eligible over-the-counter (OTC) items and more. Qualifying dependents for FSA purposes include children through the end of the year in which they turn 26.

### Limited Purpose FSA:

A limited-purpose FSA is much like a general-purpose health FSA. The main difference is that the limited-purpose account is set up to reimburse only eligible FSA dental and vision expenses. These plans allow you to contribute to an HSA as well.

### Dependent Care Component (\$5000 maximum):

This account helps you save money on daycare expenses for dependent children and adults so you can work. Qualifying dependents include children under age 13, whom you claim as a dependent on your federal income tax return (special rules apply for divorced parents), a disabled spouse and any other dependent on your tax return who resides with you and is physically or mentally disabled.

## Plan Ahead for your FSA!

Planning ahead is important when signing up for your company's FSA Plan and understanding the benefits offered is critical.

### Estimate Your Expenses:

You can maximize your FSA account by planning ahead carefully and using this helpful tool. You may also use the [FSA calculator](#) on our website, [LifetimeBenefitSolutions.com](#). Some common items to consider are also listed in the chart:

Health Care Account	Annual Expense
Deductibles	\$
Co-pays	\$
Dental Expenses not covered by insurance	\$
Orthodontia	\$
Vision Expenses (Exams, Glasses, Lenses)	\$
Hearing Expenses (Exams, Hearing Aids)	\$
Prescription Drugs	\$
Eligible Over-the-Counter Items	\$
Diabetic Supplies	\$
Therapy (Physical Therapy, Speech, Chiro)	\$
Medical Mileage	\$
Other	\$
Total Estimated Health Care Expenses	\$
Dependent Care Account	Annual Expense
Payment to Dependent Care Facility	\$
Payment to Dependent Care Individual	\$
Payment to Adult Care Provider	\$
Total Estimated Dependent Care Expenses	\$
Total Health Care PLUS Dependent Care	\$

### Know the Details:

Be sure to budget for each account expense separately. Elections to and reimbursements from these accounts cannot be blended. Also, a use-it-or-lose-it provision may apply, so plan ahead carefully.

You must re-enroll in this Plan each year. You cannot change your election during a Plan year unless you incur a qualifying life event, such as marriage/divorce, birth/adoption.

Read your Summary Plan Description (SPD) carefully to understand the specific terms of your Plan. The Plan Document governs your rights and benefits under each Plan and is available through your employer.

## Claims Processing and Customer Service

### Filing a Claim:

Submit your claims online to receive the fastest reimbursement for an eligible out-of-pocket expense. Supporting receipts and documentation can be scanned and attached to your online claim, or you can email, fax or mail the required paperwork. Another option is to download a paper Reimbursement Request form. Complete the form by itemizing your expenses and following the instructions found directly on the form. Reimbursement Request forms and required documentation can either be mailed or faxed for processing.

Claims deadlines apply. Be sure to carefully read your Summary Plan Description (SPD) to understand the terms and deadlines associated with your Plan.

### Customer Service:

Most of your questions can be answered by visiting the website. You can also call 800-327-7130 and utilize our automated interactive voice response system to check your balance, the status of a claim, or contributions when it's most convenient for you. Or, if you prefer to

Speak with a customer service representative, you can call that same number Monday-Thursday from 8am EST to 5pm EST and Friday from 9am EST to 5pm EST. You can also email our Customer Service department at [lbs.customerservice@lifetimebenefitsolutions.com](mailto:lbs.customerservice@lifetimebenefitsolutions.com).

## Go Direct or Go Green

Receive your reimbursement quicker, and avoid the \$30 check minimum and a trip to the bank by completing a Direct Deposit form online.

Provide or update your email address online and help us go green. You'll receive only plan related information such as account statements, claim related information and Request for Information (RFI) letters (for Card participants).

## Mobile App

Our mobile app enables you to easily and securely access your health care spending accounts. You can view account balances and detail, submit claims, and capture and upload pictures of your receipts anytime, anywhere on iPhone, Android or tablet devices.

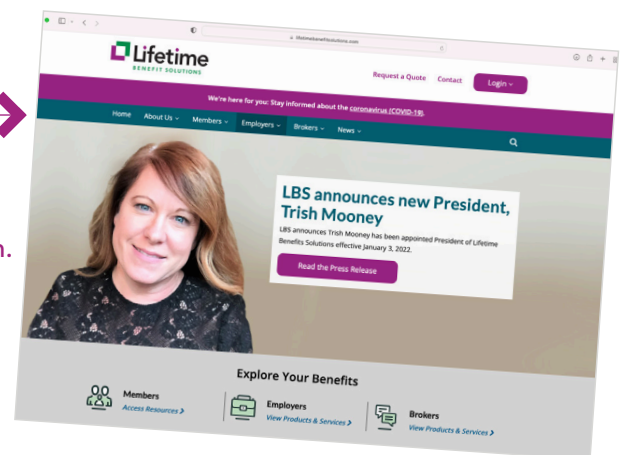
## Web Access

View your account online 24/7 via [LifetimeBenefitSolutions.com](https://LifetimeBenefitSolutions.com).

### While online, you can:

- Submit claims for reimbursement
- View claims history
- Sign up for Direct Deposit
- Check your available balance
- Access forms such as Direct Deposit, Certification of Medical Necessity, Release of Information and various Reimbursement Request forms
- Enter your email address to receive important Plan related materials
- Use our online services, such as our online calculator to estimate your out-of-pocket expenses and our online eligible expense listing

To access your account online, visit [LifetimeBenefitSolutions.com](https://LifetimeBenefitSolutions.com) and click on the Login button in the upper right hand corner of your screen, and select Members. From there, you can choose the Spending Accounts Login, which will bring you to the correct portal. Your initial username will be the first letter of your first name, your last name, followed by the last four digits of your Social Security Number. Your password will be the first letter of your first name (lower case) followed by your five digit zip code.





## The Health Spending Card

The Health Spending Card is a convenient payment method...you simply swipe the card without incurring an out-of-pocket expense! Behind the scenes, the provider is paid and the amount is deducted from your account balance. You don't have to file a claim form for reimbursement—the payment function is fully automated.

### Cashless but Not Paperless:

Each time you use your Health Spending Card, you must be able to prove you used it to pay for a Plan eligible item or service. Fortunately, technology behind the Health Spending Card automatically substantiates the vast majority of your transactions. You will receive a letter asking you to send in copies of your receipt and necessary documentation for those transactions that can't be automatically substantiated with supporting technology.

### Paying for Services with the Card:

Paying a doctor's office copay is an example of paying for services with the card. However, in some cases, services provided at a medical, dental or vision office cannot be auto-substantiated. In these cases, you will receive an RFI letter asking for copies of your receipt and necessary documentation.

### Important Health Spending Card Tips:

- Keep all receipts associated with your Health Spending Card in a central location, and promptly reply when asked for a copy.
- The IRS states that services are eligible for reimbursement after the services have been rendered. Prepaying for services such as weight loss or fitness memberships is not allowed.
- The Health Spending Card will be mailed directly to your home address. Read all information enclosed with the card and sign the card to agree to the terms.
- If a merchant will not accept the card, just pay out of pocket and submit for reimbursement.

Remember—the Health Spending Card is cashless, but not always paperless!  
Be prepared to submit copies of your receipts and other documentation when requested.



*All information about purchases may apply depending on what the Plan allows on the card.*

# What Health Care Expenses Qualify?

## Qualifying Health Care Expenses

Acupuncture	Diagnostic items/services	Medical records charges	Seeing eye dog
Alcoholism treatment	Drug addiction treatment	Medical supplies	Sleep deprivation treatment
Ambulance	Drug overdose, treatment	Obstetrical expenses	Smoking cessation programs
Artificial limbs	Guide dog; other service animal	Occlusal guards	Speech therapy
Artificial teeth	Hospital services	Operations	Surgery
Asthma treatments	Immunizations	Optometrist	Television for hearing impaired persons
Body scans	Laboratory fees	Organ donors	Therapy
Braille books and magazines	Lodging at a hospital or similar institution	Orthodontia	Transplants
Breast reconstruction surgery following mastectomy	Mastectomy-related special bras	Osteopath fees	Transportation expenses for medical care
Chiropractors	Medical alert bracelet or necklace	Oxygen	Vaccines
Co-insurance amounts	Medical information plan charges	Physical exams	Vision care (including eyeglasses, contact lenses, Lasik surgery)
Co-payments		Physical therapy	Wheelchair
Deductibles		Preventive care screenings	X-ray fees
Dental sealants		Prosthesis	
Dental treatment		Psychiatric care	
		Screening tests	

## Potentially Qualifying Health Care Expenses

A Certification of Medical Necessity Form must be completed by your physician.

AA meetings, transportation to and from	Counseling	Hypnosis	Nursing services
Alternative healers	Dyslexia treatment	Lactation consultant	Nutritionist's expenses
Automobile modifications	Fitness programs	Lamaze classes	Occupational therapy
Birthing classes	Gambling problem, treatment	Language training	Personal trainer fees
Blood storage	Health club fees	Lead-based paint removal	Psychoanalysis
Books, health related	Home improvements (such as exit ramps, widening doorways, elevator, etc.)	Lodging of a companion	Psychologist
Car modifications	Hormone replacement therapy	Long-term care services	Varicose veins, treatment of
Childbirth classes		Massage therapy	Veterinary fees (service animals)
		Mineral supplements	Weight loss programs

## Ineligible Health Care Expenses

Appearance improvements	Electrolysis or hair removal	Late fees (e.g., for late payment of bills for medical services)	Recliner chairs
Car seats	Funeral expenses	Maternity clothes	Tanning salons and equipment
Controlled substances in violation of federal law	Hair removal and transplants	Mattresses	Teeth whitening
Cosmetic procedures	Household help	Missed appointment fees	Veneers
Ear piercing	Illegal operations and treatments		

## Qualifying Personal Protective Equipment (PPE)

Personal protective equipment, such as masks, hand sanitizer and sanitizing wipes, for the primary purpose of preventing the spread of COVID-19 are eligible expenses.

Continued

## Qualifying Over-The-Counter (OTC) Items

Acne treatment	Contact lenses, materials and equipment	Gauze pads	Reading glasses
Allergy medicine	Cough suppressants	Hearing aids	Sinus medications
Antacids	Crutches	Hemorrhoid treatments	Support braces
Antibiotic ointments	Decongestants	Insect bite creams and ointments	Sunburn creams and ointments
Anti-itch creams	Dentures, denture adhesives	Laxatives	Sunscreen
Arthritis gloves	Diabetic supplies (including Insulin)	Medical monitoring and testing devices	Thermometers
Aspirin	Diaper rash ointments and creams	Menstrual pain relievers	Throat lozenges
Bactine	Diarrhea medicine	Motion sickness pills	Toothache and teething pain relievers
Bandages	Eczema treatments	Nasal strips or sprays	Walkers
Blood pressure monitoring devices	Expectorants	Orthopedic shoe inserts	Wart remover treatment
Calamine lotion	First aid cream	Pain relievers	Yeast infection medications
Carpal tunnel wrist supports	First aid kits	Petroleum jelly	
Cold/hot packs		Pregnancy test kits	
Cold medicine			

## Potentially Qualifying OTC Expenses

Items in this category require a Certification of Medical Necessity form completed by your physician.

Air conditioner	Compression hose	drugs and medicines	Retin-A Rogaine
Air purifier	Dietary supplements	Humidifier	Special foods
Allergy treatment products; household improvements to treat allergies	Fiber supplements	Incontinence supplies	Sunglasses
Chondroitin	Glucosamine	Nutritional supplements	Treadmill
	Herbs	Probiotics Rehydration solution	Vitamins
	Holistic or natural healers, and		Wigs

## Ineligible OTC Expenses

Dental floss	Hair colorants	Safety glasses	Toiletries
Deodorant	Mouthwash	Shampoos	Toothbrushes
Diet foods	Perfume, Cologne	Shaving cream or lotion	Toothpaste
Face creams	Permanent waves	Skin moisturizers, hand lotion	

## Eligible Menstrual Product Expenses

Cups	Pads	Tampons
Liners	Sponges	Other similar products used by individuals with respect to menstruation

Eligibility rules for OTC items may change. The ability to pay for eligible items with the Health Spending Card may vary by merchant and is dependent on the merchant's IIAS system.

This is not a comprehensive list and is subject to change at any time and without notice. Items listed in each category may be reclassified into another category depending on future IRS guidance.

## Eligible Dependent Care Expenses

- Care in your home, someone else's home, or in a daycare center for child care and/or eldercare. Licensing requirements may apply.
- Registration fees for a daycare.
- Before and after school care for children under age 13.
- Education expenses for a child not yet in kindergarten, such as nursery school expenses.
- Expenses paid to a relative are eligible, however, the relative cannot be under age 19 or a tax dependent.
- Day camp (not overnight) expenses if the camp qualifies as a daycare center.
- FICA and FUTA payroll taxes of the daycare provider.

Note: This is not a comprehensive list.

# Enrollment for 2024 Calendar Year



## Flexible Spending Account Enrollment Form

Employer Name: \_\_\_\_\_

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Date of Hire: \_\_\_\_\_

Email Address: \_\_\_\_\_ Payroll ID#: \_\_\_\_\_

FSA Benefit Election	Per Pay Period Amount	Total Annual Amount	# Pays Per Year
<input type="checkbox"/> Health Care Election			
<input type="checkbox"/> Dependent Care Election			

### Carrier Information:

Check the boxes if you are enrolled in any of these benefits through your employer  Medical  Dental  Vision  Rx

### Spouse/Dependent Information:

I do not have a spouse or dependents

Name	Social Security Number	Date of Birth	Gender	Relationship

**Direct Deposit Election:** To add or change direct deposit information, go to [www.LifetimeBenefitSolutions.com/member](http://www.LifetimeBenefitSolutions.com/member).

**Participant Authorization:** - Return signed form to your Employer.

By signing below I agree to participate in my employer's pre-tax program and certify that I understand and will comply with the regulations governing such Plan. I understand the basic provisions provided on page 2 of this form are guidelines only and that my Plan's Summary Plan Description prevails.

Participant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### To Be Completed by the Employer:

New Hire / Update

First Deduction Date: \_\_\_\_\_

Effective Date: \_\_ \_\_\_\_\_

- Notify Payroll of deduction amount & date
- Keep copy of Enrollment Form for your records

This Plan has employer funded money:  Yes  No. If Yes,

ER Money	Payroll Based?	Annual Amount
<input type="checkbox"/> Health Care	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$ _____
<input type="checkbox"/> Dependent Care	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$ _____



## Flexible Spending Account Enrollment Form

### Direct Deposit:

Direct Deposit sends claim reimbursement payments directly to your personal bank account. Direct deposit notification statements will be emailed to you with the details of the reimbursement. If you provide incorrect information and corrective transactions are required, your account may be charged a \$25 processing fee. Direct deposit transactions are not subject to the typically imposed \$30 check minimum.

### Things to Consider Upon Enrollment:

- Your FSA account refers to the combined health care and dependent care components.
- By enrolling in the FSA program, you agree to have your compensation reduced by the amount elected.
- Your election applies to this Plan year only. To continue in the Plan, you must re-enroll each year.
- Annual health care elections are available for reimbursement in full on the first day of the Plan year.
- Dependent care elections are available for reimbursement based on current balance.
- FSA accounts are tracked separately and cannot be combined. These elections are in addition to any premiums you pay on a pre-tax basis for employer sponsored health insurance.
- The dependent care account pays for daycare services needed for a qualifying dependent while you work. A qualifying dependent is a child under age 13 who is claimed as a dependent on your federal income tax return (special rules apply for divorced parents), a disabled spouse, and any other dependent on your tax return who resides in your home and is physically or mentally disabled.
- You may file claims for reimbursement from your FSA accounts for qualified expenses incurred during the Plan year and after becoming a participant. Depending on the provisions in your Plan, some or all of the funds remaining in your FSA account after the end of the Plan's run-out period may be forfeited.
- You will pay the Employer for any tax liability or penalties it incurs if you are reimbursed for an expense that is not a qualified expense, unless you repay the amount or off-set that amount with additional eligible claims within the same Plan year.
- You cannot change the amount of your FSA contributions or pre-tax health insurance premiums, unless you have a qualifying "life change" event as defined in the Plan and satisfy any other conditions for changes contained in the Plan and tax law.
- Your FSA contributions will terminate when your employment terminates. You must check with your Employer to determine if you can elect to continue your health care contributions on an after-tax basis, as allowed under COBRA.
- Your employer may change the amount of your FSA elections if necessary to satisfy tax law requirements.
- You understand that you must provide acceptable documentation for every claim you submit, including Health Spending Card purchases upon request.
- You will keep copies of all documents submitted to Lifetime Benefit Solutions for your own personal records; Lifetime Benefit Solutions is not responsible for retaining copies of your receipts beyond the current Plan year.
- Flexible Spending Accounts and Health Reimbursement Accounts are subject to Federal Law which generally supersedes state law.
- Any person who qualifies as your dependent for federal income tax purposes, or your child even if he or she does not qualify as your dependent for federal income tax purposes but only through the end of the calendar year in which the child reaches age 26.



# ▶ Reimbursement Request Form

Employer Name: \_\_\_\_\_

Participant Name (First, MI, Last): \_\_\_\_\_

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Address: \_\_\_\_\_

City, ST, ZIP: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Phone Number ( \_\_\_\_\_ ) \_\_\_\_\_

*Please notify your employer of any address change. Lifetime Benefit Solutions will not make address changes from this form.*

Claimant Name	Date of Service	Amount	Plan Code*	Type of Service/Item Purchased	# of Miles	Claim Ref #
John Sample	10/1/2014	\$ 150.25	F	Doctor visit copay	12	Example
		\$				01
		\$				02
		\$				03
		\$				04
		\$				05
		\$				06

Use one of the Plan Code's below to indicate the account from which payment should be made. Your employer may not offer all the benefit types listed below and certain restrictions may apply. If your employer offers multiple benefit types, Lifetime Benefit Solutions will process the reimbursement based on the rules established by your employer. For example, if you have both an FSA and HRA account, and your employer has identified the FSA as the "pay first" account, your expenses will be applied to your FSA until the balance is depleted with any additional expenses applied to your HRA.

*Plan Code	Plan Code Description
F	Flexible Spending Account (FSA) or Limited Purpose FSA: Health Care Expenses Only. For Dependent Care expenses, use the Dependent Care Account Reimbursement Request Form
H	Health Reimbursement Account (HRA) or Retiree Reimbursement Account (RRA)
P	Parking Account (cannot claim miles associated with Parking)
T	Transit Account (cannot claim miles associated with Transit)
I	Individual Insurance Policy Premiums
M	To submit for medical mileage associated with Debit Card transactions, you will only be reimbursed for the medical mileage associated with the miles traveled, since you paid for the service with the Debit Card.

By submitting this form to Lifetime Benefit Solutions, I certify the information is accurate, the expenses incurred were for myself, spouse or qualified dependents, and these expenses are not reimbursable under any other plan coverage. In addition, I have read the Reimbursement Request Instructions on the following page and agree to adhere to all terms specified. I understand if I do not follow the instructions my reimbursement may be delayed or denied.

- Mail to: Lifetime Benefit Solutions, Claims Dept, PO Box 211126 Eagan, MN 55121 or
- Fax to: 877-256-7228.
- Call Customer Service with questions at 800-327-7130.

# Dependent Care Account

## Reimbursement Request Form

Employer Name: \_\_\_\_\_

Participant Name (First, MI, Last): \_\_\_\_\_

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Address: \_\_\_\_\_

City, ST, ZIP: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Phone Number (\_\_\_\_\_) \_\_\_\_\_

Please notify your employer of any address change. Lifetime Benefit Solutions will not make address changes from this form.

**If Your Provider Gives You A Receipt: Complete this section, and attach a copy of the receipt.**

Claimant Name	Date of Care Start Date (within a single Plan Year)	Date of Care End Date (within a single Plan Year)	Provider	Amount	Claim Ref #
					01
					02
					03
					04

**OR**  
**If Your Provider Does Not Provide You With A Receipt: Have your Provider complete this section.**

Provider Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, ST, ZIP: \_\_\_\_\_

Tax Payer ID/SSN: \_\_\_\_\_

Dependent Care for (Name and Age): \_\_\_\_\_

Dates of Care (within a single Plan Year) Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

Amount Charged: \$ \_\_\_\_\_

Provider Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Participant Authorization—By submitting this form to Lifetime Benefit Solutions, I certify that the information here is true and correct.**

- I authorize the above expenses to be reimbursed from my dependent care account.
- I understand a qualifying dependent is a child under age 13, who is claimed as a dependent on my federal income tax return (special rules apply for divorced parents), a disabled spouse, and any other dependent on my tax return who resides in my home and is physically or mentally disabled.
- I certify the expenses qualify as valid dependent care expenses under the terms of the Plan.
- I certify these expenses have not previously been reimbursed and I understand the expenses reimbursed may not be used to claim any federal income tax deduction or credit.
- I understand that the copy of my receipt will include Provider name, address, tax ID/SSN, child's name and age, dates of care, and amount charged.
- I agree to file IRS Form 2441 with my tax return and provide any required taxpayer identification number.
- I will keep copies of all documents submitted to Lifetime Benefit Solutions for my own personal records.

- **Mail to:** Lifetime Benefit Solutions, Claims Dept, PO Box 211126 Eagan, MN 55121 or
- **Fax to:** 877-256-7228.
- Call **Customer Service** with questions at 800-327-7130.



# Reimbursement Request Instructions

## For All Account Types (FSA, HRA, Parking/Transit, RRA, Insurance Premium)

- For faster reimbursement processing you may be able to submit your claims online at [www.lifetimebenefitsolutions.com](http://www.lifetimebenefitsolutions.com).
  - Complete the top section, including Social Security Number or Employee ID.
  - Submit one expense (either a product or service) per row, even if items are contained on the same receipt.
  - Label the receipts to correspond to the Claim Ref #.
  - If you have more items than the form can accept, use additional forms.
  - Do not "lump" or group items together or write See Attached.
  - All claims are subject to deadlines, as defined in your Summary Plan Description (SPD).
  - The expenses you submit must qualify as valid expenses under the terms of the Plan, and the claimant receiving the services must be a qualifying individual as defined in the Plan.
  - Retain a copy of the Reimbursement Request Form and receipts for your own personal records
  - Call Lifetime Benefit Solutions Customer Service with questions at (800) 327-7130 during standard weekday business hours.
- Mail **OR** fax (but not both!) completed form with required documentation to:  
**Lifetime Benefit Solutions Claims Dept.**  
**PO Box 211126**  
**Eagan, MN 55121**  
**Fax # (877)**  
**256-7228**

## Reporting Medical Mileage

- Medical mileage rates are set by the IRS and can be applied to transportation primarily for and essential to medical care.
- Indicate the total number of miles incurred with each service provided (i.e. round trip miles to visit the doctor).
- Lifetime Benefit Solutions will apply the current mileage rate and include the mileage amount in your total reimbursement.
- You may be required to produce additional documentation for each mileage expense you claim.

## Medical Claims for FSA, HRA and RRA

- For each medical claim covered by your insurance carrier, submit an Explanation of Benefits (EOB). If your claims are not submitted to your insurance carrier, provide an itemized bill showing: date of service, provider name, patient name, charged amount, and description of services rendered.
- Do not send credit card receipts, original receipts or cancelled checks.
- Use Plan Code M to report medical mileage associated with a Debit Card transaction. For example, if you drove 20 miles to a doctor's appointment, and paid your copayment amount with the Debit Card, you should use Plan Code M to be reimbursed for the 20 miles you drove. You should still complete the full line of information, but you will only be reimbursed for the mileage, not the copayment amount.

## Dependent Care Claims

- Please use the separate form titled Dependent Care Account Reimbursement Request Form.

## Parking/Transit Claims

- The only type of parking that is eligible for tax-free reimbursement is qualified parking on (or near) the employer's facility, or on (or near) a location from which the employee commutes to work by public transportation. If the parking is on (or near) the employee's residence, it is not eligible for tax-free reimbursement.

## Individual Insurance Premium

- The bill from the insurance carrier must identify participant, premium amount, coverage period, and policy number.

## Enroll in Direct Deposit

- To sign up for direct deposit, please log into the LBS consumer portal at <https://www.lifetimebenefitsolutions.com/start>. Your personalized consumer portal will be available to access on or after your effective date. Upon entering your bank account information, there will be a verification process to complete activation of your direct deposit. Your direct deposit will not be active until the micro-deposit is verified.