



**Flexible
Spending
Accounts**



Lifetime Benefit Solutions (LBS) can help you reduce insurance costs and add depth to your employee benefits with our Flexible Spending Account (FSA) solution. By taking advantage of this reimbursement account offering, you and your employees will both decrease your taxable income, while you enjoy the cost savings aligned with today's tax-favored FSA program. Furthermore, FSAs offer the flexibility to maximize the savings for both you and your employees by offering them in combination with Health Reimbursement Accounts (HRAs) and Health Savings Accounts (HSAs). With LBS, employees can manage any eligible combination of our reimbursement accounts using a single integrated, convenient online portal.

What is an FSA?

An FSA is an employee benefit plan established under Internal Revenue Code Section 125 that allows your employees to pay for certain qualified expenses on a pre-tax basis.

Offering three diverse FSA options

LBS understands that the needs of your workforce are diverse. We offer three different types of FSAs that allow employees to save by using tax-free funds for the essentials in life:

Account type		Examples of eligible expenses	
	Health care Help your employees fight the rising cost of health care by offering this account to pay for qualified medical expenses not paid by insurance.	• Copayments • Deductibles • Coinsurance	• Dental services • Prescription drugs • Vision services
	 Dependent care This account allows your employees to be reimbursed for expenses paid for the care of dependents so they are able to work. This applies to children under age 13, or those of any age who are physically or mentally impaired.	• Daycare centers • Babysitters	• Caregivers • After-school programs
	Limited purpose FSA Under this plan, eligible expenses are limited to qualifying dental and vision expenses to the employee, his or her spouse, and his or her eligible dependents.	• Dental and vision provider visits (copayments, deductibles, coinsurance)	• Orthodontia • Dental X-ray fees • Contact lenses • Eye surgery

Experience the difference with Lifetime Benefit Solutions

By partnering with LBS, you and your employees will enjoy:

- A comprehensive, integrated platform
- Automated scheduling of contributions based on your timing preference, allowing for easy mid-year enrollments (when applicable)
- 24/7 access to account information at your fingertips through web-and mobile-based portals
- A virtually paper-free administrative process with automated email alerts and monthly account summaries available online
- Quick and easy access to all account funds in one place through online distribution requests or the use of a convenient debit card

An easier way for employees to use their FSA

LBS saves your employees the time and hassle of questioning what items are considered eligible by providing access to FSA Store, where participants can shop the largest selection of FSA-eligible products available online with their LBS Health Spending Card. Funds are deducted directly from their account, eliminating the additional step of saving and submitting receipts. Furthermore, employees will skip the trip to the store and enjoy the added convenience of having eligible items delivered right to their door.

Important information about FSAs

Electing an FSA

Typically, employees only have one opportunity to elect an FSA – during open enrollment. However, if during the year an employee experiences a qualified event, they will be allowed to update their election. Examples of qualified events include:

- A marriage or divorce
- A change in employment status
- Birth or adoption of a child
- Loss of spouse's insurance coverage

Calculating the ideal contribution

It is crucial that employees carefully calculate how much to contribute to their FSAs. Typically, any money that remains in the account at the end of the plan year will be forfeited. However, employer groups can elect an option that allows participants to carryover up to \$660 into the following plan year. When planning contributions for the upcoming year, LBS takes the guesswork out of it by tracking and providing detailed monthly spending reports and account summaries on our integrated portal for the current plan year. And, as always, your dedicated team at LBS is here to support you and your employees every step of the way.





Saving made simple

If employees expect to incur qualified expenses that can't be reimbursed by their regular insurance plan, they should consider electing an FSA. Employees will take advantage of using tax-free funds to pay their out-of-pocket medical, dental, vision, and/or dependent care expenses starting on the first day of the plan year.

Certain FSAs allow employees a three month grace period after the end of the plan year to submit claims for eligible expenses that they incurred during the applicable plan year.

Take the first step toward savings. Contact your dedicated LBS Account Manager to elect a Flexible Spending Account today.

LifetimeBenefitSolutions.com



Reimbursement Request Form



Employer Name: _____

Participant Name (First, MI, Last): _____

Social Security Number: _____

Address: _____

City, ST, ZIP: _____

Date of Birth: _____ Phone Number: _____

Please notify your employer of any address change. Lifetime Benefit Solutions will not make address changes from this form.

Claimant Name	Date of Service	Amount	Plan Code	Type of Services/ Items Purchased	# of Miles	Claim Reference Number
John Sample	10/1/2022	\$150.00	F	Doctor visit copay	12	Example
						01
						02
						03
						04
						05
						06

Use one of the Plan Codes below to indicate the account from which payment should be made. Your employer may not offer all the benefit types listed below and certain restrictions may apply. If your employer offers multiple benefit types, Lifetime Benefit Solutions will process the reimbursement based on the rules established by your employer. In this example, remaining expenses will be applied to your HRA, if eligible.

*Plan Code	Plan Code Description
F	Flexible Spending Account (FSA) or Limited Purpose FSA: Health Care Expenses Only. For Dependent Care expenses, use the Dependent Care Account Reimbursement Request Form located in the Forms section of LifetimeBenefitSolutions.com
H	Health Reimbursement Account (HRA) or Retiree Reimbursement Account (RRA)
P	Parking Account (cannot claim miles associated with Parking)
T	Transit Account (cannot claim miles associated with Transit)
I	Individual Insurance Policy Premiums
M	To submit for medical mileage associated with Debit card transactions. You will only be reimbursed for the medical mileage associated with the miles traveled, since you paid for the service with the Debit card.

By submitting this form to Lifetime Benefit Solutions, I certify the information is accurate, the expenses incurred were for myself, spouse or qualified dependents, and these expenses are not reimbursable under any other plan coverage. In addition, I have read the Reimbursement Request Instructions on the following page and agree to adhere to all terms specified. I understand if I do not follow the instructions my reimbursement may be delayed or denied.

Mail to: Lifetime Benefit Solutions, Claims Dept, PO Box 211126 Eagan, MN 55121

Fax to: 877-256-7228

Call: Customer Service with questions at 800-327-7130.

Reimbursement Request Instructions

For All Account Types (FSA, HRA, Parking/Transit, RRA, Insurance Premium)

- For faster reimbursement processing, you may be able to submit your claims online at LifetimeBenefitSolutions.com.
- Complete the top section, including Social Security Number or Employee ID.
- Submit one expense (either a product or service) per row, even if items are contained on the same receipt.
- Label the receipts to correspond to the Claim Reference Number.
- If you have more items than the form can accept, use additional forms.
- Do not “lump” or group items together or write See Attached.
- All claims are subject to deadlines, as defined in your Summary Plan Description (SPD) .
- The expenses you submit must qualify as valid expenses under the terms of the Plan, and the claimant receiving the services must be a qualifying individual as defined in the Plan.
- Retain a copy of the Reimbursement Request Form and receipts for your own personal records.
- Call Lifetime Benefit Solutions Customer Service with questions at (800) 327-7130 during standard weekday business hours.
- Mail OR fax (but not both!) completed form with required documentation to:

Lifetime Benefit Solutions Claims Dept.

PO Box 211126

Eagan, MN 55121

Fax# (877) 256-7228

Reporting Medical Mileage

- Medical mileage rates are set by the IRS and can be applied to transportation primarily for, and essential to, medical care.
- Indicate the total number of miles incurred with each service provided (i.e. round trip miles to visit the doctor).
- Lifetime Benefit Solutions will apply the current mileage rate and include the mileage amount in your total reimbursement.
- You may be required to produce additional documentation for each mileage expense you claim.

Medical Claims for FSA, HRA and RRA

- For each medical claim covered by your insurance carrier, submit an Explanation of Benefits (EOB). If your claims are not submitted to your insurance carrier, provide an itemized bill showing: date of service, provider name, patient name, charged amount, and description of services rendered.
- Do not send credit card receipts, original receipts, or cancelled checks.
- Use Plan Code M to report medical mileage associated with a Debit card transaction. For example, if you drove 20 miles to a doctor’s appointment, and paid your copayment amount with the Debit card, you should use Plan Code M to be reimbursed for the 20 miles you drove. You should still complete the full line of information, but you will only be reimbursed for the mileage, not the copayment amount.

Dependent Care Claims

- Please use the separate form titled Dependent Care Account Reimbursement Request Form.

Parking/Transit Claims

- The only type of parking that is eligible for tax-free reimbursement is qualified parking on (or near) the employer’s facility, or on (or near) a location from which the employee commutes to work by public transportation. If the parking is on (or near) the employee’s residence, it is not eligible for tax-free reimbursement.

Individual Insurance Premium

- The bill from the insurance carrier must identify participant, premium amount, coverage period, and policy number.

Dependent Care Account Reimbursement Request Form



Employer name: _____

Participant name (First, MI, Last): _____

Social security number: _____

Address: _____

City, ST, Zip: _____

Date of birth: _____ Phone number: _____

Please notify your employer of any address change. Lifetime Benefit Solutions will not make address changes from this form.

Please complete either Option A or Option B

Option A: If your dependent care provider provides you a receipt, please complete this section and attach a copy of the receipt.

Claimant Name	Date of care start date (within a single plan year)	Date of care end date (within a single plan year)	Provider	Amount	Claim Ref #
John Sample	1/1/2026	12/31/2026	ABC	\$150.00	Example
					01
					02
					03
					04

Option B: If your dependent care provider does not provide you with a receipt, please have the provider complete and sign this section.

Provider name: _____

Address: _____

City, ST, Zip: _____

Tax payer ID/SSN: _____

Dependent care for (name and age): _____

Dates of care (within a single plan year) Start date: _____ End date: _____

Amount charged: \$ _____

Provider signature: _____ Date: _____

Participant Authorization

By submitting this form to Lifetime Benefit Solutions, I certify that the information here is true and correct.

- I authorize the above expenses to be reimbursed from my dependent care account.
- I certify the expenses qualify as valid dependent care expenses under the terms of the Plan.
- I understand that the copy of my receipt will include Provider name, address, tax ID/SSN, child's name and age, dates of care, and amount charged.
- I will keep copies of all documents submitted to Lifetime Benefit Solutions for my own personal records.
- I understand a qualifying dependent is a child under age 13, who is claimed as a dependent on my federal income tax return (special rules apply for divorced parents), a disabled spouse, and any other dependent on my tax return who resides in my home and is physically or mentally disabled.
- I certify these expenses have not previously been reimbursed and I understand the expenses reimbursed may not be used to claim any federal income tax deduction or credit.
- I agree to file IRS Form 2441 with my tax return and provide any required taxpayer identification number.

Submission options

(choose only one)

Online: Login to your consumer portal

Mail: Lifetime Benefit Solutions Claims Dept.
PO Box 211126
Eagan, MN 55121

Fax: (877) 256-7228

Should you have any questions, please contact our Customer Service Team at (800) 327-7130

