



Flexible Spending Account (FSA) Data Collection Worksheet

Please complete and submit this worksheet to your employer. This is an internal document used by your employer for data collection purposes. Worksheets returned to WEX Health, Inc. cannot be processed.

*=Required Fields

Step 1: Participant Information

*Employer Name (Do not abbreviate)

Employee ID Number

*Participant Name (First, MI, Last)

*Social Security Number

*Participant Mailing Address

*City

*State

*Zip

Email Address

Day Telephone

*Date of Birth (mm/dd/yyyy)

*Hire Date (mm/dd/yyyy)

*Gender (M/F)

*Marital Status (Married/Single)

Step 2: Employee Premiums

If you have a payroll deduction for insurance premiums, eligible premiums will be deducted before taxes are calculated. You will automatically be enrolled in this portion of your Section 125 Plan. However, if you wish, you may opt out of the Employee Premium Conversion part of the Plan by contacting your HR Department and filling out the waiver form. **Note:** Insurance premiums are not eligible for reimbursement with your Medical or Limited Medical Spending Account.

Step 3: Enrollment and Election Information

***Plan Type** (If enrolled in an HSA, you are not eligible to enroll in the Medical FSA. However, you are eligible for both the Limited Medical FSA and Dependent Care FSA if offered through your employer.)

***Annual Election** (if employer funded, note "ER" next to amount):

***Number of Pay Periods** (if enrolling mid-year, please enter the number of remaining pay periods within the plan year):

***Per Pay Period Amount** (to be deducted each pay period):

***Date of First Payroll** (mm/dd/yyyy):

***Participant Effective Date** (mm/dd/yyyy):

***Pay Frequency** (please check one):

Monthly

Semi-Monthly

Bi-Weekly 24

Bi-Weekly 26

X Weekly

Other

Step 4: Authorization

I authorize my employer to reduce my pay on a per-pay-period basis as indicated above. I understand my reduction is for one flex plan year and that I cannot change or revoke my election unless I experience a qualifying event in accordance with Internal Revenue Code Section 125 and submit my request within a reasonable amount of time as deemed by the IRS and my employer. I am aware of the plan's forfeiture provision and that my Social Security and federal unemployment benefits may be reduced because of my reduced salary for tax purposes. Further, I authorize the release of any information necessary to substantiate claims submitted against my Flexible Spending Account.

*Participant Signature

*Date

Step 5: Refusal (Note: Only complete this step if you are NOT electing to enroll in a Flexible Spending Account)

Participant Signature

Date

Medical FSA



What does it cover?

Eligible medical, dental, and vision expenses.



What are some eligible expenses?

Doctor copays, physical therapy, speech therapy, dental exams, vision exams, glasses, and annual physicals.



Who's eligible?

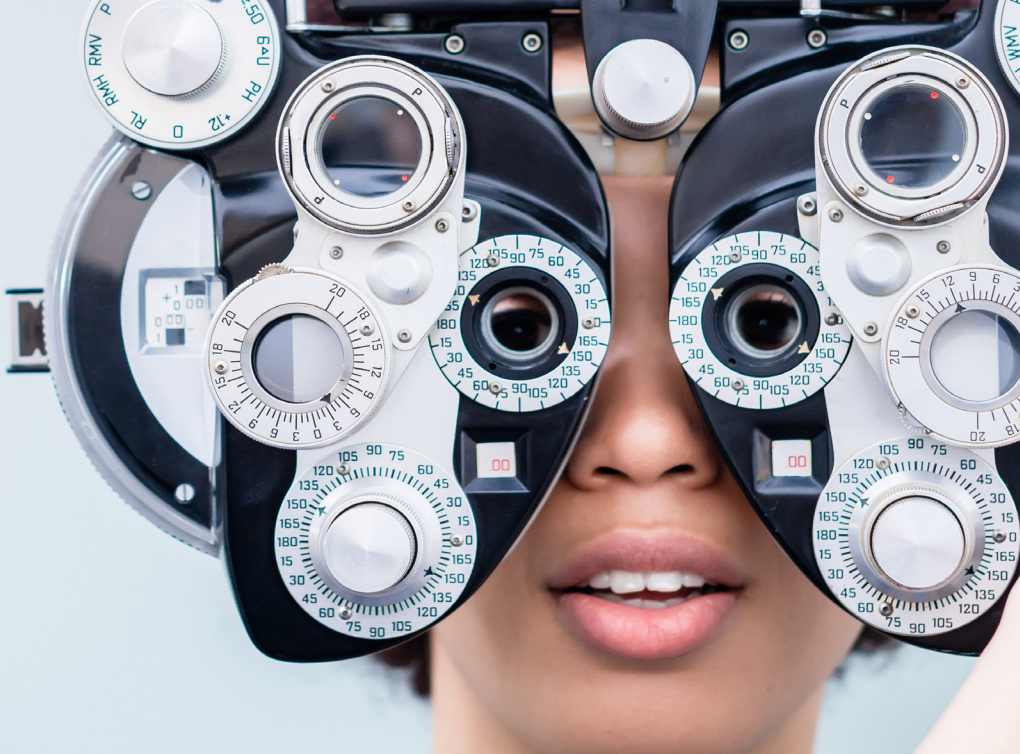
Any employee offered a group health plan and meets eligibility criteria determined by the employer.



Did You Know?

As an employer, you can contribute to your employees' FSAs but aren't required to.

Limited FSA



What does it cover?

Eligible dental, vision, and preventive expenses.



What are some eligible expenses?

Dental and vision exams, prescription glasses, annual physicals, birth control, immunizations, and prenatal visits.



Who's eligible?

Any employee offered a group health plan and who meets eligibility criteria determined by the employer.



Did You Know?

One stacked debit card, one online account, and one mobile app make managing all benefits through WEX easy for your employees, no matter what plans they're enrolled in.

Dependent Care FSA



What does it cover?

Eligible dependent care expenses for children up to age 13, disabled dependents of any age or a disabled spouse.



What are some eligible expenses?

Day care, after-school care and summer day camps.



Who's eligible?

Anyone gainfully employed or whose spouse is gainfully employed, who is looking for work or who is a full-time student. It can be paired with an HSA or another FSA.



Did You Know?

Our recurring dependent care program means participants only have to submit one reimbursement form per year for each day care provider used.

Benefit from FSAs



Benefits for Employees

- Funds are contributed tax-free, which means significant potential tax savings
- Funds are available on the first day of the plan year (except with a dependent care FSA).
- Limited FSAs, combination FSAs, and dependent care FSAs can be paired with an HSA.



Did You Know?

A carryover lets participants carry a set amount of unused FSA funds to the next plan year. The IRS sets this limit annually — check their site for the latest amount.

A grace period lets participants spend funds after the plan year has expired for a pre-determined amount of time.

> Learn more by visiting: www.wexinc.com/benefits