

The YourFlex Guidebook
Benefit Solutions, Inc.



YourFlex

Using tax-free dollars is
the **smarter** way
to pay medical expenses

YourFlex makes it easy

YourFlex.com

How to enroll in your flexible benefit plan

A once-a-year opportunity

Increase the amount in your next paycheck

Take advantage of the latest tax laws. Pay for your health-related insurance premiums, other unreimbursed medical costs and day-care and dependent care costs with tax-free dollars. Here's how to put together a personalized plan. *We'll take care of all the paperwork.*

YourFlex allows you to easily put a portion of your salary aside, pre-tax, to pay for certain types of eligible expenses.

When your paycheck is processed by your employer, the funds held in your YourFlex account will not be taxed. You will not have to pay Federal, State or FICA taxes on any money credited to the YourFlex account.

The saving can be significant. For most people, savings will range from 25 to 40 percent, depending on your tax bracket.

No matter if you are single, part of a dual-income household or a family with a non-employed spouse, YourFlex can provide more take-home pay.

The pre-tax funds you put in the YourFlex Medical Reimbursement Account can be used for yourself, your spouse and all your children up through the end of the year they turn 26.

YourFlex and your organization

Because your employer offers a YourFlex program you have the option to place part of your pay in one or more flexible spending accounts. (The specific accounts offered by your organization are listed on your Quick Fact Sheet.)

Different organizations offer different YourFlex packages. The variables that can change from year to year include eligibility criteria or a new minimum and maximum contribution limit.

Look over your Quick Fact Sheet which identifies the specifics of your particular plan. There will also be a Summary Plan Description available from your employer if you want more details. And, you can always email any questions to support@YourFlex.com or call 804-379-0909.



YourFlex can provide your family with more money to do the things they enjoy.

!! About this guidebook

This guidebook is only one piece of your YourFlex information package.

You will also be provided with:

- a customized Quick Fact Sheet summarizing your organization's plan, and
- a Salary Redirect Agreement if you are new or are making changes to how much you want to put aside pre-tax.

Also, you may be given a summary of "Changes and Highlights" if the government has made recent changes that impact your plan.

If you have questions, check YourFlex.com. There is also someone at Benefit Solutions who is happy to talk to you about YourFlex. Email support@YourFlex.com or call 804-379-0909.

After you sign up for YourFlex, you will receive:

- Confirmation of your annual election amount
- Details on acceptable receipts and supporting documents
- A direct-deposit form, if you want payouts received faster
- Forms and details on requesting reimbursements
- Complete details on how you can access your online account

24-hours a day via YourFlex.com.

Before enrolling in any flexible spending account program

Please read the information in this guidebook carefully. While YourFlex makes using these accounts easy, there are some specific federal rules and regulations you must follow related to each account and option. We outline the basic rules here, but your Summary Plan Description is the official source of all guidance. If you have questions, please call, email or visit YourFlex.com.

Depositing funds into your YourFlex accounts

You'll specify on your Salary Redirect Agreement how much pre-tax money you want to put into your account for the entire year. Your annual election amount will be divided by the number of pay periods in your plan year. These pre-tax dollars will be deducted from each paycheck and will be available for you to spend from your YourFlex account. For Medical Reimbursement Accounts, your "annual election amount" is available to you on the first day of the plan year—a potentially useful pay advance. On other YourFlex accounts, however, you are always limited to spending no more than the available balance in your account.

Managing your YourFlex account

How do you find out how much pre-tax money you have available in your flexible spending account? YourFlex makes it easy. You can log into to your secure account via YourFlex.com at any time. Every four months, if you have any money left in your account, YourFlex typically mails reminders of your account balances, pointing out issues such as upcoming required deadlines.

!! Group health premiums

If your employer offers a group health plan (health insurance, dental insurance, cancer insurance, vision care, etc.) YourFlex can help provide a way for you to use pre-tax funds to pay your share of the premiums.

- If your employer already deducts premiums using pre-tax dollars as a matter of policy, you are only required to submit a statement in writing if you do not want your employer to pay your premiums with pre-taxed funds.

* If your employer does not automatically use pre-tax funds for your premiums, complete the portion of the Salary Redirect Agreement so your premiums will be paid with pre-taxed funds, which should increase your take-home pay. (Premium payments are sent directly to the insurance companies by your employer.)

How quick can I get my money from an account with YourFlex?

YourFlex makes it easy to get to your funds. Claims received by 5 p.m. EST Tuesday are mailed by Friday or deposited into your bank account by Friday morning. Reimbursements are processed every week.

How to make a claim

After you incur "eligible expenses" (see page 7) send your completed Request for Reimbursement form along with the appropriate receipts. (The form can be downloaded by logging into your account at YourFlex.com or faxed from our office by calling 804-379-0909.)

Check out
YourFlex.com

- Access your account 24 hours a day, seven days a week
- Download forms
- Look up your available balance
- Check to confirm a claim has been received
- File a reimbursement request securely
- Change your address
- Look up rules on a change of family status
- Get more details on plans

Claims will be reviewed to ensure compliance with federal regulations so you will not have to worry about the IRS. Typically, only a little additional paperwork is required:

- **For medical services**, an Explanation of Benefits from your insurance company or an itemized bill/receipt will do. (The receipt must include the date services were provided, name of the patient, nature of the service and total charge. Charge card slips and cancelled checks are not adequate.)
- **For prescriptions**, the individual receipt which includes the name of the patient, etc. or a statement from the pharmacy will do.
- **For eligible over-the-counter medical supplies**, you will simply need a cash register receipt with a clear description and price of the item.

Timing is important. Generally, government regulations allow us to reimburse only for services received during the plan year (and any applicable grace period). The rules do not allow us to reimburse based upon when services were paid.

However, for orthodontics (where services are received over several years) we need a copy of the orthodontist contract. Then, in this case, plan participants can be reimbursed after payments to the doctor are made.

Making changes in the middle of the year

Changing pre-tax benefits during the plan year is specifically prohibited unless you have a change in family status. This includes group health insurance, dental insurance, vision insurance and any pre-taxed reimbursement accounts offered through the plan. Once a year during your annual enrollment period you can decrease, increase or stop the amount you are putting into your YourFlex account as best fits your needs.

Employees who save money by joining YourFlex may have the option of signing up for a mySource debit card.

If your firm offers this option, you can have a special-use MasterCard that allows you to make medical-related payments directly from your YourFlex accounts rather than paying first, then waiting to be reimbursed. It can reduce paperwork and make recordkeeping easier.



You can have mySource cards for you and your spouse. See page 11 for more information.

The changes in family status recognized by the IRS include birth, adoption, death, marriage or divorce.

With the Dependent Care Reimbursement Account, a Change of Family Status can also be a change in day care provider or a significant change in day care costs.

There are other allowable changes in family status as well. YourFlex.com/Changes.html has more details, but don't hesitate to call.

If you desire to make a change to your election amount before the next enrollment due to a "Change in Family Status," you'll need to contact your employer within 30 days of the Change in Family Status.

The change in your election amount needs to be consistent with the type of change that took place. You will be asked to complete two forms: a Personal Change Form and a Statement of Qualifying Event.

!! "What if I leave the organization?"

If you leave the organization, different IRS rules apply for each type of flexible spending account.

For medical reimbursement accounts, employees are allowed 90 days after the date of termination to submit claims for services received between the first day of the plan year and the day of termination. No claims for services before or after that time period will be reimbursed.

If, however, your employer is required to offer COBRA, the medical reimbursement account is considered a health plan. If you have any unspent balance in your account when you terminate from the plan, you will be offered the option of continuing to contribute to your account on an after-tax basis so you can continue to participate in the plan through the end of the plan year with the same grace period and run-out period as active employees.

On reimbursements from dependent care accounts and private premium accounts the IRS allows employees, even if no longer with the organization, 90 days after the end of the plan year to submit receipts for services received through the end of the plan year.

YourFlex.com has more details. You can also talk confidentially with the support team at Benefit Solutions about YourFlex accounts. Email support@YourFlex.com or call 804-379-0909.

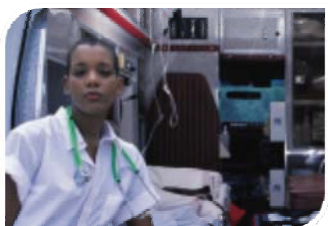
Making a plan to save more money with YourFlex

Many find that when they add up all their medical expenses, the advantages of YourFlex are well beyond what they expected. Many costs seen as every-day expenses can be reimbursed with pre-tax dollars through YourFlex—for example, glasses, contact lenses and contact lens supplies or birth control.

That said, when estimating how much to put into your YourFlex account each year, be conservative. The IRS rules do not allow use of this money before the plan year begins or after the run-out date ends. You must receive the services by the end of the plan year grace period (if applicable) and submit a request for reimbursement, along with the required documents (i.e., receipts) by your plan's run out date.



Medical Expense Worksheet (highly recommended)



Qualifying Expense	\$ per event	# of events	Annual amount
Co-pays			
Deductibles			
Hospitalization			
Lab fees			
Psychological			
Surgery			
Chiropractors			
Acupuncturists			
X-rays			
Medicines			
Eye Doctor			
Glasses			
Contact lenses & supplies			
Dentist			
Orthodontics			
Monthly medications			
Birth control			
Insulin			
Other			
Total Estimated Annual Expenses:			

Tips for better budgeting with YourFlex

- Do not budget expenses covered by insurance, but do budget any co-pays
- Using last year's expenses is a good start, but planning ahead can save you money
- Get the entire family involved in projecting the next year's budget
- Each family or household is different. You know what is typical for *your* family
- * Do NOT budget for possible emergencies
- Be somewhat conservative in your budget projections, especially the first year or two using YourFlex
- Don't forget vision and dental expenses

Medical Reimbursement Accounts

Most of the out-of-pocket medical expenses for you, your spouse and your dependent children can be paid for using pre-tax dollars, even if you are not participating in a group health plan

With a YourFlex Medical Reimbursement Account you can use pre-tax funds to pay for most out-of-pocket medical expenses for you, your spouse and your children that will not be otherwise paid by your medical insurance.

“Your child” means your son, daughter, stepchild, foster child, or legally adopted child regardless of the child’s tax dependent status, marital status, employment status, student status or residency. You can get reimbursed for your child’s expenses up through the end of the year they turn 26.

A list of the most common types of medical expenses reimbursed is included here. **Note:** You and your family do not need to participate in your company’s group health insurance plan to participate in the YourFlex Medical Reimbursement Account.

Expenses reimbursed through your Medical Reimbursement Account cannot be deducted as an itemized medical expense on your tax return at year-end. For most people, this is not an issue. Most people are not itemizing deductions (using Schedule

A). Of those that do itemize their deductions, only a few can deduct medical expenses.

If you or your spouse participates in a Health Savings Account (HSA), you will not be able to participate in a general purpose Medical Reimbursement Account. However, you may be able to participate in a Limited Purpose Medical Reimbursement Account or one that excludes your spouse. Please call us for details.

What can I buy with pre-tax money?

The IRS makes the rules on what is reimbursable. If it can be counted as a tax deduction (authorized under Section 213 of the IRS Code), it’s on the approved list. Also, certain over-the-counter medicines can be reimbursed from a YourFlex Medical Reimbursement Account with a prescription.

The list on the next page gives you an idea, but it is not all-inclusive. Log in to your account at YourFlex.com for an up-to-date list. If you have a question about a specific item feel free to call. Or, read Internal Revenue Service Publication 502 available at YourFlex.com.



YourFlex makes understanding the IRS’ rules easy with these guidelines

The IRS treats Medical Reimbursement Accounts differently from most reimbursement accounts. It is important to know how those regulations will affect you. Most of these rules encourage employees to open an account and take advantage of the tax savings that come with it.

- All money put aside into a Medical Reimbursement Account is deducted from your paycheck completely pre-tax. No Federal, State or FICA taxes are ever paid on that money. When you get your W-2 at year-end, your gross wages, Social Security wages, and Medicare wages will be reduced by any amount you put into your account during the calendar year.
- A Salary Redirect Agreement is required for new participants and current enrollees who want to make a change for the next plan year. It must be submitted before the plan year begins.
- Your “election amount” is the amount you elect to contribute to your account during the plan year. Your entire election amount is available for reimbursement to you the first day of the plan year.
- You will not be allowed to make changes to that election amount during the plan year unless you have a Change of Family Status. (See page 4.)
- Some YourFlex plans allow for an additional time period after the end of the plan year to use the money from the previous plan year. This is called a grace period. Refer to the Quick Fact Sheet in your enrollment package to see if your plan provides for a grace period.

You can use pre-tax funds from YourFlex accounts to buy...

- Acupuncture
- Alcoholism treatment
- Allergy shots and testing
- Ambulance (ground or air)
- Artificial limbs
- Blind services & equipment; including guide dogs
- Braces and supports
- Breast pumps
- Car controls for handicapped*
- Chiropractor services
- Coinsurance and deductibles
- Contact lenses
- Crutches, wheelchairs, walkers
- Deaf services (hearing aid/batteries, hearing aid animal & care, lip reading expenses, modified telephone, etc.)
- Dental treatment
- Dentures
- Diabetic testing supplies & equipment
- Diagnostic tests
- Doctor's fees
- Drug addiction treatment & facilities
- Drugs (prescription)
- Durable medical equipment
- Eye examinations and eyeglasses
- First aid kits
- Gauze pads
- Home diagnostic (pregnancy test, ovulation kits, thermometers, blood pressure monitors, etc.)
- Home health and/or hospice care
- Hospital services
- Insulin
- Laboratory fees
- LASIK eye surgery
- Medical alert (bracelet, necklace)
- Medical monitoring and testing devices*
- Non-medicated bandages
- Nursing services
- Obstetrical expenses
- Occlusal guards
- Operations and surgeries
- Optometrists
- Orthodontia
- Orthopedic services
- Osteopaths
- Oxygen/oxygen equipment
- Physical exams (except for employment-related physicals)
- Physical therapy
- Psychiatric care, psychologists, psychotherapists
- Radial keratotomy
- Reading glasses
- Schools (special, relief, or handicapped)
- Sexual dysfunction treatment
- Smoking cessation programs
- Surgical fees
- Television or telephone for the hearing impaired
- Therapy treatments*
- Transportation (essentially and primarily for medical care; limits apply)
- Vaccinations
- Weight loss programs*
- X-rays

** If prescribed for a particular ailment or medical condition; provider letter is required.*

Visit YourFlex.com/qualifies.html for details. You can also email support@yourflex.com or call 804-379-0909.

When is a prescription required to make a claim?

Most Over-the-Counter items such as aspirin, antacids, smoking cessation drugs, allergy medications and sleep aids now require a doctor's prescription to be paid from a Medical Reimbursement Account. YourFlex.com/qualifies.html has more details on the specific items that qualify.

Some health items are not approved by the IRS

There are some "almost" medical services, medications and health supplies that cannot be reimbursed out of a Medical Reimbursement Account. If a product or service is considered by the IRS to be dietary supplements, toiletries, cosmetics or personal use items, it's not legit. See YourFlex.com/qualifies.html for details. Examples of the type of expenses YourFlex accounts cannot be used for include:

*Chapstick
Deodorants
Diapers
Eye/Facial
Makeup/Preparations
Face cream/cleaner
Fiber supplements*

*Fingernail polish
Foreign drugs if not legal in US
Hair color/waves
Insurance premiums
(not through medical
reimbursement)
Hygiene/feminine products*

*Medicated Shampoo/Soaps
Moisteners/Acne creams
Mouthwash
Teeth whitening
Toothbrush/Toothpaste
Vitamins for general health
Weight loss food*

If you have questions, email support@yourflex.com or call 804-379-0909.

!! Most important: Use it or lose it

If there is any money left in your account after your plan's run-out period has passed, any remaining amounts are lost to you and revert to the plan. This is sometimes referred to as the **Use It or Lose It Rule**. Therefore, be conservative and put in your account only what you are certain you will use.

Dependent Care Reimbursement Accounts

Put money aside pre-tax for someone to care for your child or other qualifying individual so that you can go to work

The Dependent Care Reimbursement Account allows you to use pre-tax money to pay for the care of your child (or other qualifying individual) so you (and your spouse, if filing jointly) can go to work.

Whose care can be funded?

For purposes of this account, a "qualifying individual" whose care can be paid for by this account is:

- A child age 12 and under who qualifies as a dependent for Federal income tax purposes,
- Your disabled spouse who is not physically or mentally able to care for himself or herself,
- Any disabled person who is not physically or mentally able to care for herself or himself whom you can claim as a dependent (or could claim as a dependent except that the person had gross income of \$3,500 or more, or filed a joint return.)

How much money can I put into this plan?

There is a limit on how much money you can contribute to this account. The amount should not exceed the lower of either your annual earned income or your spouse's annual earned income. In any case, the maximum you can contribute to this account is normally \$5,000 per family per calendar year.

If you are married filing separately on your taxes, the maximum is limited to \$2,500; however, there are exceptions for a parent who has lived apart from his or her spouse for the last 6 months. (See the IRS Instructions for Form 2441.)

If your spouse is seeking work, is a student or is disabled, you may also be allowed to participate in funding a dependent care account. For specifics, please read the IRS Instructions for Form 2441, Child and Dependent Care Expenses, which you can download from YourFlex.com/irs.html.

Regarding divorced or separated parents

Even if you cannot claim your child as a dependent, he or she is treated as your qualifying individual by the IRS and you can participate in a dependent care reimbursement account *if*:

1. Your child is age 12 and under or is physically or mentally not able to take care of himself or herself, and
2. You are the child's custodial parent (the child lived with you the greater part of the year).

In these cases the non-custodial parent cannot participate in this account even if they claim them as a dependent on their taxes.



While about 35.7 million families have children under 18 at home, only about 5.3 million have a "stay-at-home" parent, according to U.S. Census estimates.

What can and cannot be paid for from this plan

The pre-tax dollars in a Dependent Care Reimbursement Account are used to help pay for the qualifying individual's care, wellbeing and protection. This can include the cost of care provided outside or inside the home.

Preschool, before and after school care and day camp during the summer for children age 12 and under are a few examples of qualified expenses. The cost of school for a child (including kindergarten) and overnight camps are specifically prohibited, however.

The person who is being paid to provide the care cannot be your spouse, the parent of the qualifying individual or any person whom you can claim as a dependent. Therefore, if one of your children provides the care then the child must be age 19 or older by the end of the year and cannot be your dependent.

Is this plan right for my family?

Before signing up for YourFlex's Dependent Care Reimbursement Account, do a little math.

- Calculate the amount you would normally be allowed to take as a Child Care Credit on your taxes. The Federal Child Care Credit varies depending on your "Adjusted Gross Income" but anyone with an AGI of more than \$43,000 gets a credit of 20 percent of the first \$3,000 of qualified expenses for one qualifying individual and 20 percent of the first \$6,000 for two or more children. Some states also allow an additional deduction.
- Calculate the amount of taxes you save by contributing to a Dependent Care Reimbursement Account. You no longer have to pay Federal, State and FICA taxes on the amount you put in your account.
- Compare the two calculations above to determine which option saves you more in taxes. For most people, the Dependent Care Reimbursement Account is a better option.

How can I access my pre-tax funds?

Once you sign up to participate in a Dependent Care Reimbursement Account, your employer will divide your election amount for the year by the number of pay periods in the year and deduct that per-pay-period amount from your paycheck pre-tax.

YourFlex can reimburse you for any daycare services received once the plan year begins, starting with the first day of the plan year.

When paying a daycare provider, ask for a receipt including the name of the provider, address, their EIN/SSN, the name of the child for which services were provided, the date the services were provided and the amount you paid. Then submit the receipt

The pre-tax dollars in a Dependent Care Reimbursement Account are used to help pay for the qualifying individual's care, wellbeing and protection. This can include the cost of care provided outside or inside the home.



along with a Reimbursement Request to YourFlex.

In this account, YourFlex can reimburse you only up to the amount of funds available in your account at all times.

When YourFlex receives your Dependent Care contribution from your employer, your account will be credited and you will be reimbursed for any claims currently in your YourFlex account, up to the amount of contributions.

YourFlex processes reimbursements once a week. Any claims received by Tuesday at 5 p.m. EST are paid that week. Checks are mailed by Friday. If you sign up for direct deposit the reimbursement will be in your bank account by Friday.

IRS regulations stipulate that reimbursement for daycare services should be paid only after the services have been provided. For example, if the receipt states that the date of service is Monday, June 23, 2008, through Friday, June 27, 2008, your claim will be dated Friday, June 27 and will be paid out the following week. The same rules apply for monthly payments. The claim will be processed for payment on the final date of service.

Note: If you have an allowable termination from the plan during a plan year, you will be reimbursed for services received through the end of the plan year and you have an additional 90 days after the end of the plan year to submit receipts and get your money out of your account.

Any amounts remaining after that 90-day grace period cannot be returned and will be lost. This is sometimes referred to as the **Use It or Lose It Rule**. Be conservative and don't put any more in your account than you are certain you will use.

Private Premium Reimbursement Accounts

Those paying into a non-group health-related insurance plan each month may be able to put money aside on a pre-tax basis for their premiums

Some employers offer a YourFlex Private Premium Reimbursement Account option as part of their flexible benefit plan. If your organization offers this option it will be noted on your Quick Fact Sheet.

This program saves employees money if they are paying for a health-related insurance plan personally (a non-group plan). With a Private Premium Reimbursement Account you may be able to put money aside for your premiums on a pre-tax basis.

In order to participate in a Private Premium Reimbursement Account, you have to be the *owner* of the policy or the policy can cover your child. Group policies offered by your employer or your spouse's employer are not "individually owned" and cannot be paid for through this account.

In addition, policies owned by your spouse cannot be reimbursed out of this account. However, plans that you own which cover your spouse and/or children are eligible.

YourFlex can reimburse you from your Private Premium Reimbursement Account for premiums that pay for:

- Health Insurance
 - Dental Insurance
 - Vision Insurance
 - Cancer Insurance
 - Intensive Care Insurance
 - Hospitalization Insurance
 - Partner MD and annual doctor service fees
- Any other types of insurance should be approved in writing before you sign up for this account.

Long-term care policies, Medicare Part B & D, disability policies and life insurance are not considered reimbursable.

Partner MD and any annual doctor service fees are reimbursable only from this account and are *not* reimbursable through a Medical Reimbursement Account.

Paying your premiums using pre-tax dollars

Proof of payment can include a copy of the check you

are sending for payment or a copy of your charge card bill or bank statement showing payment. The first time you file for reimbursement, please include a copy of the statement or invoice from the insurance company showing the amount due for the policy and proof of payment. For the rest of the plan year, only proof of payment is required to accompany each Request for Reimbursement. However, if the amount of your premium changes, you will need to provide a new invoice or statement.

IRS regulations require that you not be reimbursed until the services have been received. If you pay for a service monthly, your reimbursement will be processed on the last day the policy coverage would be in effect.

Quarterly and annual payments will be divided by the number of months in effect and posted at the end of each month. For example, if your plan year is April 1, 2010 to March 31, 2011 and you pay your bill to Partner MD in January for the calendar year, the following would apply:

- 9 months of the January 2010 bill (April 2010 through December 2010), and
- 3 months of the January 2011 bill (January 2011 through March 2011).

For Private Premium Reimbursement Accounts, reimbursement is limited to the funds available in your account at all times.

Flexible spending account rules apply

Remember, just like any other Flexible Spending Account, once the plan year begins, you cannot change the amount you contribute to this account unless there is a "Change of Family Status." (Please see page 4.)

In addition, any amounts left in your account after the plan grace period will be lost. This is sometimes referred to as the **Use It or Lose It Rule**. (See page 7.)

You also cannot terminate from the plan unless there is an appropriate Change of Family Status or you are no longer eligible for this benefit. If that occurs, you are allowed 90 days after the end of the plan year to submit receipts for premiums paid during the plan year for coverage during the plan year. (See page 4.)

mySource MasterCards

Enjoy saving money with less hassle when purchasing goods & services at qualified locations such as hospitals, doctors' offices, dental offices, vision services and pharmacies by using the debit card from YourFlex

Employees who save money by joining YourFlex to pay medical expenses may have the option at some firms of signing up for a mySource debit card.

The special-use MasterCard allows qualified YourFlex participants to make medical-related payments directly from their YourFlex accounts rather than paying first, then waiting to be reimbursed. It can reduce paperwork and make recordkeeping easier.

You can have a mySource card for you and your spouse.

Many health care firms and retailers participate in what is called an "inventory information approval system" (IIAS) to make these debit cards even more convenient. Using the mySource card at an IIAS merchant can reduce paperwork. A link to an up-to-date list of IIAS area merchants can be found at YourFlex.com/debitcard.html.

Your current account balance and all activity on your mySource debit cards will be posted in your account that you can access via YourFlex.com.

- Keep all your receipts. You may need the receipts to verify expense eligibility.
- The card is not valid at all merchants.
- This card can be used for payment up to the amount available in your YourFlex account. Transactions over the amount available are denied.
- Access to your account status and details is available 24/7 at YourFlex.com.

The mySource debit cards are easy to use, *but* you have to follow a few rules:

It's unique- Card use is restricted to merchants that normally provide medical services or products such as physicians, dentists, hospitals, vision-care offices and certain purchases at pharmacies and discount stores. This MasterCard cannot be used as a normal credit card. It also cannot be used for foreign transactions.



Good, getting better- Every time the card is used you will get an automatic update on your account via email. This payment system continues to require less paperwork. For example, documentation is no longer required if a debit equals a co-pay on your medical plan. When receipts from the purchase are required you must submit receipts and forms to YourFlex within six weeks.

Email Notifications

- **Initial Notice:** Sent at time of transaction. No action required at that time.
- **Action Email:** Second notice sent to inform you if any further information is required.
- **Reminder Email:** Sent 3 weeks after initial notice to remind you to send in the requested information.
- **Final Notice:** Sent if the requested information is not received by YourFlex. Your card will be suspended until further notice.

Debit or credit?- Say "credit." Although mySource is a debit card, it is treated like a credit card at merchant or provider terminals because it does not require a PIN number before approving a transaction. In addition, there is a per-day maximum of \$5,000.

Note: Traditional claim forms are still welcomed. You are not required to use this card for all qualified medical-related payments.

About the author of The YourFlex Guidebook

Linda A. Meyerhoffer, CPA, is president of Benefit Solutions, Inc. After working successfully for several years as a Certified Public Accountant with large corporations and small businesses, as well as individuals, she founded Benefit Solutions in 1998. Meyerhoffer is now in demand as an expert employee benefit advisor to firms and individuals across the U.S.

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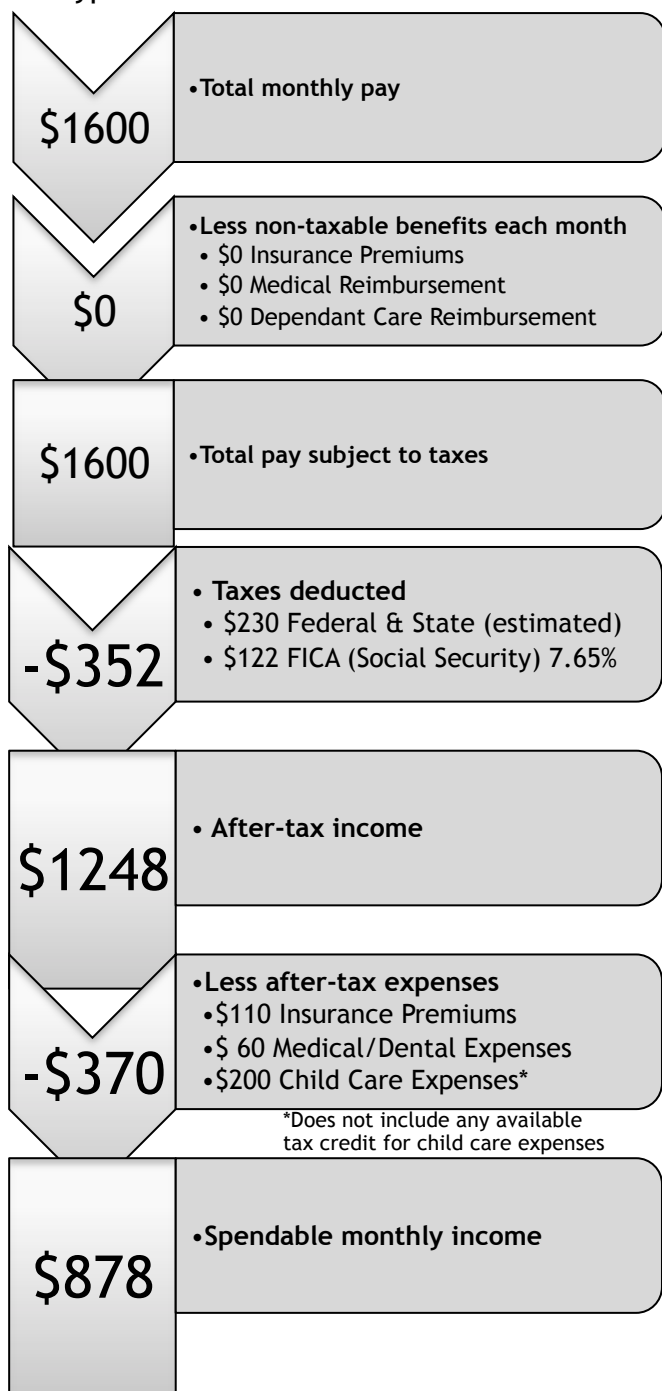
YourFlex makes it easy

If you pay taxes YourFlex will provide you with more take-home pay, no matter if you are single, a single parent, or part of a dual-income household.

YourFlex saves you money by using the IRS rules allowing you to pay for certain expenses without having first to pay Federal, State or FICA taxes. For most who qualify, savings on the money in a YourFlex account will range from 25 to 40 percent, depending on the tax bracket.

This example shows the potential saving when paying annual health insurance premiums and other typical family expenses covered by flexible account programs.

A typical household without YourFlex



How YourFlex can save you money

