



City of Chicago HealthCare Flexible Spending Accounts-FSA Enrollment Form



I. Personal Information (Please print clearly and provide complete and accurate information.)

Your Employer _____

SSN _____ - _____ - _____

Your Name _____
(Last) (First) (MI)

Address _____ City _____ State _____ Zip _____ - _____

Check if this address is new within last year. Date of Birth ____/____/____ Hire Date ____/____/____

Employer Use Only	
Re-enrollment	<input type="checkbox"/> New <input type="checkbox"/> Change <input type="checkbox"/>
Effective Date	_____
1st Deduction Date	_____
Payroll Mode	W B S M Q
Division Code	_____

II. Election Information (Please check the appropriate box to indicate if you wish to enroll, or do not wish to enroll, and sign below.)

- Yes, I wish to participate in the flexible spending account plan and authorize payroll reduction from my salary on a pre-tax basis in the amount(s) indicated below, and continuing until this election is amended or terminated or until the Plan Year ends. Employer-sponsored benefit coverage contributions are automatically reduced from my compensation on a pre-tax basis.
- I have been offered the opportunity to enroll in the flexible spending account plan and do not wish to enroll at this time. However, my employer-sponsored benefit coverage contributions are automatically reduced from my compensation on a pre-tax basis.

BENEFIT CHOICES	PER PAY PERIOD AMOUNT	NUMBER OF PAY PERIODS	PLAN YEAR AMOUNT
Health Care FSA Account	\$ _____ . _____	X _____	= \$ _____ . _____

I understand that:

- This election can only be changed or revoked during the Plan Year if I have a change in status as defined in the Plan or if I am no longer eligible to participate.
- The new election must be consistent with my change in status, must be applied for within 30 days of the change, and is subject to final approval by my employer.
- This election will be automatically changed or cancelled, if necessary, to comply with provisions of the Internal Revenue Code or if required employer-sponsored benefit contributions increase or decrease.
- Any amounts remaining in my reimbursement account at the end of the "Grace Period" March 15, 2009 will be forfeited.
- Salary contributed into one reimbursement account cannot be transferred and used for expenses in any other account.
- A new Enrollment Form must be completed each Plan Year. If I do not complete and return an Enrollment Form during Open Enrollment, I forfeit the opportunity to participate in the Benefit Choices outlined above.
- Social Security and Medicare taxes are not being withheld on the amount of my salary reduction under this election.
- The amount of salary reductions may not be claimed on my tax return or my spouse's tax return.
- If my employment terminates, only medical expenses incurred through my period of coverage as defined in the Plan can be considered for reimbursement.
- I understand all claims submitted for reimbursement are subject to substantiation requirements and I am required to, and agree to, provide documentation as requested.

III. Blue Cross Blue Shield PPO & HCA Crossover Claims

As a participant in the Flexible Spending Account Plan, I acknowledge that I will be automatically enrolled in the Crossover Claims Feature that allows Blue Cross Blue Shield to send claim data to PayFlex for automatic reimbursement of eligible Flexible Spending Account expenses. I understand that this feature is valid for the plan year in which I am enrolling and may only be revoked during the Open Enrollment Period. I also understand that any information disclosed under this authorization will be made available to me upon request.

- Yes, please enroll me in Crossover I do not wish to enroll at this time

IV. Pre-Authorization for Direct Deposit for PayFlex Reimbursement

I authorize PayFlex Systems USA, Inc. to initiate a credit and/or debit entry to my account for my PayFlex reimbursements. This agreement is to remain in full effect until written notification is supplied by me to PayFlex terminating this agreement.
A "VOIDED" CHECK MUST ACCOMPANY DIRECT DEPOSIT APPLICATION

Employee Signature _____ Date _____

Return this form within 30 days of your date of hire to:

**City of Chicago
Department of Finance
Benefits Management Division
333 South State Street, Room 400
Chicago, IL 60604-3978
ATTN: Judy Landoch**



Flexible Spending Account with PayFlex

What is an FSA?

An FSA is a Flexible Spending Account, which is authorized by the IRS and available through your employer. This type of account allows you to set aside money for non-reimbursed health care expenses on a pre-tax basis. As you incur health care expenses throughout the year, you submit a claim for those expenses, and you are reimbursed with tax-free dollars from your account.

A Health Care Account reimburses you for out-of-pocket medical, dental, vision, hearing and pharmaceutical expenses such as co-pays, co-insurance, certain over-the-counter medications, eyeglasses, contacts, eye care solutions and even laser-vision correction.

When you use this account, you reduce your taxable income so you pay less in income taxes. To see a list of eligible expense items for your health care account, visit our website at www.mypayflex.com.

How does the FSA work?

- You decide if you want to use the Health Care FSA
- You estimate the amount you will spend on out-of-pocket health care expenses during the year
- Estimate your expenses conservatively and review prior year's expenses to help you determine what to anticipate for this year. Plan only for predictable expenses.
- You decide the amount you wish to set aside into your FSA, then, complete an enrollment form like the one on the back of this flyer. Forms can be found on our website at www.mypayflex.com
- The dollar amount that you wish to set aside into your PayFlex account will come out of your paycheck in equal amounts on a schedule established by your employer.
- As you incur health care expenses throughout the year, you will submit a claim form along with itemized documentation of your expenses (*itemized documentation includes date of purchase or service, description of item or service, amount charged, name of merchant or service provider and name of patient if a medical claim*)
- Reimbursements from your account are made every couple of weeks, and you may file claims as often as you wish
- Reimbursements may be made by check and sent to your home address or by direct deposit into your checking or savings bank account.
- Dollars left over in your account at the end of the "grace period" will be forfeited. Your grace period will end on March 15, 2009.

Important Contact Information

Participant Website: www.mypayflex.com
PayFlex Customer Service Center: 1-800-284-4885
Express Claims: www.mypayflex.com
Fax Number to submit claims: 402-231-4310
Mailing address for claims:
PayFlex Systems USA, Inc.
P.O. Box 3039
Omaha, NE 68103-3039

How do I enroll in the FSA?

Option 1: Enroll online at www.mypayflex.com

- Step 1: Enter www.mypayflex.com into your web browser
- Step 2: Click on "Login", then click on "register"
- Step 3: Enter your member number (Social security number) and your zip code, click "Submit"
- Step 4: Fill in the "My Info" screen information
- Step 5: Select "Online Enrollment" from the left-hand navigation bar
- Step 6: Select "yes" next to the account you wish to enroll in and enter the amount you wish to have deducted from your paycheck each pay period
- Step 7: Once you have finished making your election, select "Confirm Elections"
- Step 8: Review elections and accept terms and conditions

***Within an hour you will receive an email from automail@payflex.com, confirming your elections*

Option 2: Complete the reverse side of this document and returned within 30 days of your date of hire to:

City of Chicago Benefits Management Office
Attention: Judy Landoch
333 South State Street, Room 400
Chicago, IL 60604-3978

What is available online at www.mypayflex.com?

- Account Information: account balance, view transactions, claim status
- Express Claims: to submit your claims online
- FSA Tutorial: to help you understand "What is an FSA?"
- FSA Savings Calculator
- Expense Planning Worksheets
- Listing of Eligible & Ineligible Expense Items
- Frequently Asked Questions
- Administrative Forms & Publications: claim form, direct deposit form and enrollment form
- IRS Forms & Publications

Questions?

If you have any questions or wish to obtain account information, please call PayFlex at **1-800-284-4885**. Customer service representatives are available 7:00am-7:00pm CST, Monday - Friday.

To learn more about your FSA with PayFlex, visit www.mypayflex.com