

Initializing Your Account on MyFlexOnline Web Site

1. Open a web browser (i.e.: Internet Explorer) and go to www.myflexonline.com.
Note You can bookmark this page in your browser for future use.
2. If you are a New User, click on “NEW USER” to setup your account.
3. Fill out each field (Social Security Number, Date of Birth, and distinct email address in proper format provided). Complete Username, Create Password, and then confirm Password. Then select a Hint Question using the drop down menu (down pointing arrowhead.) Complete answer to question. Click on Continue to view account.

MyFlexOnline Claim Request

After initializing your account, select “Request a Payment” to generate a claim form. Upon completion of all payment items, print form, sign, date and fax to 536-0430 along with receipts.

https://www.myflexonline.com/ICE.aspx

MyFlexOnline [Log Out](#)

[View Account](#) [Request Payment](#) [Flex Debit Card](#) [User Info](#) [Contact Us](#) [Help](#)

[Create Claim](#) [Filing Help](#) [Qualified Expenses](#)

Create Claim

Please enter line detail for the first item and then click **Add An Item**. Your claim items will then be displayed. To add multiple items, continue to enter line detail and click **Add An Item**.

Claim Type	Start mm/dd/yy	End mm/dd/yy	Description	Amount	Dependent
Select...				\$	

[ADD AN ITEM](#)

Detailed Instructions

Step 1: Select a claim type from the drop down list, enter start date of service, end date of service, description of service and amount. Please note: dates of service are the dates the service occurred, not when paid. If this is for dependent care, please enter the dependent's name.

Step 2: Click **Add an Item**.

Step 3: Enter additional lines by repeating Step 1 and Step 2. Please enter an individual line for each item purchased.

Step 4: When finished entering items, click **View Form**.

Current as of 1/5/2009 7:37:04 PM

[Privacy Policy](#) | [Copyright & Disclaimer](#)



Request for Reimbursement

FSA HRA Debit Card Substantiation

Plan will pay Flexible Spending Account (FSA) before Health Reimbursement Account (HRA)

Participant name (Please type or print): _____ Social Security #: _____

Participant Address (complete only if new): _____
 _____ City State Zip

Employer _____

Daytime Phone: _____ E-mail: _____

By submitting this claim form I request reimbursement from my Flexible Spending Account(s) as listed below. I agree to the Terms and Conditions stated below; I certify and warrant to PIOPAC Fidelity that these are eligible medical and/or dependent day care expenses that I or my dependents have incurred. (Please read reverse side for instructions.)

=>Participant Signature: _____ Date: _____

Dependent/Child Care

LIST EACH RECEIPT SEPARATELY (Use additional forms if necessary.)

Name of Dependent (A)	Age	Provider Name (B)	Dates Service Provided (C)	Requested Amount of Reimbursement (D)	PIOPAC Use Only

Please attach a receipt or itemized bill listing (A), (B), (C) and (D) or have provider certify below. Cancelled checks or bills showing a payment or previous balance only are not acceptable.

Provider's Certification/Verification

I certify that the above-described dependent care expenses were incurred by the Participant named above.

Business/Provider Signature _____ Address _____ Date _____

Unreimbursed Medical

LIST EACH RECEIPT SEPARATELY (Use additional forms if necessary.)

Patient Name (A)	Provider Name (B)	Description of Service (C)	Dates Service Provided (D)	Requested Amount of Reimbursement (E)	PIOPAC Use Only

Please attach a third-party receipt, itemized bill or Explanation of Benefits (EOB) listing (A), (B), (C), (D) and (E) or have provider certify below. Cancelled checks or bills showing a previous balance or balance due only are not acceptable.

Provider's Certification/Verification

I certify that the above-described unreimbursed medical expenses were incurred by the Participant named above.

Medical Provider Signature _____ Address _____ Date _____

TERMS and CONDITIONS

I (above named Participant) understand and agree that:

- medical expenses must qualify as deductible expenses under Internal Revenue Code Section 213(d) and allowed under Prop. Treas. Reg.1.125.2, and cannot be reimbursed by any other source or used as a deduction or credit on my personal income tax return(s).
- dependent care expenses must qualify for the dependent care tax credit and that I cannot claim the tax credit for expenses submitted hereunder.
- the taxpayer identification (Social Security) numbers of any dependent care service provider(s) will be supplied to the IRS on my annual tax return(s) using Form 2441.
- I am responsible for inappropriate use or disclosure of my information that occurs due to my selected method of transmitting this information (e.g. fax, e-mail, or any other media).
- I hereby authorize the Plan and its service provider (PIOPAC), and their respective agents, employees, sub-contractors, and assigns to use the information provided above to administer the Plan (including the eligibility for reimbursement under the Plan) and to detect or prevent fraud or misrepresentation and to further disclose and all such information as is reasonably required for such purposes.
- I further authorize any provider, insurer or other entity to release any health or treatment information for the purpose of determining eligibility for Plan benefits or to detect or prevent fraud.
- I hereby expressly waive and release any claims related to the use, disclosure, or release of information so long as the information is used in furtherance of administering the Plan (including the processing or evaluating my claim for benefits under the Plan) or detecting or preventing fraud.

- This authorization does not and is not intended to in any way limit any right the Plan, PIOPAC, or their respective agents, employees, subcontractors, and/or any assigns may have under applicable state or federal law or regulation regarding the use of such information.

How to File a Request for Reimbursement

1. Complete the front side of this form, being sure to **sign** and **date** it. Failure to complete **all** areas can result in a delay in processing and claim reimbursement. **Note:** All fields must be filled in completely, do not indicate, "See attached" in any field.
 2. **Do not** submit **Dependent Care** (DDC) or **Unreimbursed Medical** (URM) claims until **after** services are rendered. Verify that the services received are eligible expenses. See below and/or refer to your *Participant Guide to Flexible Spending Accounts*.
 3. Attach legible itemized bills, receipts or Explanation of Benefits (EOB's) which show:
 - The **name** of person(s) receiving service
 - The **date(s)** of service
 - A **description** of service or supplies furnished
 - The **name** of provider(s)
 - The **charges** for each service
- Note: Drug receipts must clearly show the drug name.** Balance due statement and credit card receipts are not valid receipts unless it indicates all of the required information listed above. Never send in receipts without a completed Request for Reimbursement form.
4. The business/provider may sign this form in lieu of attaching a receipt.
 5. If you carry group insurance, first submit expenses to the insurance carrier. Attach the Explanation of Benefits (EOB) to document any reimbursement or credit to your deductible or coinsurance amounts.
 6. Checks are not written for less than \$15.00. **Requests for less than \$15.00 will be applied to future requests.**
 7. **Please make a copy for your files.**

General IRS Eligibility Guidelines

To qualify for reimbursement from Flexible Spending accounts, expenses must be incurred during **your** Plan Year for which you are requesting reimbursement.

1. **Unreimbursed Medical Account** - can be used for medical expenses for you or your family that are not covered by any other health plan. Items covered include, but are not limited to:
 - major medical co-payments and deductibles (excluding insurance premiums of any kind)
 - certain medical, dental, hearing & vision services (excluding cosmetic procedures)
 - most prescribed drugs, contraceptives, insulin and smoking cessation programs (herbal drugs and over-the-counter drugs may be eligible, if permitted by the Plan and used to treat a medical condition)
 - purchase and rental of most medical devices, including diabetic-related supplies
 - most medical assistance tools for disabilities, such as seeing-eye dogs and text telephone for hearing impairments
2. **Dependent/Child Care Account** - reimbursement for care of your child or other tax dependent while you are at work. For reimbursement services at a dependent care center, the center must comply with all state and local laws.

Specifications for this account are:

- your child must be age 12 or under and resides with you
- your child or other dependent over the age of 12 must be incapable of self support and spend eight hours or more a day in your home
- the individual caring for your child (age 12 and under or other dependent) must not be your tax dependent
- reimbursement cannot exceed \$5,000 annually (\$2,500 if married filing separate returns) or the earned income of you or your spouse, whichever is less

TO SUBMIT YOUR COMPLETED FORM:

FAX completed Request for Reimbursement forms to: **(808) 536-0430**

NOTE: *Use discretion when faxing your personal medical information. You bear full responsibility for any inappropriate use or disclosure that may arise in connection with your transmission of information to PIOPAC.*

OR

MAIL completed request for reimbursement forms to:

**PIOPAC Fidelity
FSA Claims Dept.
1132 Bishop Street Suite 2101
Honolulu, HI 96813**

EMAIL form to FSAClaims@piopac.com

NOTE: *To speed up the process of your claim, please attach all receipts to a full 8x10 sheet of paper.*

For Customer Service call: (808) 526-0097 ext. 233 or 242 or Toll Free – 800-777-0284

PIOPAC FIDELITY

THIRD PARTY ADMINISTRATION

"Security, Integrity, Trust"

Request for Reimbursement Qualified Transportation Expenses

Employer: _____

Employee name (Please type or print): _____ Social Security #: _____

Employee address: _____ City State Zip Daytime Phone: _____

PLEASE CHECK IF THIS IS A NEW ADDRESS

LIST EACH RECEIPT SEPARATELY

Person for Whom Expenses were Incurred (A)	Name and Address (including city and state) of Parking Facility or Mass Transit Authority (B)	Dates Service Provided (C)	Requested Amount of Reimbursement (D)	PIOPAC Use Only

Please attach a receipt or itemized bill listing (A), (B), (C) and (D) or have provider certify below. Cancelled checks or bills showing a payment or previous balance only are not acceptable.

Provider's Certification/Verification

I certify that the employee named above incurred the above-described Parking and/or Mass Transit expenses.

Business/Provider Signature _____ Address _____ Date _____

HOW TO FILE A REQUEST FOR REIMBURSEMENT

1. Complete, date and sign this form. Failure to complete all areas can result in a delay in processing and claim reimbursement.
2. Attach third party receipts or bills showing items A, B, C and D. A receipt will be required to process your claim unless receipts are not provided in the ordinary course of business. **Expenses should be substantiated within 180 days after expense is paid as required by IRS. Receipts for dates of service beyond 180 days will be denied without a brief explanation of why claim is being substantiated after 180 days.**

Reason: _____

3. The provider (Parking Facility or Mass Transit Authority) may certify these expenses by signing the provider's certification.

QUALIFIED TRANSPORTATION EXPENSES

To qualify for reimbursement, parking expenses must be incurred for parking at or near the business premises of your employer and be less than your election for the coverage period (and the applicable statutory limit of \$230 per month). Parking expenses also qualify for reimbursement if incurred for parking at or near a location from which you commute to work by mass transit (subway, bus, etc.), van-pooling, in a commuter highway vehicle, or by carpool. It does not include parking at or near an employee's residence.

Reimbursement of mass transit expenses will be allowable only if your employer determines that the administrative costs (imposed by the mass transit authority) associated with purchasing and distributing mass transit passes exceeds 1% of the value of such benefits. The expenses must also be less than your election for the coverage period and the applicable statutory limit (\$230 per month).

I request reimbursement and certify that these are eligible Transportation Expenses.

Date: _____ Employee Signature: _____

FAX completed Request for Reimbursement forms to (808) 536-0430, Email to FSAClaims@piopac.com or MAIL to:

PIOPAC Fidelity
FSA Claims Dept.
1132 Bishop Street Suite 2101
Honolulu, HI 96813

PIOPAC Fidelity

THIRD PARTY ADMINISTRATION

“Security, Integrity, Trust”

AUTHORIZATION AGREEMENT FOR DIRECT DEPOSIT

I authorize PIOPAC Fidelity to initiate credit entries and, if errors occur, I authorize correcting entries to my account indicated below.

Financial Institution Name/ Location	Transit Routing Number	Account Number	Type of Account Checking or Savings

This authority is to remain in full force until I terminate this authorizations in writing.

Print Name: _____ Employer: _____

Daytime Phone: _____ Email Address: _____

Date: _____ Signature: _____ Soc.Sec.No. _____

Note: Please attach a voided check to this authorization.

Return to: PIOPAC Fidelity – 1132 Bishop Street #2101 – Honolulu, HI 96813-2830

Mr. or Mrs. Direct Deposit 1234 Hawaii Street Cityville, HI 54321		_____
Pay to the Order of _____	-----S-A-M-P-L-E-----	\$ _____
		_____ Dollars
Bank of HONHI (1) 123 Kamehameha Rd.		
:1 2 3 4 5 6 7 8 9 -: (2)	:0 0 0 1-:	:1 2 - 3 4 5 6 7 8-: (3)

(1) – Financial Institution Name / Location

(2) – Transit Routing Number

(3) – Account Number



Flexible Spending Account Participant Handbook

Provided by
PIOPAC Fidelity
for your Employer's Plan



PIOPAC Fidelity
Third Party Administration
"Security, Integrity, Trust"

PIOPAC Fidelity Flexible Spending Account Participant Handbook

Welcome to PIOPAC Fidelity Administrative Services!

We are dedicated to providing superior service to our customers and are delighted to serve as your cafeteria plan service provider. Our role is to process your requests for Reimbursement according to the plan designed by your employer, who is the plan sponsor and plan administrator. All benefits are funded by your employer through your salary redirection. Flexible Spending Account (FSA) benefits are paid by your employer and not insured or paid by PIOPAC Fidelity.

- There are two types of FSAs: The first is unreimbursed medical (URM) and the second is dependent day care (DDC).
- Your participation in an FSA program allows a portion of your salary to be redirected to provide reimbursement for these types of expenses.
- At the beginning of each plan year, you elect a specific dollar amount for each FSA you wish to participate in (not to exceed your plan maximum) for healthcare FSA or (IRS maximum) for dependent day care.
- Participation in one or both FSAs can save you money by reducing your taxable income. You pay no Federal, State or Social Security because taxes will be calculated after the amount is deducted from your salary.

Use of Personal Information

Your privacy is important to us. PIOPAC Fidelity will follow applicable law with regard to the use and disclosure of your personal information. As set forth in your claim form, by enrolling in the FSA, you authorize us to use and disclose your personal information in connection with administering the plan and for other purposes permitted by law.

**Use discretion when faxing your medical information to us. You bear full responsibility for any inappropriate use or disclosure that may arise as a result of your transmission of information to PIOPAC Fidelity.*

For Inquiries

(808) 526-0097 or

Toll free (800) 777-0284

Ext. 233 or 242

To Submit Claims by Fax

(808) 536-0430

To Submit Claims via a PDF file

Email to fsaclaims@piopac.com

Before submitting your claim, make sure you have had the service(s).

To File Your Claim

1. Complete a claim form, and be sure to sign and date it.
2. Attach legible receipt(s) from the service provider or EOB (Explanation of Benefits) showing:
 - * A description of the service or a List of supplies furnished.
 - * The charge(s) for each service.
 - * The date(s) of service.
 - * The name of the person(s) receiving the service.
 - * For RX the prescription drug Name.

No Waiting in Line!

We recommend direct deposit to all of our FSA participants as we feel it is a more efficient and reliable processing method. If by chance check payment is misplaced or lost in the mail, there will be service fee charged to have the payment replaced.

Healthcare FSA

Common Eligible Expenses:

- Co-Payments
- Co-Insurance
- Deductibles
- Over-the-Counter Medical Supplies
- Dental Treatment
- Orthodontia
- Lab Fees
- X-Rays
- Vision Expenses
- Lasik Surgery
- Physical Therapy
- Chiropractor Services
- Acupuncture
- Eye Contact Solution
- Eye Drops
- Band aids
- Birth Control
- Reading Glasses
- Insulin & diabetic Supplies
- Catheters
- Braces & Supports

Common Ineligible Expenses:

- Over-the-Counter (OTC) Drugs & Medicines
- Cosmetic Surgery
- Teeth Whitening
- Botox
- Non Prescribed Vitamins and Supplements
- Toiletries
- Medical Insurance Premiums
- Health Club Membership Fees

Almost every person has a number of necessary and predictable expenses that are not paid by their insurance plans. You can save money by putting that amount directly into your Healthcare FSA. The FSA will help you pay for these predictable expenses with your pre-tax dollars. Over-the-counter drugs to treat a medical condition is now an allowable FSA expense.

Eligible Expenses

With the FSA, you can pay out-of-pocket health care expenses for yourself, your spouse and all of your dependents for health, dental and vision care expenses. The services must be incurred while you are actively participating in the FSA plan. The eligible expenses may be reimbursed regardless of whether you, your spouse or dependents are covered by your employer's medical, dental or health plan.

Expenses for medical care will be limited to expenses incurred primarily for the prevention or improvement of a physical or mental defect or illness. An expense that is merely beneficial to your general health is not an eligible expense. It must be an expense to treat a medical condition.

Ineligible Expenses

Some expenses that you incur during your plan year may not be eligible for reimbursement under current IRS regulations.

- ▶ **Expenses not yet rendered**—Expenses that have been paid, but not yet rendered (i.e. prepayment of services) cannot be reimbursed until the service is rendered. Expenses don't necessarily have to be PAID, but merely incurred.
- ▶ **Premiums for insurance**—Premiums and payments to insurance policies are not eligible for reimbursement.
- ▶ **Expenses paid by another plan or third party**—Expenses that have already been paid by an insurance company or other reimbursement plan are not eligible for reimbursement through your FSA plan.
- ▶ **Expenses incurred after termination/separation from your employer**— If you are no longer participating in the FSA plan through your employer (termination, resignation, etc) any claims incurred after your participation ends are not eligible for reimbursement.
- ▶ **Effective January 1, 2011 Medical FSA may no longer be used to Purchase OTC drugs and medicines (other than insulin) without A directive (prescription) from a medical provider.**

Dependent Care FSA

The Dependent Care FSA allows you to pay for day care expenses for your qualified dependent/child with pre-tax dollars while you (and your spouse) are working

Common Eligible Expenses:

- Day Camps
- Before/After School Care
- Baby-Sitters
- Day Care Centers
- Au Pair
- Nanny
- Nursery
- Pre-School

Common Ineligible Expenses:

- Registration Fees
- Overnight Camps
- Care for child while not working
- Kindergarten
- Tuition Expenses
- Food/Activity expenses if Separate from cost of care
- Care provided by anyone Under age 19

Eligibility Requirements

Eligible dependents must be claimed as an exemption on your tax return. These dependents can include step-children, grandchildren, adopted children, or foster children. In a divorce situation, you must have custody of the child in order for the child to be considered an eligible dependent. Under IRS regulations, eligible dependents are further defined as: under the age of 13, and/or physically or mentally unable to care for themselves, such as a disabled spouse, disabled child or elderly parents that live with you.

For dependent care expenses to be eligible for reimbursement, you must be working during the time your eligible dependents are receiving care. If you are married, your spouse must be working at the time services are rendered, full-time student for at least 5 months during the year, or mentally or physically disabled and unable to provide care for himself or herself. In the event of a divorce, the non-custodial parent cannot make a claim unless they have custody for 6 or more months during the year.

Eligible Expenses

Eligible dependent care expenses are those expenses you must pay for the care of dependent so that you and your spouse can work. The care may be provided in your home or at a licensed center outside of your home. If the care is in your home, the service cannot be provided by another child of yours under the age of 19, by your spouse, or by your dependents.

Ineligible Expenses

Only those dependent care expenses that enable you and your spouse to work are eligible. Some expenses that you incur during your plan year may not be eligible for reimbursement under current IRS regulations.

- ▶ Educational Costs
- ▶ Weekend/Evening—out Babysitting
- ▶ Transportation, books, clothing, food, activities, entertainment and Registration fees are ineligible if these expenses are shown Separately on your bill.

PIOPAC Fidelity Flexible Spending Account Participant

take care® Flex Benefit Card



Receiving your take care® Card

You will automatically receive One (1) take care® Card in your name when you enroll, and the card will be mailed Directly to your home address. To order a second card for your spouse or dependent you must order it online at www.myflexonline.com at no additional cost.

The **take care®** Flex Benefit Card provides easy and instant access to your FSA funds, thereby eliminating the need to pay your expenses “out – out-pocket” at the time of service. This enhancement to the FSA program can minimize the chance of forfeiting funds. Additionally, there’s no Waiting for reimbursement anymore, because you are accessing your FSA funds at the point of sale.

Using your take care® Card

The card will only work at qualified merchants who accept Visa®, such as doctor’s offices, hospitals, pharmacies, dental offices, vision providers and health care related providers. Card will also work at qualified retail merchants that have implemented the IRS mandatory cash register system (IIAS) Inventory Information Automatic System.

Simply present the **take care®** Card at the time of payment to make your purchases. The provider will be paid and your account balance will automatically be adjusted for the amount. Be sure to get a receipt showing your purchase, as you may be asked to present it at a later date. After you enroll, we will send a Welcome Package with detailed instructions on using the take care® Card. Need to check your balance? That’s easy, just log into your account at www.myflexonline.com. You will have access to balance, claim and payment information 24 hours a day, 7 days a week. Have a question about your account? You can browse our Frequently Asked Questions (FAQ) or call or email our Customer Service Department from 8:00 a.m. to 4:30 p.m. Monday through Friday.

Providing Documentation for take care® Flex Benefit Card Purchases (substantiation)

The IRS requires that you keep all receipts for your FSA expenses, regardless of the method of payment. Typically, when you pay with your **take care®** card at a pharmacy or doctor’s office, receipts may not be required for your co-payment if you are on a HMO plan, but you must still obtain and keep a receipt for the purchase. If a receipt is required, PIOPAC Fidelity will notify you via email asking for the receipt. If you fail to substantiate by providing a receipt to us for the purchase, your card may be suspended until the necessary receipt is received. If no response via email a notice will be mailed to your home.

PIOPAC Fidelity Flexible Spending Account Participant

General IRS Rules & Information

The following rules apply to both DDC and URM FSAs

Election Irrevocability

You may not make changes before the beginning of the next plan year unless there is a qualified change in status (as permitted by your plan) that affects Eligibility.

Qualified changes in status may include:

- Change in employee's legal marital status
- Change in number of tax dependents
- Change in employment status that affects eligibility
- Dependent satisfies or ceases to satisfy eligibility requirements
- Change in residence that affects eligibility
- Judgment, decree, or court order dictating provision of coverage
- Entitlement to Medicare or Medicaid (URM only)
- Change in cost of the benefit (DDC only)
 - * Addition or elimination of benefit option
 - * Change in coverage of spouse or dependent under his/her employer's plan
 - * Significant curtailment of coverage

If a change in status occurs, you may make changes consistent with the qualifying event or as otherwise defined by your Plan Document. See your plan Sponsor for further details about making changes.

Dollar Limits

DDC Account:

This reimbursement (when aggregated with all other dependent care reimbursements during the same calendar year) may not exceed the least of the following:

- \$5,000, or
- \$2,500, if married but filing separate tax returns

URM Account:

Your plan sponsor determines the maximum benefit that may be elected. Please see your employer for the maximum benefit amount allowed under your plan.

Use-it-or-lose-it Rule

Money remaining in your FSA account(s) will not be returned to you at the end of the plan year. Any amount remaining after the end of the runoff or grace period will be forfeited. Because of the use-it-or-lose-it rule, it is important for you to carefully estimate your out-of-pocket URM and DDC expenses for the upcoming plan year.

Termination of Employment

DDC Account:

If you have not received reimbursement for all contributions made to your DDC account upon your termination, you may continue to incur expenses during the plan year and submit claims for reimbursement. Generally, you may submit claims through the plan year and runoff period until all of your contributions are used.

URM Account:

When you terminate employment, your participation in the plan ends and you will no longer be able to incur expenses for reimbursement. Your salary Redirections will end; however, you may still file claims for dates of service that were incurred before your termination as long as they are within your eligible plan year.

COBRA:

COBRA does not apply to DDC. However, COBRA may apply to your URM account and allow you to continue participation in your URM, thus allowing you to receive reimbursement for medical expenses incurred after your employment termination if:

- The plan sponsor is subject to COBRA, and
- When you terminate employment and you have contributed more for URM than you have received in URM benefits.

Note: Under COBRA you must elect coverage within 60 days and continue to submit contributions to your employer to continue coverage under your URM account for the current year.

The Reimbursement Process

Claims Processing and Payments

All claim reimbursements are handled with strict adherence to IRS adjudication and reporting regulations. Claims are processed daily and our turn around time upon receipt is 3—5 business days and during peak periods (December—March) 5—10 business days. Your reimbursement check will be mailed to your home address on file. You may also elect to receive payment via direct deposit.

Minimum Check Amount

The minimum reimbursement check amount is \$15.00 This is excluding end-of-the-year claims which are Processed after the close of the plan year and balance is under \$15.00.

Online Service to Request For Payment

www.myflexonline.com

- ▶ **Reimbursements**—Healthcare/Medical FSA's are pre-funded; therefore, you are eligible to receive reimbursement up to your elected annual contribution from the start of your FSA plan. The healthcare/Medical FSA funds that are reimbursed to you will be recovered as your deductions are taken from your paycheck throughout the plan year. Dependent Care FSA's are NOT pre-funded; therefore, you will only receive reimbursement up to your year-to-date contributions from payroll deductions.
 - ▶ **Payment Method Choice**—You may pay with your take care® Flex Card at the time you incur the expense, or pay the provider out-of-pocket and file a manual (paper) claim to receive a reimbursement
 - ▶ **Manual Claims**—To obtain reimbursement from your FSA, you must complete a manual claim form or use the online service to input your information, and attach all itemized receipts from the service provider. Cancelled checks, bankcard/credit card receipts and credit card statements are NOT acceptable forms of documentation. The receipt must come from the service provider or the Explanation of Benefits from your medical health carrier and must include the following information:
 - For whom the service was incurred
 - Date of service incurred
 - Name of service provider
 - Amount of your out-of-pocket charge incurred
 - Type of service incurred
 - Must identify name of prescription drugs (RX)
- *PIOPAC Fidelity recommends submitting an Explanation of Benefits (EOB) from your insurance company, if available.
- ▶ **Remember**—You must sign and date all claim forms.

PIOPAC Fidelity Flexible Spending Account Participant

Expense Estimation Worksheet

This worksheet can help you determine an estimate of your annual expenses for each FSA reimbursement account. Good planning and careful estimating is the best way to take full advantage of your FSA program. Below are examples of allowable expenses to help you. See a list of all allowable expenses on our website at www.ezflexplan.com/piopac.

Qualifying FSA Expenses

Healthcare/medical FSA

Deductible	\$	_____
Co-payments	\$	_____
Doctor visits	\$	_____
Prescription Drugs	\$	_____
Over-the-Counter Items	\$	_____
Vision Exams	\$	_____
Glasses	\$	_____
Contacts	\$	_____
Lasik Surgery	\$	_____
Dental Visits	\$	_____
Orthodontia	\$	_____
Lab Fees	\$	_____
Counseling and Therapy	\$	_____
Acupuncture Services	\$	_____
Chiropractor treatment	\$	_____
Miscellaneous	\$	_____
Total Estimated Healthcare	\$	_____
Divide by # of annual pay periods		_____
FSA deduction per pay period	\$	_____

Dependent Care FSA

Child day-care or preschool	\$	_____
After school programs	\$	_____
Nanny, Au-pair, babysitter	\$	_____
Summer day camp expenses	\$	_____
Adult day-care expenses	\$	_____
Miscellaneous	\$	_____
Total Estimated Dependent Care	\$	_____
Divide by # of annual pay periods		_____
FSA deduction per pay period	\$	_____
TOTAL		_____

The following health care expenses qualify for reimbursement under a **Flexible Spending Account (FSA)** plan.*

Only health care expenses *not* reimbursed by insurance can be claimed. Prescription (Rx) required beginning 1/1/2011

Acupuncture (excluding remedies and treatments prescribed by acupuncturist)	Endodontist fees	Physician fees (cosmetic procedures not eligible)
Alcoholism treatment	Eyeglasses prescribed by your doctor	Podiatrist fees
Ambulance	Eye examination fees	Prescribed medicines
Artificial limbs/teeth	Eye surgery (cataracts, LASIK, etc.)	Psychiatric care
Chiropractors	Hearing devices and batteries	Psychologist and psychiatrist fees
Christian Science practitioner's fees	Home health care	Radiology
Contact lenses and solutions	Hospital bills	Routine physicals and other non-diagnostic services or treatments
Co-payments (doctor, dental, vision, pharmacy)	Insulin	Smoking cessation over-the-counter drugs (Rx)
Costs for physical or mental illness confinement	Laboratory fees	Smoking cessation programs
Crutches	Laser eye surgery	Surgical fees
Deductibles	Office visits	Weight loss over-the-counter drugs (Rx)
Dental fees (cosmetic procedures not eligible)	Obstetrics and fertility	Weight loss programs with a doctor's letter of medical necessity
Dentures	Oral surgery	Wheelchair
Diagnostic fees	Orthodontic fees	Vitamins, with doctor's letter of medical necessity
Dietary supplements and vitamins with doctor's letter of medical necessity	Orthopedic devices	X-rays and MRI
Drug and medical supplies (syringes, needles, etc.)	Osteopath fees	
	Over-the-Counter drugs that are medically necessary like allergy medications, aspirin, or antacids (Rx)	
	Oxygen	
	Periodontist fees	

Items *requiring a physician's letter* listing a medical condition making the item necessary.*

Bedpans and ring cushions
 Boost®/Pediasure®
 Foot Spa
 Herbs
 Massagers
 Massages
 Minerals
 Multivitamins
 Oxygen
 Reconstructive surgery in connection with birth defect, disease, or accident.
 Special supplements
 Special school for disabled child
 Special teeth cleaning system
 Therapeutic support gloves
 Vitamins
 Weight loss programs and fees pertaining to a specific disease
 Wigs for hair loss caused by disease

Health care expenses that *do not qualify* for reimbursement under an FSA plan.*

Cosmetic surgery, procedures, and/or medications
 Dental bleaching
 Hair restoration (procedures, drugs or medications)
 Health club or gym memberships for general health
 Marriage and family counseling
 Over-the-Counter drugs or medications that are not prescribed by your physician
 Weight loss programs for general health or appearance
 Mail order prescriptions from another country
 Premiums you or your spouse pay for insurance coverage (Payroll-deducted premiums sponsored by your employer are eligible under the Premium Only Plan.)

**Plan restrictions may apply. Check with your plan administrator.*

Antiseptics Prescription (Rx) required beginning 1/1/2011

- Antiseptic wash or ointment for cuts or scrapes (Rx)
- Antiseptic mouthwash (Rx)
- Benzocaine swabs (Rx)
- Boric acid powder (Rx)
- First aid wipes (Rx)
- Hydrogen peroxide (Rx)
- Iodine tincture (Rx)
- Rubbing alcohol (Rx)
- Sublimed sulfur powder (Rx)

Cold, Flu, Asthma and Allergy Medications

Prescription (Rx) required beginning 1/1/2011

- Allergy medications (Rx)
- Bronchodilator/expectorant tablets (Rx)
- Bronchial asthma inhalers (Rx)
- Cold relief syrup, tablets and drops (Rx)
- Cough relief syrup, tablets and drops (Rx)
- Flu relief syrup, tablets and drops (Rx)
- Medicated chest rub (Rx)
- Nasal decongestant spray, drops or inhaler (Rx)
- Nasal strips to improve congestion (Rx)
- Sinus and allergy nasal spray
- Homeopathic sinus medications (Rx)
- Sinus medications (Rx)
- Vapor patch cough suppressant (Rx)

Diabetes Prescription (Rx) required beginning 1/1/2011

- Diabetic lancets
- Diabetic needles
- Diabetic supplies
- Diabetic syringes
- Diabetic test strips
- Glucose meters
- Glucose tablets (Rx)

Ear/Eye Care Letter of Medical Necessity required from a physician (LOMN)

Prescription (Rx) required beginning 1/1/2011

- Airplane ear protection (LOMN)
- Ear drops for swimmers (Rx)
- Ear water-drying aid (Rx)
- Earwax removal drops (Rx)
- Homeopathic earache tablets (Rx)
- Contact lens solutions

Health Aids Prescription (Rx) required beginning 1/1/2011

- Anti-fungal treatments (Rx)
- Denture adhesives
- Diuretics and water pills (Rx)
- Hemorrhoid relief (Rx)
- Lice control (Rx)
- Medicated bandages
- Motion sickness tablets (Rx)
- Respiratory stimulant ammonia (Rx)
- Sleeping aids (Rx)

Pain Relief Prescription (Rx) required beginning 1/1/2011

- Arthritis pain reliever (Rx)
- Bunion and blister treatments (Rx)
- Itch relief (Rx)
- Orajel® (Rx)
- Pain relievers, aspirin and non-aspirin (Rx)
- Throat pain medications (Rx)

Personal Test Kits

- Cholesterol tests
- Colorectal cancer screening tests
- Home drug tests
- Ovulation indicators
- Pregnancy tests

Skin Care Prescription (Rx) required beginning 1/1/2011

- Acne medications (Rx)
- Anti-itch lotion (Rx)
- Bunion and blister treatments (Rx)
- Cold sore and fever blister medications (Rx)
- Corn and callus removal medications (Rx)
- Diaper rash ointment (Rx)
- Eczema cream (Rx)
- Medicated bath products (Rx)

Stomach Care Prescription (Rx) required beginning 1/1/2011

- Acid reducing gum, liquid and tablets (Rx)
- Anti-diarrhea medications (Rx)
- Gas prevention tablets or drops (Rx)
- Ipecac syrup (Rx)
- Laxatives (Rx)
- Pinworm treatment (Rx)
- Upset stomach medications (Rx)

Over-the-Counter (OTC) items*

Letter of Medical Necessity required from a physician (LOMN)

Prescription (Rx) required beginning 1/1/2011

- Adhesive or elastic bandages
- Blood pressure meter
- Cold or hot compresses
- Eye drops (Rx)
- Foot spa (LOMN)
- Gauze and tape (LOMN)
- Gloves and masks (LOMN)
- Herbs (Rx)
- Leg or arm braces
- Massagers (LOMN)
- Minerals (Rx)
- Multivitamins (Rx)
- Saline nose drops (Rx)
- Special supplements (Rx)
- Special teeth cleaning system (LOMN)
- Thermometers
- Vitamins (Rx)

OTC items - not acceptable*

- Aromatherapy
- Baby bottles and cups
- Baby oil
- Baby wipes
- Breast enhancement system
- Cosmetics
- Cotton swabs
- Dental floss
- Deodorants
- Feminine care
- Hair regrowth
- Low "carb" foods
- Low calorie foods
- Mouthwash
- Oral care
- Petroleum jelly
- Shampoo and conditioner
- Skin care
- Spa salts
- Sun tanning products
- Toothbrushes

**Plan restrictions may apply. Check with your plan administrator.*

PIOPAC Fidelity

Third Party Administration

"Security, Integrity, Trust"

PRIVACY POLICY AND PROCEDURES

Protecting the privacy and confidentiality of information about our groups and participants is very important to PIOPAC Fidelity. Collectively, we strive to comply with each of the following policy and procedures:

- We do not sell, rent, lease or otherwise disclose personal information of our clients for purposes unrelated to our products and services. The personal information of our clients is of paramount importance to us. Therefore, we provide this information only to our employees, agents and health plan provider as required to allow them to help us develop and provide services.
- We work to ensure information integrity and security using technology tools and design our business practices to help protect the personal information of our clients is properly gathered, stored and processed.
- PIOPAC Fidelity has business policies and practices in place to help ensure that our employees carry out these practices to protect personal information about our clients. Employees are subject to censure, dismissal, or termination for violation of these policies.

PIOPAC Fidelity provides this notice to let you know about the current privacy practices. You do not need to do anything in response to this notice. This notice is merely to inform you about how we safeguard your information.

Collection of Information

As part of PIOPAC Fidelity's (PPF) normal operating procedures, PPF need to obtain information to determine an individual's eligibility for reimbursement claims and services. PPF may collect nonpublic personal health information about group and individual clients including:

- Information from clients and group including names, addresses, social security numbers and health information as required to process claims and reimbursements.
- Information about the clients' transactions with PIOPAC, agents or plan administrators regarding claims and payment information.
- Information from employer (including salary and benefits to determine eligibility information), clients' health care provider (including products and premium information), and family members.

• 1132 Bishop Street Suite 2101 • Honolulu, HI 96813 •
• Phone (808) 526-0097 • Toll Free (800) 777-0284 • Fax (808) 536-0430 •

PIOPAC Fidelity

Third Party Administration

"Security, Integrity, Trust"

Disclosure of Information

PIOPAC Fidelity may disclose the nonpublic personal information we collect as described above, as well as information about your transactions with us (such as your policy coverage, premiums, and payment history) to our agents or health care provider who perform services or functions on our behalf. We may also disclose the nonpublic personal information we collect as authorized by you, or as required or permitted by law.

PIOPAC Fidelity will use or share with other parties any nonpublic personal health information about you for any purpose other than disclosures for the performance of insurance functions, claims, and reimbursements, or disclosures that are permitted or required by law, or disclosures that the client authorized.

PIOPAC Fidelity will not disclose any nonpublic personal information about a former client of PIOPAC Fidelity other than as may be required or permitted by law.

Confidentiality and Security

PIOPAC Fidelity will safeguard, according to strict standards of security and confidentiality, any information we collect, receive or maintain about our groups and clients. PIOPAC Fidelity maintains administrative, technical, and physical safeguards to ensure the security and confidentiality of our client's information and records, to protect against anticipated threats or hazards to such records, and to protect against unauthorized access to or use of such information or records.

Internally, PIOPAC Fidelity limits access to our clients' information to only those employees who need access to the information to perform their job functions. Employees who misuse information are subject to disciplinary actions. Externally, we do not disclose customer information to any third parties unless we have previously informed the customer of the disclosure, have been authorized to do so by the customer, or are required or permitted to make the disclosure by law.

• 1132 Bishop Street Suite 2101 • Honolulu, HI 96813 •
• Phone (808) 526-0097 • Toll Free (800) 777-0284 • Fax (808) 536-0430 •