



Optum Bank® Flexible Spending Account (FSA) with carryover

A smart way to care for the important things in your life.



Plan for health care expenses.

An Optum Bank® FSA is the smart way to save and pay for IRS eligible health care expenses. It's smart because you can set aside pre-tax dollars in your FSA. Whenever you need to pay out-of-pocket for eligible health care costs, just use your Optum Bank debit Mastercard®. The card is accepted everywhere Mastercard® is. It's that easy.

Lower your taxes.

When you contribute to an FSA, you're setting aside pre-tax dollars. You don't have to pay federal income taxes on the money you put into your account. That means you may actually lower the amount of federal income tax you pay.

Access your funds immediately.

The money you choose to put into your FSA is available to you on the first day of your plan year. You don't have to wait until your FSA balance grows to pay for eligible expenses.

"Use or Lose"

The "use or lose" rule means you will lose any money left in your account at the end of the plan year. However your health care FSA includes a provision that allows you to carry over a limited dollar amount from one plan year to the next. You will only forfeit dollars if your balance exceeds the allowable carryover after the run out period has ended.

It's your choice.

You decide how much to contribute.

With an FSA, you choose how much to contribute. Be sure to plan ahead and create a list of anticipated health care expenses for the coming year.

Expense	Estimated cost
Prescriptions	
• Prescription drugs	\$
Copayments, coinsurance and deductibles	
• Office visit copayments	\$
• Coinsurance payments	\$
• Medical plan deductible	\$
Dental	
• Eligible dental services	\$
• Orthodontist	\$
Vision and hearing	
• Eye exams	\$
• Eyeglasses and contacts	\$
• Hearing aid	\$
• Other expenses	\$
Your total expenses for plan year	
	\$

Your account and Social Security.

When you contribute to an FSA, the money is deducted from your paycheck before taxes. As a result, you may be reducing your future Social Security benefits. To calculate Social Security, the government uses the income you earn throughout your career. Only you can decide if the tax savings of an FSA justify the reduction in future Social Security benefits.

You may be able to use your FSA to pay for:

- Alcohol and drug addiction inpatient treatment
- Breast reconstruction surgery following a mastectomy or cancer
- Dental treatment
- Diagnostic tests and devices
- Doctor's visits
- Prescriptions
- Eye exams
- Eyeglasses and contact lenses
- Fertility enhancements
- Hearing aids and batteries
- Physical therapy
- Smoking cessation programs

You CANNOT use your FSA to pay for:

- Cosmetic surgery
- Diaper service
- Electrolysis or hair removal
- Health club dues
- Over-the-counter drugs and medicines (unless prescribed)
- Toiletries (soap, body lotion)
- Teeth whitening
- Weight loss programs (unless prescribed)
- Vitamins and nutritional supplements

IMPORTANT

This is only a partial list. For a complete list of eligible expenses, check your employer's plan documents.

Benefits with a carryover:

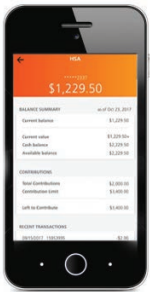
- Your carryover balance is in addition to your annual election.
- You can estimate your expenses for the coming year and then add some extra — up to your allowable carryover amount. If you don't spend it next year it rolls to the following year.
- Even if you don't make an election for next year your balance will still carry over.
- The carryover applies to your health care FSA but not your dependent care FSA.
- Check your benefit plan document for details including the amount you may carry over and for the number of years the carryover applies.

Use your Optum Bank FSA to pay for a range of eligible health care costs. Check your employer's plan documents information for a complete list of eligible expenses.



With the Optum Bank debit Mastercard® it's easy to pay for eligible health care expenses.

Access your account anywhere, any time.



Log in to your account at optumbank.com or use our mobile app to:

- Check your balance
- View your claims
- Monitor payments
- Receive messages
- Submit receipts

Paying for eligible expenses.

With your Optum Bank debit Mastercard®, you can pay for eligible health care expenses without submitting any paper claim forms. It's fast and convenient. Fill a prescription. Pay and be on your way.

You can also pay for eligible health care expenses with a personal credit card or check. Just submit a claim request online, or on the mobile app, along with the right documents, and receive your reimbursement directly into your bank account. Sign up for direct deposit when you log in to your account at optumbank.com.

Save your receipts.

Be careful how you use your FSA. There are rules. You will want to keep receipts from your doctors, dentists, clinic, pharmacy and hospital for all eligible health care expenses. All receipts should include the date and description of the service, provider's name and amount paid. That way, you have proof if you need to verify that all of your FSA expenses meet IRS requirements for eligibility.

Changing your contributions.

In special situations — if you get married or divorced, or if you have a baby — you may be able to adjust the amount you contribute to your FSA. This is called a change in status. If you have a qualifying change in status, your benefits representative can help you adjust your contributions. For specific details, check your employer's plan document.

If you leave the company during the plan year, you may submit FSA claims for expenses incurred while you were still covered under the plan.

Start saving today.

Sign up for an FSA during benefits enrollment. After you enroll, watch the mail for your welcome letter and Optum Bank debit Mastercard®.

Visit optumbank.com to learn more.

Here is an example how Jane receives tax benefits with her FSA:

Jane budgets:

Glasses	\$ 400.00
Rx copays	\$ 300.00
Dental services	\$ 800.00
Annual election	\$1,500.00

Jane's dental services end up costing \$1,000 and her annual Rx is \$300, she spends \$1,300 and decides to wait and purchase her glasses next year when she can put additional dollars into her FSA. So, Jane has \$200 to carry over to next year.

\$429.75 Total tax savings	\$255.00 Federal
	\$60.00 State
	\$114.75 FICA

She needs \$700 to pay for glasses and Rx copays next year. With her carryover of \$200, she should elect \$500 for next year, however, with the carryover feature in her plan she decides to add a little more to her election knowing that she will not lose it at the end of the year. Jane elects \$800 in next year's plan.

Hypothetical example is for illustration purposes only. Costs, circumstances and tax rates may vary.

Take control. Start using your account today.

An Optum Bank FSA is a great way to pay for eligible health care expenses that your insurance plan doesn't cover. It's simple to enroll:

- 1** Decide how much you want to set aside for eligible health care expenses during the plan year.
- 2** Sign up during your annual benefits enrollment period. Your contributions will be withheld from each paycheck before taxes and credited to your FSA.
- 3** Use your Optum Bank debit Mastercard® to pay for eligible health care expenses. If you prefer, you can use a personal check or credit card and submit a claim request. It's simple and fast. Either way, you'll enjoy the tax-advantaged savings.

FSAs are administered by OptumHealth Financial Services, Inc. and are subject to eligibility and restrictions.

This communication is not intended as legal or tax advice. Please contact a competent legal or tax professional for personal advice on eligibility, tax treatment and restrictions. Federal and state laws and regulations are subject to change.



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FSA/HRA Claim for Reimbursement

TIME SAVING TIP: Did you know you can file your claim online at www.optumhealthfinancial.com instead of completing this form? Simply log in to your account and click "File A Claim" under the "I Want To," section on the home page.

Customer service professionals can be reached by calling 1-800-243-5543 (Monday - Friday from 8 a.m. to 10 p.m. and Saturday - Sunday from 9 a.m. to 5:30 p.m. Eastern time) if you have any questions.

1012 HA FSA HRA

1 About you

First Name, Last Name	Last 4 of SSN:	Employer/Plan Sponsor Name:
Participant Address:		City, State ZIP:

2 About your expenses

Use one line in this section for each expense type. If you have multiple expenses of the same type, for example copays, you may request payment on one line for the entire date range. If you have more eligible expenses than space allows in this section, please submit as many FSA/HRA Claim for Reimbursement Forms as needed.

Healthcare Expenses	Date of service MM/DD/YY <i>Example: 1/1/15 thru 1/31/15</i>	Expense Amount Claimed <i>Example: \$125.00</i>	Name of Person Receiving product or service <i>Example: John Doe</i>	Name of Service Provider <i>Example: ABC Insurance Co.</i>	Type of Expense (Medical, Vision, Premium, etc.) <i>Example: Insurance Premium</i>
EXPENSE 1		\$			
EXPENSE 2		\$			
EXPENSE 3		\$			
EXPENSE 4		\$			
EXPENSE 5		\$			

Dependent Care Expenses	Date of service MM/DD/YY	Expense Amount	Name of Service Provider	Dependent Receiving Service		Provider Certification <i>(in place of supporting documentation)</i>		
				Age	Name	Amount	Signature	Tax ID #
DEPENDENT 1		\$				\$		
DEPENDENT 2		\$				\$		
DEPENDENT 3		\$				\$		

3 Agreement and Signature

By submitting this form, I certify that: All expenses I am submitting for reimbursement were incurred: by me or another individual eligible under my company's retiree plan, which is a health reimbursement arrangement (HRA). All expenses I am submitting for reimbursement were incurred during a period I was covered by the company's retiree plan, which is an HRA. None of the expenses I am submitting for reimbursement have been reimbursed by or, if applicable to my plan, are reimbursable from any other source. I am fully responsible for the sufficiency and accuracy of information relating to the reimbursement submission, and that if an expense for which reimbursement is claimed is subsequently determined to not be an eligible expense under my plan, I may be liable for repayment to the plan and payment of all related taxes, including federal, state, or local income tax, on amounts paid from the plan. I acknowledge and agree that I have had an opportunity to consult with my tax advisor prior to submitting this form.

x

Participant's Signature

Date



Don't forget to attach **legible supporting documentation** before mailing your form to the address below. Your documentation must clearly identify. Remember that the dependent care provider may complete the Provider Certification in Step 2 in place of itemized documentation.

- 1. Total expense amount
- 2. Description of expense
- 3. Date expense was incurred
- 4. Name of person receiving service
- 5. Name of person/entity providing service
- 6. Signature and date of claim submission

Thank you for allowing us to serve you.

Where to return your form and documentation?

By Mail: Optum, P.O. Box 30516, Salt Lake City, UT 84130
By Email: optumclaims@prod.sourcehov.com
By Fax: 1-855-244-5016