



**Mott Community College  
Summary Plan Description of  
Healthcare and Dependent Care  
Reimbursement Plans  
(Flexible Spending Accounts)**

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**(1) What is the purpose of these Plans? What are the differences between a healthcare account and a dependent care reimbursement account?**

The Healthcare and Dependent Care Reimbursement Plans are designed to allow you to save pretax dollars (before FICA, Federal and State withholding taxes) to cover specific out-of-pocket healthcare and/or dependent care expenses you anticipate during the course of the Plan Year. Eligible Healthcare expenses include those expenses approved by the IRS that are not already covered by insurance or a benefit program such as the MCC Vision Reimbursement Program. Eligible Dependent Care expenses are generally those expenses paid to IRS approved child day care facilities and/or certain expenses associated with caring for a child, spouse, or parent who is physically or mentally incapable of caring for him/herself.

The Healthcare and Dependent Care flexible spending accounts are two separate accounts and cannot be combined. You may choose to participate in either the Healthcare or Dependent Care account or both accounts; but if you choose to utilize both, you must designate a separate amount for the Healthcare and Dependent Care accounts.

The total dollars you designate for Healthcare reimbursement for the entire year, are made available to you from day one of the Plan Year. Dependent Care dollars, on the other hand, can only be spent as they are deducted from your paycheck. In other words, the Dependent Care account cannot reimburse you for more money than has been deposited into it by the date you make a claim, so any excess claim amount will be held for reimbursement until sufficient funds have been accumulated.

This summary highlights the Mott Community College Healthcare and/or Dependent Care Reimbursement Plans (the “Plans”). It is not intended to be a complete description of the Plans, and in the event of any conflict, the provisions of each Plan control your right to benefits. You may obtain a copy of the Plan documents from the Office of Human Resources.

No provision of the Plans or this summary shall give any employee any right to continued employment by Mott Community College (the “College”) or shall in any way prohibit changes in the terms or conditions of employment of any employee covered by the Plans.

**(2) What are the definitions of some of the terms used in these Plans?**

The following definitions explain some of the important terms used in this summary:

**Code** means the Internal Revenue Code of 1986, as amended.

**Enrollment Period** is generally the 14 calendar day period occurring during the fall of each year and is concurrent with the College’s annual flexible benefit open enrollment period.

**Flexible Spending Accounts (FSA)** is the term often used when referring to both the Healthcare and Dependent Care Reimbursement Accounts.

**Grace Period** is the period of January 1<sup>st</sup> to March 15<sup>th</sup> following the Plan Year, in which a participant can continue to incur Healthcare expenses for reimbursement using funds carried over from the previous Plan Year. **The Grace Period does not apply to the Dependent Care Reimbursement Account.** All requests for reimbursement, whether incurred during the Plan Year or Grace Period, must be received by April 15<sup>th</sup> each year to be eligible for reimbursement utilizing the previous Plan Year funds.

**Participant** means any Employee who is eligible and participates in the Plan.

**Plan(s)** means The Mott Community College Healthcare and/or Dependent Care Reimbursement Plan(s) as described herein, together with any and all amendments and supplements to these Plans.

**Plan Year** means the 12-month period from January 1<sup>st</sup> through December 31<sup>st</sup> (i.e. a calendar year).

**Qualifying Reimbursement Expense** means expenses which qualify under the Internal Revenue Code for reimbursement under these Plans, and which are not deducted on the Participant's income tax return or reimbursed by insurance.

The following are examples of the kinds of expenses you may be reimbursed for under the Healthcare Plan:

- Transportation expenses to visit the doctor
- Eye-glasses and contact lenses
- Laser Eye Surgery
- Dental expenses not covered by your dental plan
- Podiatrists
- Immunizations
- In Vitro Fertilization Lab Fees
- Birth Control
- Dermatologists
- Orthodontics
- Prescription drugs
- Medical devices prescribed by a physician
- Co-payments and deductibles required by your medical Plan
- Home health care expenses for you or your dependents
- Medical testing and laboratory expenses
- Nutritionists when prescribed by a physician
- Physical therapy
- Acupuncture
- Hearing aids and batteries
- Psychiatric and psychological services
- Other medical or surgical procedures not covered by insurance

**Examples of expenses NOT eligible for healthcare reimbursement include:**

- Cosmetic surgery
- Health club dues
- Health insurance premiums
- Over-the-counter drugs

Dependent Care expenses are generally covered for children age 12 and under so long as the care facilities meet applicable laws and regulations of the IRS and the State. In addition, a child, spouse, or parent who is physically or mentally incapable of caring for him/herself may generally be covered by the Dependent Care Plan. Assisted living or nursing home expenses for parents are not eligible for coverage under the Plan.

*For more detailed information on covered expenses, you may obtain a copy of Federal Publication #502 and #503 from the IRS by visiting [www.IRS.gov](http://www.IRS.gov) or calling 800-829-3676.*

### **(3) How does my Health Savings Account affect my Flexible Spending Account?**

If you have a Health Savings Account and elect to open a Flexible Savings Account, your FSA would be considered a **Limited Purpose FSA**. You would be able to participate in the FSA on a limited basis, meaning that your FSA funds can continue to be used for dental and vision expenses only, as well as for dependent care (if you signed up for dependent care). You cannot use FSA funds for medical expenses if you are contributing to a Health Savings Account (HSA).

### **(4) When and how can I participate in the Plan(s)?**

You will be eligible to participate in either or both Plans on the first day of the month following your hire date.

In order to participate in the Plan(s) you must file a Flexible Spending Accounts Election Form **each year** during the open enrollment period. The amount you select will be deducted from your gross salary through automatic payroll deductions in equal installments. During the Plan Year, you may submit claims to FlexSave to reimburse yourself for Dependent Care expenses and/or Healthcare expenses not reimbursed by your insurance or other reimbursement plans.

If you do not complete a new Flexible Spending Accounts Election Form and return it to Human Resources prior to the date required, you will be deemed to have elected not to participate in the Plan(s) for the upcoming Plan Year. If you do not elect to participate in the Plan(s), or if you are deemed not to have elected to participate, you will not be eligible to again become a participant until January 1<sup>st</sup> of the following Plan Year, unless there is a change of family status during the year (see #6 below for details).

### **(5) How much may I elect to put in the Plan(s)?**

There is no minimum amount that you may put in the Healthcare account, but the maximum annual amount you can elect for healthcare cannot exceed your earned income, or \$3,000, whichever is less.

There is also no minimum for the Dependent Care account, but the maximum annual amount you can elect for dependent care is your earned income, or \$5,000 (\$2,500 for married individuals filing a separate return), whichever is less.

**(6) What happens if I have remaining dollars in my flexible spending account(s) at the end of the Plan Year?**

It is extremely important to accurately estimate your eligible healthcare and/or dependent care expenses before enrollment, since IRS rules require that you forfeit any money you have remaining in the account at the end of the Plan Year after all qualified healthcare and/or dependent care expenses have been submitted and reimbursed. (See Questions 16 and 17 to help you estimate your expenses.)

However, you are given a Grace Period of January 1<sup>st</sup> to March 15<sup>th</sup> each year in which you may incur **Healthcare** expenses that may be reimbursed from leftover funds from the previous plan year. You will not be able to use the FlexSave MasterCard for claims incurred during the Grace Period; if you use the FlexSave MasterCard during this time, it will utilize funds from the new Plan Year. All requests for reimbursement incurred during the previous Plan Year or the Grace Period extension must be received by FlexSave by April 15<sup>th</sup>. Any request received after April 15<sup>th</sup> will be ineligible for reimbursement if incurred during the previous Plan Year, or will be charged to the new Plan Year if incurred during the Grace Period.

The Grace Period **does not** apply to **Dependent Care** expenses. You have until April 15<sup>th</sup> to submit reimbursement requests for Dependent Care expenses that were incurred during the previous Plan Year.

The College is committed to recycling any forfeited money directly back into its benefit programs.

**(7) Can my election be changed?**

Once the enrollment period has expired and you have elected to participate in the Plan(s) (or to waive such participation) you cannot change your election during the Plan Year, unless you have a qualified status change. A qualified status change generally includes marriage, divorce, legal separation or annulment, death of a spouse or child, birth of a child, adoption of or placement for adoption of a child, termination or commencement of employment of a spouse, or the taking of an unpaid leave of absence by you or your spouse, change of part or full-time employment status by you or your spouse, a qualified change in cost or coverage (for example, you've changed day care providers, or your current provider changes the amount he/she charges) or a change in the status of a dependent. Any change made as a result of a change in family status must be on account of and consistent with the change in family status. For example, you may add (not drop) coverage in the case of the birth or adoption of a new child. Also, you must complete a change of election form within 30 days of the status change and provide documentation

(i.e., birth certificate, marriage license, verification from day care provider, etc.) of the change.

If you terminate your participation in the Plan(s) as a result of a qualified status change, no further reductions will be made in your compensation. You will only be reimbursed for eligible expenses incurred prior to the date your coverage under the Plan(s) terminates. Further, with respect to your Healthcare account, you will only be reimbursed to the extent that such expenses do not exceed your maximum annual election amount. With respect to your Dependent Care account, you will only be reimbursed up to the amount already deducted from your paycheck.

**(8) What is the effect of my participation in the Plan(s) on my social security benefits?**

Any reductions in your compensation that are applied to the payment of benefits under these Plan(s) are not treated as wages and are not subject to social security taxes. Since your Social Security benefits will be determined in part on the basis of the wages you have earned during your lifetime, this reduction in the total wages earned may cause the amount of social security benefits you receive to be slightly reduced.

**(9) What is the effect of my participation in the Plan on my retirement benefits?**

Your benefits under MPSERS or the Optional Retirement Plan will not be affected by your participation in this Plan.

**(10) What is my responsibility for the tax consequences of participation in the Plan(s)?**

While the College intends that the payments you make under the Plan(s) will be excludable from your gross income for federal income tax purposes, it cannot ensure this exclusion, or that any other federal, state, or local tax treatment will apply. It is your obligation to notify the College if you have reason to believe that any payment is not excludable from your gross income.

If any before-tax payment for benefits paid to you is disallowed by any federal, state, or local taxing authority, you must reimburse the College for any liability it may incur for failing to withhold federal, state, or local taxes that you would have owed if such payment had been made to you as regular cash compensation, plus your share of any social security tax that would have been paid.

Any misuse of the plan is your liability, so if you are unsure of any provision of this plan, please call FlexSave at 888-231-1363.

**(11) What happens to my FSA if I take an unpaid leave of absence?**

You may elect to continue participation in the Plan(s) under the following leave of absence circumstances:

- (a) You qualify for Family or Medical Leave under the FMLA
- (b) You are covered by the Uniform Services Employment or Reemployment Rights Act (USERRA)
- (c) Your Collective Bargaining Agreement or Employment Contract provides benefit continuation for any other type of leave of absence

**The details of your eligibility and the coverage period will be explained to you upon your leave of absence.** Amounts previously withheld from your paycheck, which would otherwise continue to be withheld if you were still working, may instead be paid to the Plan(s) either (a) as a single lump sum at the beginning of your leave of absence, or (b) as monthly payments.

**(12) What happens to my FSA(s) if I resign, retire, am laid-off, or terminated?**

If you terminate service with us, and (a) you are participating in the Plan(s) and (b) are otherwise eligible to continue coverage under the underlying Medical Insurance Plan pursuant to the Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA), you may continue to participate in the Plan during such period of coverage. **The details of your eligibility and the coverage period will be explained to you upon your termination of service.** Amounts previously withheld from your paycheck, which would otherwise continue to be withheld if you were still employed, may be paid to the Plan(s) (a) as a single lump sum or (b) as monthly payments.

If you are unable or choose not to continue coverage under COBRA, you may only be reimbursed for eligible expenses incurred prior to your termination date. With respect to your Healthcare account, you will only be reimbursed to the extent that such expenses do not exceed your maximum annual election amount. With respect to your Dependent Care account, you will only be reimbursed up to the amount already deducted from your paycheck.

**(13) Can the Plan(s) be amended or terminated?**

The College has established the Plan(s) with the intention and expectation that it will be continued indefinitely, but the Plan(s) may be amended or terminated by the College at any time, unless a provision of your collective bargaining agreement or employment contract states otherwise. Nothing contained in this summary or the underlying plans shall limit the College's right, without notice to or consent from any employee, to amend or terminate any other benefit plan we maintain.

**(14) What is the procedure for making claims under the Plan(s)?**

You will receive a card that may be used just like a credit card at any approved vendor that provides eligible products or services and that accepts MasterCard payments. If the merchant you are buying eligible products or services from does not accept MasterCard, you must pay the merchant, and then mail or fax a completed Request for Reimbursement Form and related receipts to:

FlexSave, LLC  
28104 Orchard Lake Road  
Suite #140  
Farmington Hills, MI 48334

Phone: (888) 231-1363  
Fax: (248) 539-8002

A copy of this form is attached or you can print one from the HR website. Remember, while the total dollars in your Healthcare reimbursement account are available to you from day one of the Plan Year, Dependent Care dollars can only be spent as they are deducted from your paycheck.

Using the MasterCard saves you from having to obtain and complete forms, attach receipts and then wait for a reimbursement check. It is still your responsibility, however, to keep a copy of all receipts for claims made under the Plan(s) as the IRS requires that proper documentation always be available to prove the claim is eligible under the tax code. FlexSave frequently requests receipts to satisfy this IRS requirement. If FlexSave determines your claim is ineligible for reimbursement under the IRS regulations, you will be required to reimburse the Plan(s) for any amount that is not covered.

You will be mailed account statements once a month; you may also obtain your latest account information at any time by visiting [www.theflexcard.com](http://www.theflexcard.com). Call (888) 231-1363 if you have questions on a specific claim or status of a claim.

If you think you are not receiving benefits to which you are entitled under the Plan(s), you may make a claim to FlexSave. If FlexSave believes that your claim should be denied, you will be notified in writing within 60 days after the claim is received by FlexSave (or within 180 days in special circumstances). The notice will state the reason for the denial.

**(15) How does the Healthcare Plan work with our vision reimbursement plan?**

The Healthcare Plan will pay for any amounts not covered by the MCC Vision Reimbursement Plan. When you know that you will be going to an eye doctor, take a MCC Vision Reimbursement Form with you. This form indicates how much the College reimburses for vision exams, glasses, lenses or contacts. **Any expenses that are covered by the vision reimbursement plan should be paid for with a form of payment other than the FlexSave MasterCard.** You will be reimbursed for this amount by returning the

Vision Reimbursement Form with copies of your receipt to Human Resources. Any remaining uncovered expenses may then be paid by using the FlexSave MasterCard.

**Example:** The bill from your optometrist is \$250, which covers an exam and glasses. After completing the MCC Vision Reimbursement Form at the doctor's office, you realize that you **will** be reimbursed \$200 from Mott for the exam and glasses. The \$50 that Mott **will not** reimburse you for can be charged to your FlexSave MasterCard. The \$200 that Mott will reimburse you for should be paid by other means (i.e., cash, check or other credit card). You must submit your Vision Reimbursement Form and receipts to Human Resources for reimbursement of the \$200.

Remember, you may not use the FlexSave MasterCard to pay for any expense that is covered by insurance (or an insurance like benefit), so if you use the FlexSave MasterCard to pay for vision expenses that are reimbursed by the MCC Vision Reimbursement Plan, you will be responsible for paying back to FlexSave the amount that was reimbursed by the Vision Plan. FlexSave continuously audits the flex accounts and requests documentation when necessary to satisfy IRS requirements.

## (16) What do I need to know about the FlexSave MasterCard?

**Card activation:** The FlexSave MasterCard account will be activated the first time it is swiped through an electronic credit card device at a point of service. If you try to use the credit card number for payment before the card is activated (i.e., mail-in prescriptions or over the phone), the system will deny payment. If you need to use the card to make a payment before you have swiped it through an electronic credit card device, you may call FlexSave at (888) 231-1363 and they will manually activate the card for you.

**Additional cards:** You can request additional cards for your covered dependents by indicating so on the enrollment form (include social security number for each dependent who will be issued a card) or by calling FlexSave at (888) 231-1363.

**Lost or stolen cards:** You can deactivate your card if it is lost or stolen by calling FlexSave at (888) 231-1363 or you may also visit [www.theflexcard.com](http://www.theflexcard.com). A replacement card will be issued at the cost of \$10 per card and will take at least one week from your request to receive it.

**The card cannot be used during the January 1st to March 15th Grace Period for Healthcare claims if you wish to utilize funds from the previous Plan Year:** If you attempt to use the card during the Grace Period, it will automatically apply the charge to the current Plan Year. To request reimbursement for expenses incurred during the Grace Period using previous Plan Year funds, you must submit them using the Request for Reimbursement Form, which is located at the end of this Summary Plan Description or on the HR website.

**Keep your card if you will continue to participate next year:** If you plan to re-enroll in a flexible spending account next year, keep your card because it will be reactivated with the new Plan Year's flexible spending information and amounts. If you do not plan to re-enroll

next year, destroy your card because a new card will be issued if you decide to re-enroll in a future year.

**When you separate employment:** If you resign or are terminated from employment with the College, your card will be deactivated by FlexSave and you are required to turn in the card to Human Resources. You must submit all claims using the Request for Reimbursement Form once your employment ends.

**(17) How do you estimate your Dependent Care Expenses?**

If you decide to establish a Dependent Care account, the following chart is designed to help you decide how much money to set aside for this purpose. Please note, however, that it may be more beneficial for you to take the Dependent Care Tax Credit when you file your taxes. You may want to consult with a tax advisor to determine which option is more beneficial, as you cannot do both.

**Previous Year (actual)**

$$\begin{array}{r} \$ \underline{\hspace{2cm}} \\ \text{(weekly expense)} \end{array} \quad \times \quad 52 \text{ weeks in a year} \quad = \quad \$ \underline{\hspace{2cm}} \\ \text{(Annual Total)}$$

**This Year (expected)**

$$\begin{array}{r} \$ \underline{\hspace{2cm}} \\ \text{(weekly expense)} \end{array} \quad \times \quad 52 \text{ weeks in a year} \quad = \quad \$ \underline{\hspace{2cm}} \\ \text{(Estimated Total)}$$

**(18) How do you estimate your Healthcare Expenses?**

The following chart is designed to help you estimate your annual medical expenses.

	<b>Previous Year (Actual)</b>	<b>This Year (Expected)</b>
Medical plan deductibles	\$ _____	\$ _____
Medical plan (coinsurance)	\$ _____	\$ _____
Dental or orthodontic expenses (that are not covered)	\$ _____	\$ _____
Vision care expenses (that are not covered)	\$ _____	\$ _____
Hearing aids	\$ _____	\$ _____

Prescription drugs (that are not covered)	\$ _____	\$ _____
Other qualified expenses (that are not covered)	\$ _____	\$ _____
<b>YOUR TOTAL HEALTHCARE EXPENSES</b>	<b>\$ _____</b>	<b>\$ _____</b>

**(19) What is an example of the tax savings of the FSA?**

The following example illustrates how the Plan(s) saves you money. Assume that your salary is \$36,000 per year and you are taxed at a rate of 28% for federal income tax. Also assume that you plan on having \$1,300 of uninsured medical, dental and vision expenses for the year and your child's day care will cost you \$2,000 for the year.

Description	Pre-Tax FSA Plan	No FSA Plan
<b>Salary</b>	<b>\$36,000</b>	<b>\$36,000</b>
<b>Less</b>		
Healthcare Spending Account	(1,300)	--
Dependent Care Spending Account	(2,000)	--
<b>Taxable Income</b>	<b>32,700</b>	<b>\$36,000</b>
<b>Less</b>		
Federal Income Tax (28%)	(9,156)	(10,080)
State Income Tax (4%)	(1,308)	(1,440)
Flint Income Tax (1% for residents)	(327)	(360)
Social Security (FICA) (7.65%)	(2,502)	(2,754)
Uninsured Medical Expenses	--	(1,300)
Day Care for Child	--	(2,000)
<b>Net Take Home Pay</b>	<b>\$19,407</b>	<b>\$18,066</b>
<b>Annual Tax Savings</b>	<b>\$1,341</b>	<b>--</b>

*This example is an illustration only and is not intended to be tax or financial advice. We recommend consulting with a financial advisor or tax accountant for the specific impact of this benefit.*

# Mott Community College



## Flexible Spending Accounts Benefit Election Form

Enrollment or Re-Enrollment  
 Change in Family Status

Change of Personal Information  
 Termination of Employment

(check all categories above that apply)

### Personal Information

Last Name	First Name	Middle Initial	Social Security No.
Home Address: Street			
City	State	Zip	Home Phone No.
E-Mail Address:		Date of Hire:	

### List of Dependents To Be Covered

Last Name, First Name, Middle Initial	Relationship	Gender	S.S.#	Birth Date

### Benefit Elections

	Amount Per Pay Amount	Number of Pay Periods	Annual Election
<b>1. HealthCare Spending Account</b> (Maximum \$3,000 annually)	1. \$ _____ X	26	= \$ _____
<b>2. Dependent Care Spending Account</b> (Maximum \$5,000 annually or \$2,500 annually for married individuals filing a separate return)	2. \$ _____ X	26	= \$ _____

*I hereby apply for the options listed above. I authorize Mott Community College to adjust my pay as required by my election. I understand that the benefit options I have elected will remain in effect throughout the Plan Year, unless I have a change in family status. I also understand that any unspent money remaining in my account(s) at the end of the Plan Year will be forfeited.*

*I agree that if Mott Community College pays out of my Flexible Spending Accounts, any amounts which were not reimbursable, or which exceeded my annual plan limits (and/or monthly plan limits for the Dependent Care Account), upon discovery of such erroneous payments, Mott Community College may withhold amounts from my wages until the improperly paid amounts have been recovered in full.*

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Mott Community College  
FlexSave - Request for Reimbursement Form**

(Please Print Clearly)

Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Company Name: Mott Community College Work Phone Number: \_\_\_\_\_

This form may be used for either the health care reimbursement account and / or dependent care reimbursement account requests for reimbursement. This request is for PLAN YEAR: \_\_\_\_\_

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**HEALTH CARE REIMBURSEMENT ACCOUNT**

Please indicate the amount requested for reimbursement in each category (attach all receipts):

MEDICAL \$ \_\_\_\_\_ VISION \$ \_\_\_\_\_ DENTAL \$ \_\_\_\_\_

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**DEPENDENT DAYCARE REIMBURSEMENT ACCOUNT**

DEPENDENT CARE REIMBURSEMENT AMOUNT (attach all receipts) \$ \_\_\_\_\_

Name of Dependent(s): \_\_\_\_\_

Relationship of Dependent: \_\_\_\_\_

Name of Provider: \_\_\_\_\_ Provider's Taxpayer ID or SSN (REQUIRED): \_\_\_\_\_

Daycare Provided: From \_\_\_\_\_ To \_\_\_\_\_

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Preferred method of reimbursement:  Check  Direct Deposit

Checking Account Number: \_\_\_\_\_ Routing Number: \_\_\_\_\_ Bank Name: \_\_\_\_\_

I request reimbursement from my account. I certify that the information provided is true and correct, that these expenses are not and will not be covered by any insurance program or other reimbursement program, and that I have not or will not claim these expenses as income tax deductions on my income tax return, and that the expenses submitted qualify as required. I also understand that the Internal Revenue Service may require proof that these are eligible expenses, and that I am responsible for providing such proof.

Total Amount Submitted: \$ \_\_\_\_\_

Signature (REQUIRED): \_\_\_\_\_ Date: \_\_\_\_\_

Send this completed form along with receipts to FlexSave of America • 28104 Orchard Lake Rd. • Suite 140 • Farmington Hills • MI • 48334, or fax to (248) 539-8002

**For Questions Call: (888) 231-1363**

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