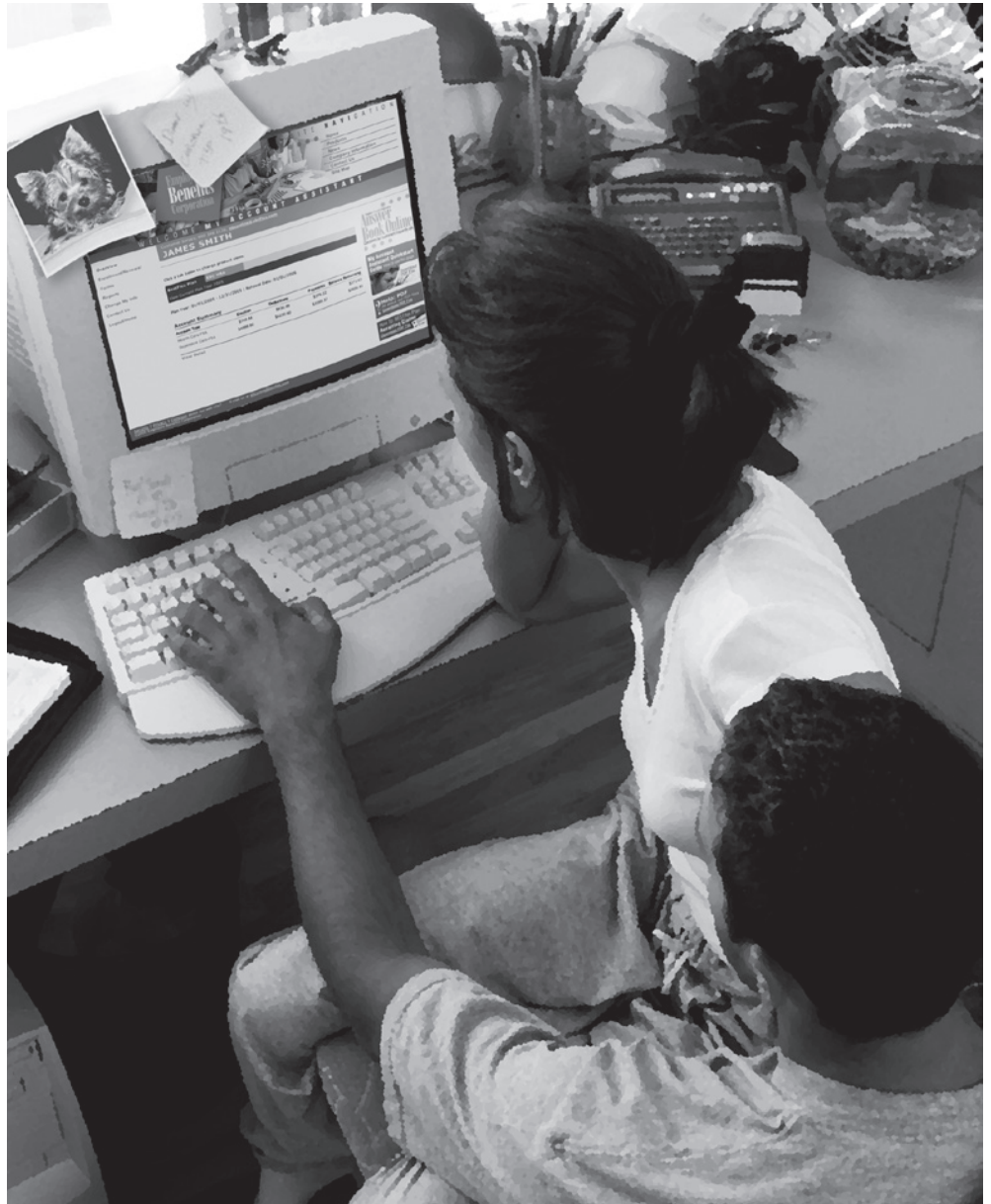




SECTION 125 ADMINISTRATION
GETTING STARTED WITH
THE BESTFLEX PLAN!
2-1/2 MONTH GRACE PERIOD



Employee
Benefits
Corporation

Employee Benefits Corporation is employee-owned. As owners, the priority of each of our team members is to contribute to our customers' success. We do this by sharing a wealth of technical expertise, providing exceptional administration services and exercising creative plan design.

This booklet contains a few helpful reimbursement tips and directions on how to file your claims. If you have access to the Internet, we suggest you take advantage of our web site. You can see when your claims were processed, whether a check was issued, and view your current account balance. There are forms available for download, news and much more.

You can also e-mail us at ebconline@ebcflex.com or call us at 800 346 2126.

Welcome and thanks for participating!
The Employee Benefits Corporation Team

For More Information

Contact us if you have any questions about your BESTflex Plan.

How to contact Employee Benefits Corporation

There are several different ways you can contact us:

By Phone:

Monday - Friday, 8:00 - 5:00 CST
 Local: 608 831 8445
 Toll Free: 800 346 2126

By Fax:

608 831 4790

By US Mail:

Employee Benefits Corporation
 P.O. Box 44347
 Madison, WI 53744-4347

By E-mail:

ebconline@ebcflex.com

On the Web:

www.ebcflex.com

Getting Reimbursed: Substantiate And Submit. Documentation. Documentation. Documentation.

How To Substantiate Flexible Spending Account (FSA) Expenses

For both the Health Care and Dependent Care Flexible Spending Accounts (FSA), staple copies of all receipts and expense documentation to the top left corner of the Reimbursement Form. Each FSA requires special information that must be included in the expense documentation.

For the Health Care FSA, receipts and expense documentation must include:

- Date(s) of Service
- Type of expense (e.g., eye exam)
- Amount of the incurred expense
- Name of Service Provider

For the Dependent Care FSA, statements from your provider(s) must include:

- Date(s) of service
- Charges
- Service Provider's signature

You also have the option of obtaining your dependent care provider's signature on the Reimbursement Form. The provider signature substantiates the expense and, along with the remaining claim details, replaces the need for a receipt or other proof of service.

Substantiating Claims For Your Health Care FSA:

- Certain procedures and items require a prescription letter from a physician as part of your reimbursement documentation; the prescription letter must contain a specific diagnosis, state that the procedure or item is used to treat or cure the diagnosis and indicate the duration of the expense
- Cosmetic procedures are not covered under the BESTflex Plan
- Orthodontia contracts must contain the treatment start date, fee schedule and duration of payments

Substantiating Claims For Your Dependent Care FSA:

- Services must be incurred BEFORE they can be reimbursed
- Separate documentation, showing the name of the provider, date(s) of coverage and the expense amount, can be used to substantiate an expense
- The provider's signature must be included with the documentation or be on the daycare provider's letterhead
- The provider can also sign the Reimbursement Form in lieu of a receipt or other proof of service

How To Substantiate Over-The-Counter Drug Purchases

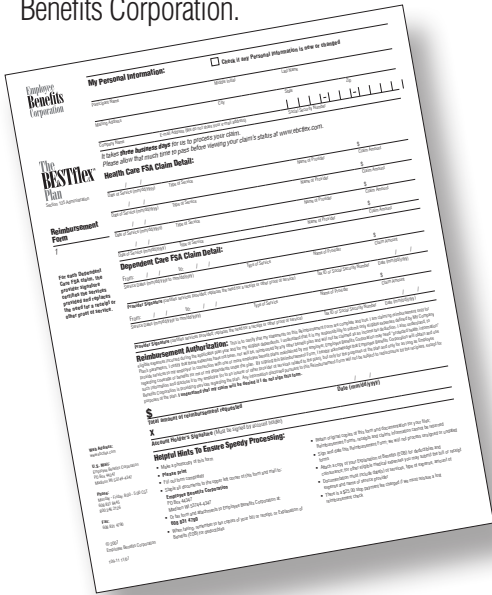
To be reimbursed for over-the-counter drug expenses, one of the following types of documentation must accompany your Reimbursement Form. There are no exceptions and you cannot be reimbursed without this documentation.

- If the documentation includes the store's name, date of the purchase, a detailed description of the item, and the dollar amount, submit the documentation
OR
- If the documentation includes the store's name, date of the purchase and dollar amount, but excludes the item name and description, you must include the item's box or the item's package – including its price tag – with the documentation
OR
- If the documentation only includes the store's name, date of the purchase, and dollar amount, and the item does not come in a box or package, or the box or package does not include a price tag, you are responsible for obtaining substantiation from the store or pharmacy on their letterhead; the additional substantiation must state the name of the item, the date on which it was purchased, the dollar amount and be included with the documentation

It is up to you to fully substantiate over-the-counter items. The substantiation must come from a third party. You cannot write the missing information on the documentation. *Cancelled checks or credit card statements are not valid forms of documentation.*

How To Submit A Reimbursement Form

When you incur a medical or daycare expense during the plan year, you send a Reimbursement Form and expense documentation to Employee Benefits Corporation.



1. Complete a Reimbursement Form and attach documentation, supporting invoices, receipts, Explanation of Benefits (EOB), etc.
2. Sign and date the form
3. Photocopy the form and documentation, and mail or fax them to us; your documentation must include a complete description and cost of the product or service

Submit The Form By U.S. Mail:

You may submit in one envelope as many forms with documentation as you would like. Be sure the documentation is stapled to the Reimbursement Form to which it applies or your claim may be excluded.

Submit The Form By Fax:

Submit only one form with documentation per fax transmittal. Be sure the documentation is faxed with the Reimbursement Form to which it applies or your claim may be excluded.

It usually takes up to three business days to process faxed claims. Once they are processed, you can quickly and easily review the status of your claim on our web site at www.ebcflex.com.

Do Not Submit A Form If Claims Are Submitted Electronically:

If your provider or carrier electronically submits claims to Employee Benefits Corporation, you should not submit a Reimbursement Form for those expenses. Contact your Human Resources Department for more information.

Read This Information BEFORE You File For Reimbursement!

- **We cannot reimburse your expenses without your signature;** you must completely fill out, sign and date the Reimbursement Form
- **Employee Benefits Corporation cannot reimburse you until expenses are actually incurred** and you receive an invoice; we cannot use estimates or pre-payment billings
- **If your documentation only shows your expense as part of a Previous Balance or part of a Past Payment Date amount,** it is not an actual invoice and is not acceptable
- **Double check your attached documentation** and make sure the information, such as date(s) of services rendered, type of service, amount, etc., is correct
- **Cancelled checks or credit card statements are not valid** documentation and Employee Benefits Corporation cannot accept them
- **When photocopying your documentation,** make sure the copies are clear and complete
- **If faxing, submit only one Reimbursement Form** with complete documentation per fax transmittal
- **If you are unsure whether an expense is reimbursable,** contact us before you incur the expense at 800 346 2126

How To Submit Year-End Claims

Claims submitted for expenses incurred during the 2-1/2 month Grace Period will first be paid using funds from your previous Plan Year. Once that money has been used, claims will be paid using funds from the current plan year, provided you chose to participate and funds are available.



To use the Grace Period for a claim that is greater than the amount remaining in your old account, the claim must draw from both the old and new accounts. The expense must be incurred during the 2-1/2 month Grace Period. Submit all your claims no later than the last day of the 90-day runout.

To prevent receiving a partial payment, limited to the amount remaining in your old plan's year-end account, wait until your new plan is activated before submitting the claim.

If you submit an expense before your new account is activated and your claim is greater than the amount remaining in your old account, you will only receive a partial payment. Resubmit the unpaid claim in order to receive the entire payment.

We cannot reprocess or reorder your claims to pay out of a different year. It is your responsibility to submit claims against the correct Plan Years as described above.

You can look up your account information on our web site. If your new Plan Year is listed, it is activated and ready for use. You can also contact us at **800 346 2126** before you submit your claim. A Participant Service Representative can look up your account information and walk you through your claims submission process or you can choose to listen to your information using our automated Telephone Account Assistant.

The grace period will always end on the 15th of the month. You have until the last day of the 90-day runout to submit your claim. Claims submitted within this window will be applied to the Plan Year in which they were incurred.

If you terminate during the Plan Year, you have only 90 days to submit claims after your termination date. The 2-1/2 month Grace Period will not apply.

Exclusions: What To Do When A Claim Is Rejected

If a claim is deemed invalid (excluded), you will receive an Exclusion Letter identifying the expense and the reason it was excluded. If you resubmit the claim, include the Exclusion Letter and any additional documentation or requested information within 180 days of receiving the Exclusion Letter. Additional information on resolving claims is available in the Summary Plan Description.

Answers. Anytime. Anywhere.

www.ebcflex.com:

My Account Assistant is there when you need it.

Employee Benefits Corporation's web site is the easiest way to review your account and monitor the status of your reimbursements. It's convenient and accessible 24 hours a day, seven days a week, from any computer with Internet access.

Employee Benefits Corporation's web site reflects the most current account information possible.

You can:

- Access account balances
- Review when a claim was processed and when the reimbursement was mailed or direct deposited
- Download BESTflex Plan forms
- Download a Direct Deposit Authorization Form
- Update personal information
- View a detailed account history



In order for you to view your account, you must activate it by entering a valid e-mail address and receiving a Personal Identification Number (PIN). You can then log-in using your Social Security Number and your PIN.

Here's how to activate your online account:

1. Using a web browser, go to www.ebcflex.com
2. When the Home Page opens, locate the "First Time Users Activate Account" area on the right side of the page
3. From the drop-down list choose "Participant" and click the "Begin" button

4. Complete the "Activate My Account" form and click the "Activate Account" button
5. Your account is activated and your PIN is sent to the e-mail address you submitted in the "Activate My Account" form

You'll receive your PIN via e-mail in minutes. Use the PIN and your Social Security Number to log in.

Here's how to view your account:

1. Using a web browser, go to www.ebcflex.com
2. When the Home Page opens, locate the "Log-In" area on the right side of the page
3. From the drop-down list choose "Participant"
4. Enter your Social Security Number in the SSN field
5. Enter your PIN in the PIN field
6. Click the "Log-in" button
7. The "My Account Assistant" page opens with your account summary in view

Convenient. Accurate. Secure.
www.ebcflex.com

Direct Deposit Authorization

Have Your Reimbursement Check Deposited Into Your Bank Account

As a participant in Employee Benefits Corporation's BESTflex Plan, you have the option of having your reimbursements directly deposited into your personal checking or savings account.

Simple and convenient:

- Eliminate trips to the bank
- Receive your reimbursement quicker

- Employee Benefits Corporation makes direct deposits daily
- Eliminate the chance of losing a mailed reimbursement check and having to pay a \$25.00 stop-payment fee before a reissued check is sent

Here's how:

1. Complete the Direct Deposit Authorization Form after reading the conditions listed on the bottom of the form
2. Sign and date the form
3. Mail or fax the form to Employee Benefits Corporation (if you fax the form, transmit only the Direct Deposit Authorization Form)

4. Employee Benefits Corporation processes the form and completes the setup
5. You'll receive a deposit confirmation notice each time a deposit is made

Don't delay.

Initial processing takes about two weeks from the date Employee Benefits Corporation receives your form. If you submit claims during the two-week set-up period, checks will be mailed to you directly. As with any automated bank process, be sure to open and inspect all correspondence to ensure deposits take place and are correct.

Send in the Direct Deposit Authorization Form (right) and sign up today!

**Reimbursement
Form**

1

**For each Dependent
Care FSA claim, the
provider signature
certifies the services
provided and replaces
the need for a receipt or
other proof of service.**

My Personal Information:

Check if any Personal Information is new or changed

Participant Name	Middle Initial	Last Name	
Mailing Address	City	State	Zip
Company Name	E-mail Address (We do not share your e-mail address)		Social Security Number

*It takes **three business days** for us to process your claim.
Please allow that much time to pass before viewing your claim's status at www.ebcflex.com.*

Health Care FSA Claim Detail:

/ /			\$
Date of Service (mm/dd/yyyy)	Type of Service	Name of Provider	Claim Amount
/ /			\$
Date of Service (mm/dd/yyyy)	Type of Service	Name of Provider	Claim Amount
/ /			\$
Date of Service (mm/dd/yyyy)	Type of Service	Name of Provider	Claim Amount
/ /			\$
Date of Service (mm/dd/yyyy)	Type of Service	Name of Provider	Claim Amount

Dependent Care FSA Claim Detail:

From: / / to: / /			\$
Service Dates (mm/dd/yyyy to mm/dd/yyyy)	Type of Service	Name of Provider	Claim Amount
			/ /
Provider Signature (certifies services provided; replaces the need for a receipt or other proof of service)	Tax ID or Social Security Number	Date (mm/dd/yyyy)	
From: / / to: / /			\$
Service Dates (mm/dd/yyyy to mm/dd/yyyy)	Type of Service	Name of Provider	Claim Amount
			/ /
Provider Signature (certifies services provided; replaces the need for a receipt or other proof of service)	Tax ID or Social Security Number	Date (mm/dd/yyyy)	

Reimbursement Authorization: This is to certify that my statements on this Reimbursement Form are complete and true. I am claiming reimbursement only for eligible expenses incurred during the applicable plan year and for my eligible dependents. I understand that it is my responsibility to submit only eligible expenses defined by My Company Plan's parameters. I certify that these expenses have not been, nor will be, reimbursed by any other benefit plan and will not be claimed as an income tax deduction. I also understand, to provide services to my employer in connection with one or more employee benefit plans maintained by my employer, Employee Benefits Corporation may need "protected health information" regarding coverage or benefits for me or my dependents under the plan. By signing this Reimbursement Form, I hereby acknowledge that Employee Benefits Corporation will obtain and use such information and disclose it to my employer (or to an insurer or other provider of services related to the plan), but only for the purposes of the plan and only for as long as Employee Benefits Corporation is providing services regarding the plan. Any information disclosed pursuant to this Reimbursement Form will not be subject to redisclosure by the recipient, except for purposes of the plan. **I understand that my claim will be denied if I do not sign this form.**

\$	/ /
Total amount of reimbursement requested	Date (mm/dd/yyyy)

X

Account Holder's Signature (Must be signed by account holder)

Helpful Hints To Ensure Speedy Processing:

- Make a photocopy of this form
- **Please print**
- Fill out form completely
- Staple all documents to the upper left corner of this form and mail to:

Employee Benefits Corporation
PO Box 44347
Madison WI 53744-4347
- Or fax form and attachments to Employee Benefits Corporation at: **608 831 4790**
- When faxing, remember to fax copies of your bill or receipt, or Explanation of Benefits (EOB) for deductibles
- Retain original copies of this form and documentation for your files; Reimbursement Forms, receipts and claims information cannot be returned
- Sign and date this Reimbursement Form; we will not process unsigned or undated forms
- Attach a copy of your Explanation of Benefits (EOB) for deductibles and coinsurance; for other eligible medical expenses you may submit the bill or receipt
- Documentation must include date(s) of services, type of expense, amount of expense and name of service provider
- There is a \$25.00 stop payment fee charged if we must reissue a lost reimbursement check

Web Address:
www.ebcflex.com

U. S. Mail:
Employee Benefits Corporation
PO Box 44347
Madison WI 53744-4347

Phone:
Monday - Friday, 8:00 - 5:00 CST
608 831 8445
800 346 2126

Fax:
608 831 4790

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**Employee
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An Employee-Owned Company

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Madison WI 53744-4347