



Guide to Health Care Choice FSA and Dependent Care Choice FSA

All you need to know about using your accounts

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All You Need to Know About Using Your Health Care Choice Card

1. **You must activate your card** before you use it. Simply call (866) 363-4128 and enter the information requested.
2. **Use your card for eligible health care expenses only.** Look inside for a complete list of eligible expenses. This card can only be used in places where health care products and services are likely to be sold.
3. **Do not use your card to pay for past or future services.** Tax regulations prohibit you from using this card to pay for services you received before your current coverage period or those you plan to receive in the future.
4. **Each time you use your card, you authorize that you are paying for eligible expenses** incurred by you or an eligible dependent during your current coverage period and that you have not and will not seek reimbursement for these expenses from any other health plan or source.
5. **Save all receipts that describe exactly what you paid for with your card.** We may ask you to submit these to show you used your card for eligible health care expenses.
6. **Debit or credit? Choose credit.** Even though this is not a credit card, choose the credit option. Your card has no PIN.
7. **Review your monthly statements.** They contain important information about your account, including if you are required to verify any purchases you made with the card.
8. **Your plan may require you to reimburse your account** in the amount of any card purchase if you cannot show the card was used for eligible health care products and services.

How to order additional cards

1. Log on to www.wageworks.com
 2. Enter your user name and password (or click on **“First-Time User? Register Now”** to complete the simple online registration process)
 3. Click on the “Health Care” tab
 4. Select “Request Additional Card”
 5. Provide first name, last name and Social Security Number of the person who will use the card
- The first additional card is provided free of charge
 - There is a charge for the second card
 - No more than three cards are available per account (one for you, the employee, and two for use by your eligible dependents)

The WageWorks Web Site

Manage your account and get help conveniently online.

You can do all this online anytime

- View your account activity and balance
- Check status of claims and payments
- Download claim forms
- Update your contact information
- Request Pay My Provider payments
- Order an additional card
- Get help

If you have not yet registered

Complete the simple online registration process:

1. Go to www.wageworks.com and click on **“First-Time User? Register Now”**.
2. Enter the information requested so we can identify you.
3. Confirm or update the contact information in your Profile.
4. Review the User Agreement and confirm your acceptance.

If you have already registered

Go to www.wageworks.com and enter your user name and password.

If you don't have Internet access

Call us at (877) 924-3967. Our automated voice response system can assist you around the clock. Customer service representatives are available during normal business hours.

Health Care Choice FSA

The Health Care Choice Card

Use your card to pay for eligible products and services. Funds are deducted automatically from your Health Care Choice FSA.

Why Use the Card

- No claims to file; no need to get reimbursed
- Simply swipe your card and select “credit”—no PIN required
- Deducts automatically from your Health Care Choice FSA
- Most convenient way to pay for most eligible health care products and services

When to Use the Card

- Pay for eligible health care products and services received by you or an eligible dependent during your coverage period.
- Pay for products and services on the day you receive them. Regulations prohibit use of the card to pay for eligible expenses received in the past or to be received in the future.
- Your card expires on the expiration date printed on the card or the date you discontinue coverage, whichever comes first.

Where to Use the Card

- Doctor and dentist offices, pharmacies, discount chain and club stores—if their products and services are covered under your plan.
- At most merchants who sell health care products or services and accept either Visa or MasterCard debit cards.

How to Use the Card

- Separate your eligible items from your non-eligible items at the counter when you shop at pharmacies, drugstores, supermarkets or club stores.
- Use your Health Care Choice Card to pay for your eligible items, and another form of payment for the non-eligible items.
- Give your card to the merchant or service provider, or swipe it yourself.
- Select “credit” (No PIN required), and then sign for the transactions.
- Save your receipt or other documentation that describes the items you have paid for. It may be requested by WageWorks or the IRS to verify you used your account to pay for eligible products or services.

If You Lose Your Card or if it is Stolen

Contact WageWorks immediately at our toll-free number: (877) 924-3967.

Health Care Pay My Provider

Pay your providers directly from your Health Care Choice FSA.

Why Use Pay My Provider

- No claims to file; no need to get reimbursed
- Works like a bill pay service
- Deducts automatically from your Health Care Choice FSA
- Most convenient way to pay for most recurring eligible health care services

When to Use Pay My Provider

- Regularly scheduled payments for eligible services such as orthodontic or chiropractic care
- When your doctor or dentist bills you for the amount not covered by your health plan
- To pay an invoice for an eligible service you already received and that expense requires only basic proof of service (see page 7 for Proof of Expense information)
- When you need to make a payment of \$20 or more

How to Use Pay My Provider

1. Log on to www.wageworks.com
2. Click on the “Health Care” tab
3. Click “Request Pay My Provider”
4. Confirm or enter your email address
5. Enter your provider information
6. Enter patient information
7. Enter your payment amount
8. WageWorks will make the requested payment from your account and mail it directly to your provider
9. WageWorks will send you an email each time a requested payment is made

Health Care Pay Me Back

Get reimbursed from your Health Care Choice FSA for eligible products and services you pay for out of pocket.

When to Use Pay Me Back

Some products and services are easier to pay for first, and then get reimbursed. For example:

- When your provider requires you to pay before you receive the product or service. Pay for the service as required, and then file your claim after you have received the service.
- The expense is listed as a “Maybe” in the What’s Covered list, meaning it requires additional information to get approved.
- You receive a bill from your provider after your health plan pays and your portion is less than \$20, the minimum Pay My Provider payment amount.

How to Use Pay Me Back

- Pay for your eligible products and services as you usually do and save your detailed receipt.
- Complete a Health Care Pay Me Back form. You can download a form after you log in to www.wageworks.com.
- Fax your form and appropriate proof of expense to the number indicated on the form.
- Or, mail your form and photocopies of your proof of expense to the address indicated on the form.
- Check your claims status online anytime by logging on to www.wageworks.com.
- All claims (including resubmissions) must be received no later than your Claim It by date (displayed on your monthly statement) to be eligible for reimbursement.

Who's Covered by Your Health Care Choice FSA?

You can use your Health Care Choice FSA to pay for health care expenses incurred by the following people (per the new IRS rules effective 01/01/05) even if they are not covered by your employer's health plan:

- Yourself
- Your spouse
- Your qualifying child*
- Your qualifying relative*

*Special rules allow a dependent to be eligible for this plan even when that dependent does not qualify to be claimed as your tax dependent on your tax return form. For more information, go to www.wageworks.com/forms/hcdependents.pdf and contact your personal tax advisor.

What's Covered by Your Health Care Choice FSA?

Product/Service	Category	Covered?
Acne treatments (over-the-counter)	Medical	Yes
Acupuncture	Medical	Yes
Adoption (medical expenses related to)	Medical	Yes
Adoption fees	NA	No
Alcoholism treatment	Medical	Yes
Allergy and sinus medicine and products (over-the-counter)	Medical	Yes
Allergy medication (prescription)	Pharmacy	Yes
Allergy treatments	Medical	Yes
Alternative dietary supplements (for treatment of a medical condition)	Medical	Maybe
Alternative drugs and medicines (for treatment of a medical condition)	Medical	Maybe
Alternative healers (for treatment of a medical condition)	Medical	Maybe
Ambulance and emergency health services	Medical	Yes
Anesthesia (for non-cosmetic purposes)	Medical	Yes
Antacid (over-the-counter)	Medical	Yes
Antibiotic ointment (over-the-counter)	Medical	Yes
Aspirin or other pain reliever (over-the-counter)	Medical	Yes
Asthma medicines or treatments (over-the-counter)	Medical	Yes
Bandages and related items (over-the-counter)	Medical	Yes
Birth control (over-the-counter)	Medical	Yes
Birth control (prescription or other)	Medical	Yes
Blood pressure monitor	Medical	Yes
Body scans	Medical	Yes

Product/Service	Category	Covered?
Braille books and magazines (difference in cost only)	Vision	Maybe
Breast pump (to compensate for a medical condition)	Medical	Maybe
Breastfeeding classes	NA	No
Cancer (fixed indemnity, \$XX per day) insurance premiums	NA	No
Canker and cold sore treatments (over-the-counter)	Medical	Yes
Chest rubs (over-the-counter)	Medical	Yes
Child or newborn care instruction	NA	No
Childbirth classes	Medical	Yes
Chiropractic care	Medical	Yes
Chiropractic office visit or treatment	Medical	Yes
Christian Science practitioners	Medical	Yes
COBRA premiums	NA	No
Co-insurance (dental)	Dental	Yes
Co-insurance (medical)	Medical	Yes
Co-insurance (prescription)	Pharmacy	Yes
Co-insurance (vision)	Vision	Yes
Cold and flu medicine (over-the-counter)	Medical	Yes
Cold cream (over-the-counter)	NA	No
Compression or anti-embolism socks, stockings or hose	Medical	Yes
Condoms and spermicides	Medical	Yes
Contact lenses, cleaning solutions, etc.	Vision	Yes
Contraceptives (prescription or over-the-counter)	Medical	Yes
Co-payment (dental)	Dental	Yes
Co-payment (medical)	Medical	Yes
Co-payment (other)	Medical	Yes
Co-payment (vision)	Vision	Yes
Cord blood storage (for future treatment of a birth defect or known medical condition)	Medical	Maybe
Cord blood storage (for unidentified future use)	NA	No
Corneal keratotomy	Vision	Yes
Cosmetic surgery	NA	No
Cough drops and sore throat lozenges (over-the-counter)	Medical	Yes
Cough syrup (over-the-counter)	Medical	Yes
Counseling (for treatment of a medical condition)	Medical	Yes
CPR classes (adult or child)	NA	No

Product/Service	Category	Covered?
Crutches, canes or like equipment (purchase or rental)	Medical	Yes
Dancing lessons (for treatment of a medical condition)	Medical	Maybe
Deductible for dental plan	Dental	Yes
Deductible for medical plan	Medical	Yes
Deductible for prescription plan	Pharmacy	Yes
Deductible for vision plan	Vision	Yes
Dental	Dental	Yes
Dental care (for non-cosmetic purposes)	Dental	Yes
Dental co-insurance	Dental	Yes
Dental co-payment	Dental	Yes
Dental insurance or plan premiums	NA	No
Dental products (for treatment of a dental condition, not general health)	Dental	Maybe
Dental reconstruction	Dental	Yes
Dental veneers	Dental	Maybe
Dentures, bridges, etc.	Dental	Yes
Diabetic monitor	Medical	Yes
Diagnostic services	Medical	Yes
Dietary supplements (for treatment of a medical condition)	Medical	Maybe
Drug addiction treatment	Medical	Yes
Drugs (experimental or imported)	NA	No
Drugs (prescription)	Pharmacy	Yes
Dyslexia treatment	Medical	Yes
Ear drops and wax removal (over-the-counter)	NA	No
Educational classes or tuition	NA	No
Electrolysis	NA	No
Emergency kits (over-the-counter)	NA	No
Exercise equipment (for treatment of a medical condition)	Medical	Maybe
Eye examinations	Vision	Yes
Eye-related equipment/materials	Vision	Yes
Eye surgery or treatment to correct vision	Vision	Yes
Eyeglasses (over-the-counter)	Vision	Yes
Eyeglasses (prescription)	Vision	Yes
Face lifts	NA	No
Fertility monitor (over-the-counter)	Medical	Yes
Fertility treatment (for employee, spouse or dependent)	Medical	Yes
Fertility treatment (for non-dependent surrogate)	NA	No

Product/Service	Category	Covered?
First aid kits (over-the-counter)	NA	No
Fitness programs	NA	No
Flu shots	Medical	Yes
Funeral expenses	NA	No
Gastrointestinal medication (over-the-counter)	Medical	Yes
Guide dog (dog, training, care)	Vision	Yes
Hair regrowth products	NA	No
Hair removal	NA	No
Hair transplant	NA	No
Hair treatments	NA	No
Hand lotion (over-the-counter)	NA	No
Health club dues	NA	No
Health insurance or plan premiums	NA	No
Health savings account (HSA) contributions	NA	No
Hearing aids and batteries	Medical	Yes
Herbal or homeopathic medicines (over-the-counter)	NA	No
Hospital (fixed indemnity, \$XX per day) insurance premiums	NA	No
Hospital fees	Medical	Yes
Hospital services	Medical	Yes
Household help	NA	No
Illegal operations or substances	NA	No
Immunizations	Medical	Yes
Infertility treatment (for employee, spouse or dependent)	Medical	Yes
Insulin, testing materials and supplies	Medical	Yes
Insurance or health plan premiums	NA	No
Lab (medical)	Medical	Yes
Laboratory fees	Medical	Yes
Lactose intolerance (over-the-counter)	Medical	Yes
Lamaze classes	Medical	Yes
Laser eye surgery	Vision	Yes
Lasik	Vision	Yes
Late payment fees charged by health care provider	NA	No
Laxatives (over-the-counter)	Medical	Yes
Learning disability treatments	Medical	Yes
Lice treatment (over-the-counter)	Medical	Yes
Listening therapy	Medical	Yes
Lodging (essential to receive medical care)	Medical	Maybe

Product/Service	Category	Covered?
Long-term care premiums (up to IRS tax-free limit, \$490 in 2004)	NA	No
Long-term care services	Medical	No
Long-term disability insurance premiums	NA	No
Magnetic therapy (over-the-counter)	NA	No
Marriage counseling	NA	No
Massage therapy (for treatment of a medical condition)	Medical	Maybe
Mastectomy-related special bras	Medical	Yes
Maternity clothes	NA	No
Medical abortion	Medical	Yes
Medical co-insurance	Medical	Yes
Medical co-payment	Medical	Yes
Medical equipment (for treatment of medical condition) and repairs	Medical	Yes
Medical insurance or plan premiums	NA	No
Medical literature, books, pamphlets or audio	NA	No
Medical monitoring and testing devices	Medical	Yes
Medical records charges	Medical	Yes
Medical savings account (MSA) contributions	NA	No
Medical supplies (for treatment of a medical condition)	Medical	Maybe
Medicare premiums, Medicare supplement, and Medicare alternative insurance or plan premiums	NA	No
Medicines (over-the-counter)	Medical	Yes
Medicines (prescription)	Pharmacy	Yes
Mileage (\$.15 per documented mile for travel to/from eligible health care)	Medical	Yes
Modified equipment (difference in cost only)	Medical	Maybe
Monitors and test kits (over-the-counter)	Medical	Yes
Motion and nausea	Medical	Yes
Nasal sprays	Medical	Yes
Nasal strips (over-the-counter)	NA	No
No-show fees charged by health care provider	NA	No
Non-prescription drugs and medicines (for non-cosmetic purposes)	Medical	Yes
Norplant insertion or removal	Medical	Yes
Nursing services (wages and taxes)	Medical	Yes
Nutritional supplements (for treatment of a medical condition)	Medical	Maybe
OB/GYN fees	Medical	Yes
Occlusal guards to prevent teeth grinding	Dental	Yes

Product/Service	Category	Covered?
Occupational therapy (related to a medical condition or disability)	Medical	Yes
Office visits (medical)	Medical	Yes
Office visits (chiropractic)	Medical	Yes
Office visits (dental)	Dental	Yes
Office visits (psych/therapy)	Medical	Yes
Office visits (vision)	Vision	Yes
Operations (for non-cosmetic purposes)	Medical	Yes
Optometrist/ophthalmologist fees	Vision	Yes
Oral care (over-the-counter)	NA	No
Organ transplants (recipient and donor)	Medical	Yes
Ortho keratotomy	Vision	Yes
Orthodontia	Dental	Yes
Orthodontia (braces and retainers)	Dental	Yes
Over-the-counter (eligible medical)	Medical	Yes
Over-the-counter acne treatments	Medical	Yes
Over-the-counter allergy and sinus medicine	Medical	Yes
Over-the-counter antacid	Medical	Yes
Over-the-counter antibiotic ointment	Medical	Yes
Over-the-counter aspirin or other pain reliever	Medical	Yes
Over-the-counter asthma medicines or treatments	Medical	Yes
Over-the-counter bandages and related items	Medical	Yes
Over-the-counter canker and cold sore treatments	Medical	Yes
Over-the-counter chest rubs	Medical	Yes
Over-the-counter cold and flu medicine	Medical	Yes
Over-the-counter cold and flu prevention	Medical	Yes
Over-the-counter cold cream	NA	No
Over-the-counter cough drops and sore throat lozenges	Medical	Yes
Over-the-counter cough syrup	Medical	Yes
Over-the-counter health care products (eligible)	Medical	Yes
Over-the-counter health care products (not eligible)	NA	No
Over-the-counter medication	Medical	Yes
Over-the-counter products for dental ailments	Dental	Yes
Over-the-counter products for general dental care	NA	No
Over-the-counter vision products	Vision	Yes
Ovulation monitor (over-the-counter)	Medical	Yes

Product/Service	Category	Covered?
Oxygen	Medical	Yes
Pain reliever (over-the-counter)	Medical	Yes
Personal use items (toothbrush, toothpaste, etc.)	NA	No
Physical exams	Medical	Yes
Physical therapy	Medical	Yes
Pregnancy tests (over-the-counter)	Medical	Yes
Prescription co-insurance	Pharmacy	Yes
Prescription co-payment	Pharmacy	Yes
Prescription drugs (for non-cosmetic purposes)	Pharmacy	Yes
Prescription drugs for cosmetic purposes	NA	No
Prescription drugs for hair regrowth	NA	No
Prescription insurance or plan premiums	NA	No
Propecia (for treatment of a medical condition)	Medical	Maybe
Prosthesis	Medical	Yes
Psych/therapy	Medical	Yes
Psychiatric care	Medical	Yes
Psychoanalysis	Medical	Yes
Psychologist fees	Medical	Yes
Radial keratotomy (RK)	Vision	Yes
Reading glasses (over-the-counter)	Vision	Yes
Reconstructive surgery (following accident or medical procedure or condition)	Medical	Maybe
Removal of benign mole, cyst or tumor	Medical	Yes
Retin-A (for non-cosmetic purposes)	Medical	Maybe
Rogaine or other hair regrowth medications (even if prescribed)	NA	No
Rx (prescription)	Pharmacy	Yes
Smoking cessation (programs/counseling)	Medical	Yes
Smoking cessation drugs (prescription)	Medical	Yes
Smoking cessation gum or patches (over-the-counter)	Medical	Yes
Special equipment	Medical	Maybe
Special foods (gluten-free, salt-free or other for treatment of a medical condition)	Medical	Maybe
Special school (for mental and physical disabilities)	Medical	Maybe
Speech therapy	Medical	Yes
Sterilization	Medical	Yes
Student health fees (for dental services)	Dental	Yes
Student health fees (for medical services)	Medical	Yes

Product/Service	Category	Covered?
Student health fees (for prescriptions)	Pharmacy	Yes
Student health fees (for vision services)	Vision	Yes
Sunglasses (over-the-counter)	NA	No
Sunglasses (prescription)	Vision	Yes
Sunscreen (over-the-counter)	NA	No
Supplies (for treatment of a medical condition)	Medical	Maybe
Surgery (for non-cosmetic purposes)	Medical	Yes
Swimming lessons (for treatment of a medical condition)	Medical	Maybe
Teeth bleaching or whitening	NA	No
Teeth grinding prevention devices	Dental	Yes
Therapy (for treatment of a medical condition)	Medical	Yes
Toothpaste, toothbrush, floss, etc.	NA	No
Transgender treatments/surgery	NA	No
Transportation, parking and related travel expenses (essential to receive medical care)	Medical	Maybe
Tubal ligation	Medical	Yes
Tuition or educational classes	NA	No
UV protection clothing	NA	No
Vaccinations	Medical	Yes
Varicose vein removal surgery	Medical	Yes
Vasectomy	Medical	Yes
Viagra and similar prescription medications	Pharmacy	Yes
Vision	Vision	Yes
Vision co-insurance	Vision	Yes
Vision co-payment	Vision	Yes
Vision insurance or plan premiums	NA	No
Vitamins (over-the-counter, for general health purposes)	NA	No
Vitamins (prescription)	Pharmacy	Yes
Weight loss counseling	Medical	Maybe
Weight loss foods	NA	No
Weight loss program (to improve or maintain general health)	NA	No
Weight loss program or drugs (for treatment of a medical condition)	Medical	Maybe
Wheelchair and repairs	Medical	Yes
X-ray (medical)	Medical	Yes
X-ray fees (dental)	Dental	Yes
X-ray fees (medical)	Medical	Yes

*The HSA-Compatible FSA (when available and if applicable) does not cover any Medical or Pharmacy expenses. Log on to www.wageworks.com to learn more about the HSA-Compatible FSA Option.

Health Care Expenses

You can pay for eligible expenses that require Basic proof using your Health Care Choice Card, Pay My Provider or Pay Me Back. For expenses requiring more than Basic proof, you will need to use an alternate payment method and then file a Pay Me Back claim—along with the required additional information—to get reimbursed.

Proof of Expense

BASIC

You must provide proof for each expense listed on your Pay Me Back claim form. Your proof should be appropriate for the type of expense:

- Pharmacy receipt for prescriptions and other pharmacy purchases
- Doctor's receipt for office visit
- Explanation of Benefits (EOB) from your insurance or health plan, for covered medical and dental expenses
- Bill or invoice from doctor or dentist for expenses not covered by your insurance or health plan
- Payment contract, monthly payment coupon or statement from your orthodontist
- Receipt from your optometrist or other medical service provider

BASIC+

Same as Basic, plus a written statement from your provider indicating (1) the diagnosis and (2) the medical necessity of the product or service.

BASIC++

Same as Basic+, plus proof of difference in cost: (1) the cost of standard, unmodified item and (2) the cost of special or modified item. The reimbursable amount is the difference between these two.

Health Care Choice FSA Rules

The following rules are dictated by IRS regulations:

1. By enrolling in the plan, you authorize your employer to deduct your election amount from your paycheck on a pre-tax basis.
2. Your account can be used to pay for eligible expenses incurred while you are enrolled during the plan year. Expenses are considered incurred on the day of service, not when you are billed or pay.
3. Your account cannot be used to pay for expenses incurred before or after you are covered under this plan or for services you plan to receive in the future.
4. Your account can only be used to pay for medically necessary and eligible health care expenses for which you have not and will not seek reimbursement from any other health plan or source.
5. Each time you use the card, you authorize that you are paying for eligible expenses incurred by you or an eligible dependent during your current coverage period and that you have not and will not seek reimbursement for these expenses from any other health plan or source.
6. You cannot take a deduction or a tax credit on your tax return form for any health care expense paid for through this account.
7. You are responsible for maintaining documentation (e.g. detailed receipts) to verify your expenses (the nature of each expense, the amount and the date incurred). Keep these with your other important tax papers for the calendar year. You may be requested to submit these per your monthly statement.
8. You will have until your Claim It by date to get reimbursed from your account (by filing a Pay Me Back claim form) for eligible expenses incurred before your Spend It by date. Both dates are displayed online and on your monthly account statement and subject to change should you stop participating in this plan before the end of the plan year.
9. Be sure to incur eligible expenses totaling your election amount before your Spend It by date. Any balance remaining in your account after your Claim It by date cannot be rolled over or paid out to you and will be forfeited.
10. If you want to participate during the next plan year, you will need to re-enroll during the open enrollment period. We are not allowed to keep you enrolled or automatically re-enroll you.
11. You may be able to enroll, change or cancel your enrollment during the plan year if you have experienced a qualified change as defined and if allowed by your employer's plan.
12. Participation in this plan reduces your taxable income and may affect other compensation-based benefits such as life, disability and Social Security.
13. Consult a tax advisor if you have any questions regarding your personal situation.

Dependent Care Choice FSA

Dependent Care Pay My Provider

Pay your providers directly from your Dependent Care Choice FSA.

Why Use Pay My Provider

- No claims to file; no need to get reimbursed
- Works like a bill pay service
- Deducts automatically from your Dependent Care Choice FSA
- Most convenient way to pay for eligible dependent care services on a monthly basis

When to Use Pay My Provider

- You have predictable dependent care expenses each month
- Your dependent care provider does not require payment in advance (before the first of the month) and will accept monthly payments

How to Use Pay My Provider

1. Log on to www.wageworks.com
2. Click on the “Dependent Care” tab
3. Click “Request Pay My Provider”
4. Confirm or enter your email address
5. Enter your provider information
6. Enter dependent information
7. Enter your payment amount
8. WageWorks will make the requested payment from your account and mail it directly to your provider
9. WageWorks will send you an email each time a requested payment is made

Dependent Care Pay Me Back

Get reimbursed from your Dependent Care Choice FSA for eligible expenses you pay for out of pocket.

When to Use Pay Me Back

Some expenses are easier to pay for first, and then get reimbursed. For example:

- When your provider requires you to pay in advance (before the first of the month during which services will be provided). Pay for the services as required, and then file your claim after you have received the service.
- Your provider wants to get paid other than monthly
- Your expenses vary month to month

How to Use Pay Me Back

- Pay your dependent care provider as you usually do and save your detailed receipt (or have your dependent care provider sign your claim form).
- Complete a Dependent Care Pay Me Back form, which can be downloaded from the Print Forms page at www.wageworks.com.
- Fax your form and proof of expense to the toll-free number indicated on the form.
- Or, mail your form and photocopies of your proof of expense to the address indicated on the form.
- Check your claims status online anytime by logging on to www.wageworks.com.
- All claims (including resubmissions) must be received no later than your Claim It by date (displayed on your monthly statement) to be eligible for reimbursement.

Who’s Covered by Your Dependent Care Choice FSA?

You can use your Dependent Care Choice FSA to pay for work-related care for your eligible dependents:

- Your qualifying child—under the age of 13
- Your spouse, or qualifying child or relative—who is physically or mentally incapable of self care*

*Special rules allow a dependent to be eligible for this plan even when that dependent does not qualify to be claimed as your tax dependent on your tax return form. For more information, go to www.wageworks.com/forms/dcdependents.pdf and contact your personal tax advisor.

What’s Covered by Your Dependent Care Choice Account?

All of the following must be true about the dependent care:

- The care is provided while you work or to enable you to work. If you are married, the care is provided while your spouse also works or to enable your spouse to work or go to school full-time (at least five months a year) or while your spouse is incapable of self-care.
- The care may be provided by a relative or a non-relative, but is not provided by your child under the age of 19 (tax dependent or not) or another tax dependent.
- Your care provider conforms to state and local laws (including being licensed, if required) and is able to provide you with his/her Social Security or Tax ID number. You will need this to request a payment or file a claim.

Proof of Expense

You must provide proof for each dependent care service listed on your Pay Me Back claim form. Your proof should be appropriate for the type of expense:

- Your provider’s signature in the designated area on your claim form
- Photocopy of your cancelled check (front and back)
- Formal or informal statement or bill from your provider

Dependent Care Service	Covered?
Adult day care center	Yes
After school program	Yes
Au pair	Yes
Babysitting (not work-related, for other purpose)	No
Babysitting (work-related, in your home or someone else's)	Yes
Babysitting by your relative who is not a tax dependent (work-related)	Yes
Babysitting by your tax dependent (work-related or for other purpose)	No
Before- or after-school program	Yes
Child care	Yes
Custodial elder care (not work-related, for other purpose)	No
Custodial elder care (work-related)	Yes
Dance lessons	No
Day nursing care	No
Dependent or elder care (while you work, to enable you to work or look for work)	Yes
Educational services (for preschool)	Yes
Educational, learning or study skills services	No
Elder care (in your home or someone else's)	Yes
Extended care (supervised program before or after regular school hours)	Yes
Household services (housekeeper, maid, cook, etc.)	No
Housekeeper who cares for child (only portion of payment attributable to work-related child care)	Yes
Kindergarten tuition	No
Language classes	No
Medical care	No
Nanny	Yes
Nursery school	Yes
Nursing home care	No
Payroll taxes related to eligible care	Yes
Piano lessons	No
Preschool	Yes
Private school tuition (for kindergarten and up)	No
School tuition	No
Senior day care	Yes
Sick child care	Yes
Sleep-away camp	No
Summer day camp	Yes
Transportation to and from eligible care	No
Tutoring	No

Dependent Care Choice FSA Rules

The following rules are dictated by IRS regulations:

1. By enrolling in the plan, you authorize your employer to deduct your election amount from your paycheck on a pre-tax basis.
2. Your account can be used to pay for eligible services incurred while you are enrolled during the plan year. Expenses are considered incurred on the day of service, not when you are billed or pay.
3. Your account cannot be used to pay for expenses incurred before or after you are covered under this plan or for services you plan to receive in the future. If you must pay for a service in advance, you can file a claim for reimbursement only after you begin to receive that service.
4. You will need to provide the Social Security or Tax ID number of your dependent care provider to request payments or get reimbursed from your Dependent Care Choice FSA. You will also be required to report it to the IRS when you file your tax return form.
5. Your account can only be used to pay for work-related and eligible dependent care expenses for which you have not and will not seek reimbursement from any other plan or source.
6. You cannot take a deduction or a tax credit on your tax return form for any dependent care expense paid for through this account.
7. You are responsible for maintaining documentation (e.g. detailed receipts) to verify your expenses (the nature of each expense, the amount and the date incurred). Keep these with your other important tax papers for the calendar year.
8. You will have until your Claim It by date to get reimbursed from your account (by filing a Pay Me Back claim form) for eligible expenses incurred before your Spend It by date. Both dates are displayed online and on your monthly account statement and subject to change should you stop participating in this plan before the end of the plan year.
9. Be sure to incur eligible expenses totaling your election amount before your Spend It by date. Any balance remaining in your account after your Claim It by date cannot be rolled over or paid out to you and will be forfeited.
10. If you want to participate during the next plan year, you will need to re-enroll during the open enrollment period. We are not allowed to keep you enrolled or automatically re-enroll you.
11. You may be able to enroll, change or cancel your enrollment during the plan year if you have experienced a qualified change as defined and if allowed by your employer's plan.
12. Participation in this plan reduces your taxable income and may affect other compensation-based benefits such as life, disability and Social Security.
13. Consult a tax advisor if you have any questions regarding your personal situation.

Guide to Health Care Choice FSA and
Dependent Care Choice FSA

Learn everything you need to know about using your accounts:

- How to use WageWorks' convenient payment options
- Which products and services are eligible
- How to manage your account online