



# FSA (HEALTH & DEPENDENT CARE)

## ENROLLMENT BOOKLET

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# It's Time to Enroll in Flex Benefits



## Flexible Spending Accounts (FSA) are a great way to save taxes on money you spend for medical and dependent care expenses

That's because you do not pay income tax or Social Security tax on your election amount (the money you set aside). A Health FSA account is used for medical expenses, and a Dependent Care Assistance Plan (DCAP) account is used for child care expenses.

### Health FSA

In a Health FSA account, you can put aside funds (up to **\$2,650** per year, depending on your plan) to pay for unreimbursed medical, dental and vision expenses (that is, bills that are not paid by any insurance). This money is deducted from your pay before Federal and State withholding and FICA taxes are calculated.

To access your FSA funds to pay medical expenses, just use your Mastercard® debit card to pay the bill (avoiding out-of-pocket cost), or file a manual claim for reimbursement by fax, email, postal mail, online, or via mobile app. Reimbursements can be deposited directly into your bank account.

To see a list of qualified and non-qualified medical expenses, visit [www.datapathadmin.com](http://www.datapathadmin.com).

### Dependent Care Assistance Plan

The Internal Revenue Service (IRS) permits you to exclude from gross income a certain amount of the dependent care expenses that you pay in order to work or look for work, and provides two methods for you to do this. Under IRC §21, you can deduct qualified expenses as a Dependent Care Tax Credit when filing your annual income tax return. Alternatively, IRC §129 allows you to participate in a Dependent Care Assistance Plan (DCAP) through your employer's cafeteria plan. The maximum that can be set aside under this

plan is set by the IRS at \$5,000 per year per family. DCAP applies to children from birth until their 13th birthday and can reimburse for daycare, preschool and pre-kindergarten, before- and after-school care, and summer camp (day camp only).

Depending on your plan, you will receive either the yellow mySourceCard® or the blue Summit debit card.



Your employer is offering a healthcare debit card to allow you to pay for eligible expenses without being out-of-pocket and waiting for reimbursement. The debit card is a payment facilitator that can be used at healthcare facilities, doctors, dentists and orthodontists, vision care providers, drug stores, and selected retailers.

When using your debit card, keep all receipts. Your debit card will be automatically approved when used for FSA-eligible items at any approved IAS Qualified Merchant (examples of qualified merchants include Walmart, Sam's Club, Target, Walgreens, CVS, Freds, Kroger, FSASore.com, and HSASore.com).

*Effective 1/1/11, over-the-counter drugs and medicines are not reimbursable from an FSA, HRA, or HSA account without a doctor's prescription. This applies to all participants in accordance with the Tax Credit Reconciliation Act of 2010 and the PPACA Health Care Act.*



# How Much Can I Save?

## Annual Tax Savings Calculator

Example Based on Arkansas Resident  
Married Filing Jointly

### Without a Section 125 Cafeteria Plan

|   |              |
|---|--------------|
| Gross Taxable Income.....                     | \$38,000     |
| Federal Income Tax.....                       | \$ 3,490     |
| Social Security/Medicare Taxes.....           | \$ 2,907     |
| State Income Tax.....                         | \$ 1,534     |
| <br>Spendable Income .....                    | <br>\$30,069 |
| Less Dependent Day Care Expense.....          | \$ 5,000     |
| Less Out-of-Pocket Medical/Dental/Vision..... | \$ 2,000     |

**Net Take-Home Pay..... \$23,069**

### With a Section 125 Cafeteria Plan

|   |              |
|---|--------------|
| Gross Taxable Income.....                     | \$38,000     |
| Less Dependent Day Care Expense.....          | \$ 5,000     |
| Less Out-of-Pocket Medical/Dental/Vision..... | \$ 2,000     |
| <br>Taxable Income.....                       | <br>\$31,000 |
| Federal Income Tax.....                       | \$ 2,440     |
| Social Security/Medicare Taxes.....           | \$ 2,372     |
| State Income Tax.....                         | \$ 1,112     |

**Net Take-Home Pay..... \$25,076**

*Increase In Annual Spendable Income Through  
Section 125 Plan For This Sample Participant*

**\$2,007**

## FSA Worksheet

Use this to estimate the amount you want to set aside in your flexible spending accounts

|                             |          |
|-----------------------------|----------|
| Insurance Deductibles ..... | \$ _____ |
| Insurance Co-Pays.....      | \$ _____ |
| Dental Deductibles.....     | \$ _____ |
| Dental Expenses .....       | \$ _____ |
| Vision Deductibles.....     | \$ _____ |
| Vision Expenses .....       | \$ _____ |
| Hearing Expenses.....       | \$ _____ |
| Prescriptions.....          | \$ _____ |
| Medical Equipment.....      | \$ _____ |
| Chiropractor.....           | \$ _____ |
| Other Medical Expenses..... | \$ _____ |

Total Out-of-Pocket  
Medical Expenses..... \$ \_\_\_\_\_

Divide by No. of Pay  
Periods Per Year..... ÷ \_\_\_\_\_

= Per-Payroll Deduction  
For Health FSA..... \$ \_\_\_\_\_

### Dependent Care for Children under 13 years of age

Cost Per Week .....

\$ \_\_\_\_\_

Multiply by 52 weeks..... X \_\_\_\_\_

Total Annual Cost..... \$ \_\_\_\_\_  
(Maximum \$5,000)

Divide by No. of Pay  
Periods Per Year..... ÷ \_\_\_\_\_

= Per-Payroll Deduction  
For DCAP .....

\$ \_\_\_\_\_

# Health FSAs & DCAP FAQs



**Q:** What if I am not covered or I do not have my dependents covered under my company's health insurance plan?

**A:** You and your family can still participate in the Health FSA or DCAP reimbursement account.

**Q:** Why should I participate in the Health FSA when I already have health insurance?

**A:** The Health FSA is used to pay for expenses that are not covered by most health insurance policies, such as co-payments, co-insurance, prescription drugs, glasses and contacts, orthodontics, dental care, and certain over-the-counter items, to name a few.

**Q:** When must expenses be incurred in order to receive reimbursement under the Health FSA?

**A:** Eligible medical expenses must be incurred during the plan year and while you are a Plan participant. "Incurred" means that the service or treatment has been provided. If you pay for an eligible expense in advance, you cannot be reimbursed until the service or treatment has actually been received. You also cannot be reimbursed with current plan year funds for expenses incurred:

- Before the plan year began;
- Before your election form became effective;
- After the close of the plan year; or,
- After a job separation or loss of eligibility (unless incurred during an applicable COBRA continuation period).

**Q:** What if I have a claim early in the plan year and do not have enough money in my account?

**A:** You are eligible for 100% of your Health FSA election at the start of the plan year, due to a provision called the "Uniform Coverage Rule." This gives you the ability to budget your expenses and spread them out over the entire year. Your payroll deductions will continue throughout the plan year to catch up on any expenses you have been advanced. For the DCAP account, you will be reimbursed as your deductions are deposited with your employer.

**Q:** Do I need to have lots of expenses?

**A:** No. You should put aside only enough funds to cover what you expect to spend during the plan year. If you do not use the money, the IRS mandates that you lose it, unless your plan has adopted a special provision that allows unspent Health FSA monies (up to a maximum of \$500) to be carried over to the next plan year. Review your Summary Plan Description (SPD) to see if your plan includes the Carryover provision.

**Q:** If I put my own pre-tax money in a spending account, why would I lose it if I don't spend it?

**A:** This is an IRS requirement. If your plan does not include Carryover, you may have a grace period of up to 2 1/2 months from the end of the plan year to incur more claims before losing leftover funds. You may also have a run-out period from the end of the plan year to submit eligible claims. Refer to your SPD.

**Q:** How do I figure how much to set aside?

**A:** Review receipts and check registers to see what you typically spend out-of-pocket on medical expenses for yourself and qualified family members. Then think about what might be different this year that will cause an increase or decrease.

**Q:** What is the minimum/maximum amount that I can put into my account?

**A:** These amounts are determined by your employer and specified in your SPD. The maximum cannot exceed the following IRS-mandated maximums:

- **Health FSA:** \$2,650 per participant per plan year
- **DCAP:** \$5,000 per plan year/calendar year for head of household or married filing jointly; \$2,500 per plan year/calendar year for married filing separately.

**Q:** What is required as claims documentation?

**A:** You must submit a copy of your statement, invoice, visit record, explanation of benefits (EOB), or other document that shows the date and type of service, amount charged, and provider. Canceled checks and credit card slips are not qualified receipts.

**Q:** Can I change my contributions during the year?

**A:** Only if you experience a qualified change of status, such as marriage, divorce, birth, adoption, or a change in your or your spouse's employment status.

**Q:** Can DCAP expenses be reimbursed at the beginning of the month for care that will be provided later in that month?

**A:** No, regulations require that DCAP claims can only be reimbursed when a service has actually been incurred. If you pay in advance for a certain period of time, you cannot be reimbursed until the period has ended (i.e., until the care has been received).

**Q:** Can an employee who participates in DCAP also claim the Dependent Care Tax Credit?

**A:** There is no 'double-dipping.' If you are using a DCAP you may not also elect the tax credit on the same money. Please consult with a tax preparer for more information.



# Eligible/Non-Eligible Expenses



## FSA/HSA Eligible Health Care Expenses

Please note that we do not intend this list to be comprehensive tax advice. For more detailed information, please consult IRS Publication 502 or see your tax advisor. **\*If prescribed for a particular ailment or medical condition; provider letter required.**

|  |   |   |
|--|---|---|
| Acupuncture  | Eye examinations and eyeglasses         | Physical exams (except for employment-related physicals)                  |
| Alcoholism treatment   | Home health and/or hospice care         | Physical therapy  |
| Allergy shots and testing  | Hospital services                       | Psychiatric care, (psychologists, psychotherapists)                       |
| Ambulance (ground or air)  | Insulin                                 | Radial keratotomy   |
| Artificial limbs   | Laboratory fees                         | Schools (special, relief, or handicapped)                                 |
| Blind services and equipment   | LASIK eye surgery                       | Sexual dysfunction treatment  |
| Car controls for handicapped*  | Medical alert (bracelet, necklace)      | Smoking cessation programs  |
| Chiropractor services  | Medical monitoring and testing devices* | Surgical fees   |
| Coinsurance and deductibles  | Nursing services                        | Television or telephone for the hearing impaired                          |
| Contact lenses   | Obstetrical expenses                    | Therapy treatments*   |
| Crutches, wheelchairs, walkers hearing aid animal & care, lip reading expenses, modified telephone, etc. | Occlusal guards                         | Transportation (essentially and primarily for medical care; limits apply) |
| Dental treatment   | Operations and surgeries (legal)        | Vaccinations  |
| Dentures   | Optometrists                            | Vitamins*   |
| Diagnostic tests   | Orthodontia                             | Weight loss programs*   |
| Doctor's fees  | Orthopedic services                     | X-rays  |
| Drug addiction treatment & facilities  | Osteopaths                              |   |
| Drugs (prescription)   | Oxygen/oxygen equipment                 |   |

## Important Notice About Over-the-Counter (OTC) Medications

OTC medications require a doctor's prescription to be eligible for FSA/HSA reimbursement. For that reason, OTC medications cannot be purchased using your benefits debit card unless dispensed by a pharmacy the same as a standard prescription (with an Rx number). If a manual claim is submitted for purchase of an OTC medication, both a copy of the prescription and the purchase receipt must be included to receive reimbursement.

Non-medicated OTC products (diabetes test strips, saline solution, bandaids, etc.) do not require a prescription. You can use either your debit card to purchase these items or submit the purchase receipt for reimbursement.

## FSA/HSA Eligible OTC Medications and Products

### **COPY OF PRESCRIPTION AS WELL AS DETAILED RECEIPT REQUIRED FOR REIMBURSEMENT:**

Acne medications & treatments  
Allergy & sinus, cold, flu & cough remedies (antihistamines, decongestants, cough syrups, cough drops, nasal sprays, medicated rubs, etc.)  
Antacids & acid controllers (tablets, liquids, capsules)  
Antibiotic & antiseptic sprays, creams & ointments  
Anti-diarrheals  
Anti-fungals  
Anti-gas & stomach remedies  
Anti-itch & insect bite remedies  
Anti-parasitics  
Digestive aids

Baby care (diaper rash ointments, teething gel, rehydration fluids, etc.)  
Contraceptives (condoms, gels, foams, suppositories, etc.)  
Eczema & psoriasis remedies  
Eye drops, ear drops, nasal sprays  
First aid kits  
Hemorrhoidal preparations  
Hydrogen peroxide, rubbing alcohol  
Laxatives  
Medicated bandaids & dressings  
Motion sickness remedies  
Nicotine patches and medications (smoking cessation aids)  
Pain relievers (aspirin, ibuprofen, acetaminophen, naproxen, etc.)  
Sleep aids & sedatives  
Wart removal remedies, corn patches

### **ELIGIBLE FOR REIMBURSEMENT WITH DETAILED RECEIPT ONLY (NO PRESCRIPTION REQUIRED):**

Breast pumps for nursing mothers  
Braces & supports  
Contact lens solution  
CPAP equipment & supplies  
OTC varieties of Insulin  
Diabetic testing supplies/equipment  
Durable medical equipment (power chairs, walkers, wheelchairs, etc.)  
Home diagnostic (pregnancy tests, ovulation kits, thermometers, blood pressure monitors, etc.)  
Non-medicated bandaids, (rolled bandages & dressings)  
Reading glasses

**All OTC items listed are examples.**

## FSA/HSA Non-Eligible Health Care Expenses

Advance payment for services to be rendered  
 Automobile insurance premium allocable to medical coverage  
 Boarding school fees  
 Body piercing  
 Bottled water  
 Chauffeur services  
 Controlled substances  
 Cosmetic surgery and procedures  
 Cosmetic dental procedures  
 Dancing lessons  
 Diapers for Infants  
 Diaper service  
 Ear piercing

Electrolysis  
 Fees written off by provider  
 Food supplements  
 Funeral, cremation, or burial expenses  
 Hair transplant  
 Herbs & herbal supplements  
 Household & domestic help  
 Health programs, health clubs, and gyms  
 Illegal operations and treatments  
 Illegally procured drugs  
 Insurance premiums  
*(not reimbursable under FSA)*  
 Long-term care services  
 Maternity clothes  
 Medical savings accounts

Premiums for life insurance, income protection, disability, loss of limbs, sight or similar benefits  
 Personal items  
 Preferred provider discounts  
 Social activities  
 Special foods and beverages  
 Swimming lessons  
 Tattoos/tattoo removal  
 Teeth whitening  
 Transportation expenses to & from work  
 Travel for general health improvement  
 Uniforms  
 Vitamins & supplements without prescription

## FSA/HSA Non-Eligible OTC Products

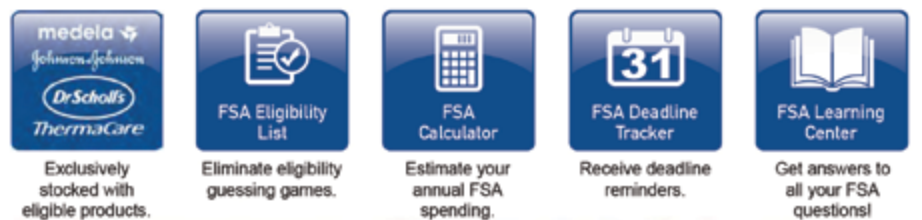
*The following are examples of Over-the-Counter (OTC) medications and products which are NOT ELIGIBLE for FSA/HSA reimbursement.*

Aromatherapy  
 Baby bottles & cups  
 Baby oil  
 Baby wipes  
 Breast enhancement system  
 Cosmetics (including face cream & moisturizer)  
 Cotton swabs  
 Dental floss  
 Deodorants & anti-perspirants  
 Dietary supplements  
 Feminine care items  
 Fiber supplements  
 Food  
 Fragrances  
 Hair regrowth preparations  
 Herbs & herbal supplements  
 Hygiene products & similar items  
 Low-carb & low-fat foods  
 Low calorie foods  
 Lip balm  
 Medicated shampoos & soaps  
 Petroleum jelly  
 Shampoo & conditioner  
 Spa salts  
 Suntan lotion  
 Toiletries (including toothpaste)  
 Vitamins & supplements without prescription  
 Weight loss drugs for general well-being

**DataPath Administrative Services** partners with **FSA Store**, the only e-commerce site exclusively stocked with FSA-eligible products, to help you spend down and manage your FSA. **FSA Store** and **DataPath Administrative Services** work together to eliminate the guess work behind what is reimbursable by an FSA.

Our partnership gives you access to online tools such as a Dynamic Eligibility List, an FSA Calculator, and a Learning Center to help answer all your FSA questions.

Visit [FSASTORE.COM/DPASOE](http://FSASTORE.COM/DPASOE) Today!





**FSA Store**  
THE FLEXIBLE SPENDING ACCOUNT SITE

Spend down and manage your FSA

code DPASOE exp 12/31/18

\$10 OFF

1 use per customer. Cannot be combined with other offers.

# Healthcare Debit Card FAQs



**Q: What is the healthcare debit card?**

**A:** The debit card is a limited-use Mastercard®, a payment facilitator that lets you pay for qualified expenses without being out-of-pocket and having to wait for reimbursement.

**Q: What can I use the debit card to pay for?**

**A:** You can use your card to pay for qualified goods and services that you previously would have paid for out-of-pocket and then submitted a claim to to your administrator for reimbursement.

**Q: How do I use the healthcare debit card?**

**A:** Present the debit card as payment for qualified goods and services. The amount of the transaction will be paid directly from the available balance in your reimbursement account.

**Q: Since this is a debit card, do I need a PIN?**

**A:** You may request a PIN, but it is not required. If presented with the option between Debit or Credit and you do not have a PIN, choose Credit.

**Q: Does the provider have to do anything different to take the healthcare debit card?**

**A:** No, the card is compatible with standard Mastercard processing systems. The only requirement is that the provider's credit card Merchant Category Code matches one of those assigned to qualified goods and services. (For example, the card will not work at a gas station, sporting goods store, dog kennel, hair salon, etc.)

**Q: What happens after I swipe the card?**

**A:** As soon as a transaction is authorized, your "purse value" (the amount of money available to spend on your card) is reduced by the transaction amount. Depending on your plan, within moments you will either receive an email or see an alert in your mobile account that confirms the transaction and shows your remaining balance after the transaction has been deducted.

**Q: Do I ever have to send in receipts or other supporting documentation?**

**A:** Always keep your receipts. All card transactions must be substantiated (verified). If the transaction did not auto-substantiate, then you will need to send in a signed claim form and valid receipt showing the date of service, type of service, provider name and address,

and amount of payment. Credit card slips are not valid receipts. Certain merchants have adopted an inventory control standard (IIAS) that cancels out the need for a receipt in nearly all cases. Transactions with these merchants (including Walmart, Walgreens, Target, Kroger, Harps, Kmart, Sam's Club, and many others; see our website for latest list) should automatically substantiate.

**Q: What happens if I am required to send in a receipt but don't do so promptly?**

**A:** If you have a pending card transaction that has not been substantiated with a receipt within a certain period of time (depending on your plan, typically either 30 or 60 days), your card may be temporarily blocked from further use until the transaction is either substantiated, paid back, or offset with manual claims.

**Q: What if there is not enough money in my account when I swipe the card?**

**A:** If the transaction exceeds the available balance in the account you are trying to draw against, the transaction usually will be declined. Some merchants do have the capability of accepting "split tender" which will only pull the amount off your card that's available and then ask for a different form of payment for the rest.

**Q: Are there any transaction limits?**

**A:** Both the per-transaction and the accumulated daily transaction limits are \$5,000, even if you have more in your account.

**Q: How can I check on my account balance, transactions status, etc.?**

**A:** You have online account access 24 hours a day at our website. To log in for the first time, refer to the welcome email that we send after enrollment.

**Q: What if I still need help after looking at my online account?**

**A:** Call 866-207-3028 Monday through Friday 8:00 am to 5:00 pm (Central time) or email your questions to [vtsupport@datapathadmin.com](mailto:vtsupport@datapathadmin.com).



# Many More Reasons to Sign Up for the Healthcare Debit Card

Reimbursements will be automatically approved when you use your healthcare debit card for prescriptions and FSA-eligible/non-medication OTC items at approved locations including:



## For Additional Locations

Visit our website to view the current **IIAS Qualified Merchant List**.

When you use your healthcare debit card at any of these merchants, only expenses that are FSA-eligible will be paid by the card, eliminating the need to submit a claim form and receipts for substantiation and reimbursement to the card.

You may also use your card at medical merchants, including Physician Providers, Dental Providers, Vision Providers and Hospitals.



# Welcome to Mobile myRSC<sup>SM</sup>



**\* FOR PLANS THAT USE THE YELLOW MYSOURCECARD® \***

## Benefits at Your Fingertips

You can now access your employee benefits account information on your smartphone with the Mobile myRSC<sup>SM</sup> app for iPhone® and Android®.

## What You Can Do with Mobile myRSC

### ▶ View Accounts

Including detailed account and balance information

### ▶ Card Activity

Account information

### ▶ Manage Subscriptions

Set up email notifications to keep you up-to-date on all account and health debit card activity

### ▶ SnapClaim™

Our Mobile App for iPhone® and Android® with integrated SnapClaim™ technology allows claims filing using your smartphone! Just open a claim using the mobile app, fill in some details onscreen, take a photo of your receipt with your smartphone camera, and upload. Claims filing couldn't be easier!

## Locating and Loading theApp

Simply search for “myRSC” on the App Store for Apple products or on the Google Play Store for Android products, and then load as you would any other app.

## Logging In

Access the mobile services using the same username and password you use to log in to the full myRSC website. After logging in, you will be on the home page which will list your options.

## Getting Help

Click the Help button at the bottom right of all Mobile myRSC pages to access contact information for your administrator, who will be able to provide assistance.

## Going Home

Press the Home button on the bottom left corner of any page to return to the home page.



# Mobile myRSC<sup>SM</sup> Quick-Start Guide

## Logging In

Open the Mobile myRSC<sup>SM</sup> app or point your browser to:  
<https://mobile.myrsc.com>.

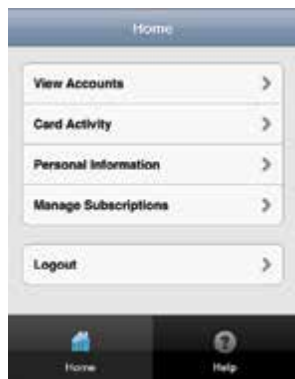


The first page that loads is the login screen. Use the same username and password that you use to log in to the full myRSC website.

*NOTE: The mobile site is optimized to work on Safari on an iOS, the default Android Browser, or Chrome on Android 4.x. If you are using an older browser, you will automatically be redirected to the classic myRSC site.*

## The Home Page

Once you log in, you are on the Home page. This page lists all available options you have on the mobile site:



- ▶ **View Accounts:** View the balance and details of your Health Reimbursement Account (HRA), Health Savings Account (HSA), or Flex Spending Accounts (FSA). You may have one or more of these accounts available to you, depending on your company's benefit package
- ▶ **Card Activity:** View all card transactions and card details
- ▶ **Personal Information:** View or edit your personal information
- ▶ **Manage Subscriptions:** Change the emails and notifications sent by myRSC
- ▶ **Logout:** Logs you out of your account
- ▶ **Home and Help:** Home brings you back to this screen and Help provides contact information regarding your benefits

## Account Summary

When you select the **View Accounts** option, the page displays only the benefits for which you are subscribed. Your display may look very different than the screen shot pictured here. Select the benefit you wish to view to see unresolved transactions, benefit summary data, and details of claims and reimbursements.



## Card Activity

The **Card Activity** page gives you the option to view the transaction details or account details of your debit card.



Selecting **View Transaction Detail** takes you to the Transaction Overview page. Select the month and year for the card activity you want to view. Only the transactions for the month and year you choose will be displayed. Clicking on a particular transaction lets you see the details of that card swipe.

Selecting **View Account Detail** lists all cardholders on your plan. You can then select the person's name and see the account details associated with that card. You also have the option of blocking a card.





# Welcome to Mobile Summit



**\* FOR PLANS THAT USE THE BLUE SUMMIT CARD® \***

## Benefits at Your Fingertips

Access your employee benefits account information on your smartphone with the Mobile Summit app for iPhone® and Android®.

## What You Can Do with Mobile Summit

- ✓ **View Accounts** – Access detailed balance and account information, including alerts.
- ✓ **Card Activity** – Review transaction information, including whether receipts are needed.
- ✓ **SnapClaim™** – Our mobile app for iPhone® and Android® with integrated SnapClaim™ technology allows claims filing using your smartphone! Just open a claim using Mobile Summit, fill in some details onscreen, take a photo of the receipt with your smartphone camera, and upload. Claims filing couldn't be easier! You can also upload receipt documentation for pending card transactions.



## Locating and Loading the Mobile Summit App

Search for “Mobile Summit” on the App Store™ for Apple products or in the Google Play Store™ for Android products, and load as you would any other app.

## Logging in

Mobile Summit uses the same login credentials as the online participant account portal. If you have already registered online, log in to Mobile Summit using the same username, password, and TPA code.\* If you have not already registered online, you can register directly through the Mobile Summit app and thereafter use the same username, password, and TPA code to log in to your online participant account portal. After logging in to the Mobile Summit app, you will be on the home page which lists your navigation options.

*\*Our TPA Code is 10. If you do not remember that code when attempting to log in, you can instead enter in this field the web address of our online Summit participant account portal:  
[www.datapathadmin.summitfor.me](http://www.datapathadmin.summitfor.me)*

## Getting Help

Click the Contact button at the bottom of the home page to access contact information for your administrator, who will be able to provide assistance.

# summit Mobile Quick Start Guide



## Logging In

Open the Mobile Summit app. The first page that loads is the login screen. Use the same username and password to log in to Mobile Summit that you use to log in to the full Summit site online.

## What You Can Do with Mobile Summit

Once you log in, the Home page displays on the screen. Tap the icons to access the available features:



### Accounts –

View a list of all your accounts (FSA, HRA, HSA, Transit) and available funds. The list of accounts will vary based on your company's benefits package. Select an account to view Annual Elections, Reimbursements, Available Balance, and Contributions. You may even access the transaction history from the account screen. Dependents who are linked to the specific account are listed.



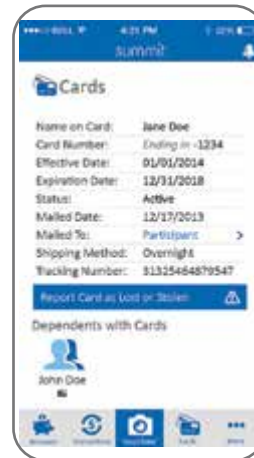
### SnapClaim™ –

SnapClaim is a quick, convenient, and secure way to file claims using your smartphone's camera. On the SnapClaim screen, enter claim information including Claimant, Service Dates, Amount, Provider/Merchant, and Reimbursement Method, then upload a photo of the receipt or EOB, and submit for processing.



### Transactions –

Access a list of transactions across all accounts, sorted by date. Click on any transaction to view specific details. For any debit card transactions requiring receipts, click the +Receipts link to upload photos of the associated receipts or EOBs from your smartphone's camera.



### Cards –

View card details, including Name on Card, Card Number, Expiration Date, and Status. You may also view dependents who hold cards. If your card is lost or stolen, you may report it through this screen.



**Profile** – Access your profile and view information. You may edit information from this screen.



**Alerts** – View all alerts for your accounts and cards.



**Contact** – View contact info for your plan administrator, including phone number, website, and email address.



# How To Submit A Reimbursement Claim (FSA)



*All sections of the claim form must be completed in order to receive reimbursement.*

## Claim Form Section 1: Employee Information

The following information must be included for each claim:

- Employee (Participant) Social Security Number
- Employee Name
- Employee Address
- Employee Phone Number

## Claim Form Section 2: Claim Information

The following must be included for each claim:

### For Medical Expenses

- Date of Service
- Description of Service
- Patient Name
- Amount of Claim
- Name of Provider

### For Dependent Care Expenses:

- Date of Service
- Care Provider Address
- Dependent Name
- Provider Tax ID/SSN
- Dependent Age
- Amount of Claim
- Name of Care Provider

**For Medical Expenses**, you must provide a provider receipt or insurance carrier explanation of benefits (EOB) that contains ALL of the information listed under “For Medical Expenses” above.

Cancelled checks, non-detailed credit card receipts, or generic cash receipts do not provide all the information necessary to substantiate claims and cannot be accepted. Statements with “Previous Balance”, “Balance Forward”, or “Paid on Account” do not contain all of the necessary information and cannot be accepted.

**For Dependent Day Care Expenses**, you must provide either a receipt that contains ALL of the information listed under “For Dependent Day Care Expenses” or a signature of the Care Provider on the completed claim form. Expenses submitted for Dependent Care reimbursement must allow the participant to be gainfully employed (or looking for work). Overnight camps, extracurricular activity fees, care for children over the age of 12, and private school fees (for grades Kindergarten and up) are not eligible expenses for Dependent Care reimbursement.

## Claim Form Section 3: Signature

The participant must sign and date the claim form in order for the claims to be reimbursed.

## For Reimbursement

- Upload with the mobile app or,
- Enter the claim online and upload receipts via the participant portal; or,
- Fax claim form and receipts to Little Rock (501) 553-9099 / Toll Free (855) 504-3457; or,
- Email claim form and receipts to [vtssupport@datapathadmin.com](mailto:vtssupport@datapathadmin.com); or,
- Mail claim form and receipt copies to: DataPath Administrative Services, 1601 Westpark Drive, Suite 9, Little Rock, AR 72204

**See our website at [datapathadmin.com](http://datapathadmin.com)** for a list of Eligible and Non-Eligible expenses for reference when submitting medical claims. You can also find a Claim Form there in the Resources section.

**For fastest reimbursement, submit claims ONLINE or via MOBILE APP, FAX, OR EMAIL**

# Claim Form – Health FSA Reimbursement or Card Substantiation

Please check here if new mailing address

Please check here if new email address

Employer Name (Please Print) \_\_\_\_\_

Employee Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Social Security Number \_\_\_\_\_ Home Phone ( ) \_\_\_\_\_ Work Phone ( ) \_\_\_\_\_

Employee Email Address \_\_\_\_\_

Please read the Reimbursement Account Rules and Claim Filing Instructions before completing this claim.  
All information below must be completed.

| Debit Card Purchase?                                     | Service Date (mm/dd/yyyy) | Patient Name & Relationship | Provider Name & Address | Description of Service | Amount |
|--|---------------------------|-----------------------------|-------------------------|------------------------|--------|
| <input type="checkbox"/> Yes <input type="checkbox"/> No |                           |                             |                         |                        | \$     |
| <input type="checkbox"/> Yes <input type="checkbox"/> No |                           |                             |                         |                        | \$     |
| <input type="checkbox"/> Yes <input type="checkbox"/> No |                           |                             |                         |                        | \$     |
| <input type="checkbox"/> Yes <input type="checkbox"/> No |                           |                             |                         |                        | \$     |
| <input type="checkbox"/> Yes <input type="checkbox"/> No |                           |                             |                         |                        | \$     |
| <input type="checkbox"/> Yes <input type="checkbox"/> No |                           |                             |                         |                        | \$     |
| <b>Total</b>   |                           |                             |                         |                        | \$     |

## Employee's Certification for Disbursement

I certify that the expenses for reimbursement requested from my accounts were incurred by me (and/or my spouse and/or eligible dependents), were not reimbursed by any other plan, and to the best of my knowledge and belief, are eligible for reimbursement under my Reimbursement Plans. I (or we) will not use the expense reimbursed through this account as deductions or credits when filing my (our) individual income tax return. I understand that any person who knowingly and with intent to injure, defraud, or deceive any insurance company, administrator, or plan service provider files a statement of claim containing false, incomplete or misleading information may be guilty of a criminal act punishable under law.

Employee's Signature \_\_\_\_\_ Date     /     /      
mm/dd/yy

For fastest reimbursement, please submit claims via FAX, EMAIL or MOBILE APP

DataPath Administrative Services, Inc.  
1601 Westpark Drive • Suite 9 • Little Rock, AR 72204 • 501-801-5317 • Toll-Free 866-207-3028 •  
Fax 501-553-9099 • Toll-Free Fax 855-504-3457 • Email: vtsupport@datapathadmin.com



# Claim Form – DCAP Reimbursement

Please check here if new mailing address

Please check here if new email address

Employer Name (Please Print) \_\_\_\_\_

Employee Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Social Security Number \_\_\_\_\_ Home Phone ( ) \_\_\_\_\_ Work Phone ( ) \_\_\_\_\_

Employee Email Address \_\_\_\_\_

## Dependent Care Claims

Please read the Reimbursement Account Rules and Claim Filing Instructions before completing this claim. Use a copy of this form if you need more space. All information below must be completed.

| Service Period |    | Dependent Name | Age | Provider Name & Address | Provider Tax ID#/SS# | Amount    |
|----------------|----|----------------|-----|-------------------------|----------------------|-----------|
| From           | To |                |     |                         |                      |           |
|                |    |                |     |                         |                      | \$        |
|                |    |                |     |                         |                      | \$        |
|                |    |                |     |                         |                      | \$        |
|                |    |                |     |                         |                      | \$        |
|                |    |                |     |                         |                      | \$        |
| <b>Total</b>   |    |                |     |                         |                      | <b>\$</b> |

## Employee's Certification for Disbursement

I certify that the expenses for reimbursement requested from my accounts were incurred by me (and/or my spouse and/or eligible dependents), were not reimbursed by any other plan, and to the best of my knowledge and belief, are eligible for reimbursement under my Reimbursement Plans. I (or we) will not use the expense reimbursed through this account as deductions or credits when filing my (our) individual income tax return. Any person who knowingly and with intent to injure, defraud, or deceive any insurance company, administrator, or plan service provider, files a statement of claim containing false, incomplete or misleading information may be guilty of a criminal act punishable under law.

Employee's Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_  
mm/dd/yy

**For fastest reimbursement, please submit claims via FAX, EMAIL or MOBILE APP**

**DataPath Administrative Services, Inc.**  
1601 Westpark Drive • Suite 9 • Little Rock, AR 72204 • 501-801-5317 • Toll-Free 866-207-3028 •  
Fax 501-553-9099 • Toll-Free Fax 855-504-3457 • Email: vtsupport@datapathadmin.com

# Claim Form – Recurring Service Reimbursement (DCAP)

This form is used to request ongoing reimbursement from your Dependent Care Assistance Plan (DCAP) account. Contributions will be reimbursed to you on a per-pay-period basis. By completing this form you will not need to provide continuing documentation. Please complete all fields and include appropriate documentation stating your child will be attending throughout the year or during specific time frames. All information must be completed by you and your dependent care facility to receive reimbursement. CLAIMS WILL NOT BE PROCESSED WITHOUT YOUR SIGNATURE AND THE PROVIDER'S SIGNATURE.

## A. Declaration of Services

I request reimbursement for the below listed time frame for qualified dependent care services. I certify that the services will be provided between the following dates:

Start Date (mm/dd/yyyy) \_\_\_\_\_ End Date \_\_\_\_\_

I have included signed copies of the independent provider's charges, in the total amount of \$ \_\_\_\_\_ for the dates indicated above.

NOTE: If you have any changes during the dates referenced above, please notify your benefits administrator.

## B. Participant Information

Employer Name (Please Print) \_\_\_\_\_

Participant Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Social Security Number \_\_\_\_\_ Home Phone ( ) \_\_\_\_\_ Work Phone ( ) \_\_\_\_\_

Participant Email Address \_\_\_\_\_

Name(s) of Dependent(s) \_\_\_\_\_

## C. Care Provider Information

Name of Care Provider \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Federal Tax ID Number \_\_\_\_\_

## D. Signatures

Authorized Provider Signature \_\_\_\_\_ Date    /   /     
mm/dd/yy

Participant Signature \_\_\_\_\_ Date    /   /     
mm/dd/yy

NOTE: Your total reimbursement amount will be figured on the total annual amount you have elected, based on the number of payrolls that occur throughout the plan year. For questions regarding your maximum contribution amount, please contact your benefits administrator.

**For fastest reimbursement, please submit claims via FAX, EMAIL or MOBILE APP**



# Election Form

- If not electing for the current year, please fill in name at top and sign at the very bottom to waive participation -

Employer Name (Please Print) \_\_\_\_\_ Payroll Effective Date \_\_\_\_\_

Employee Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Social Security Number \_\_\_\_\_ Home Phone ( ) \_\_\_\_\_ Work Phone ( ) \_\_\_\_\_

Employee Email Address \_\_\_\_\_

I hereby authorize and direct my employer to reduce my earnings in the amount necessary to fund my Cafeteria Plan as indicated below. I understand such reductions, considered elective contributions under the Plan, will start with my first paycheck dated after the plan year begins. I understand that the purpose of this program is to allow employees to select qualified benefits within the guidelines of the Internal Revenue Code. I also understand that the flexible spending account plan(s) will allow me to be reimbursed for eligible out-of-pocket medical, dental, vision and/or dependent care expenses.

I choose to participate in Flexible Spending Account (FSA) elections.

Health FSA – Medical Expenses ..... \$ \_\_\_\_\_ (Annual Amt.) (Max. \$2,650)

DCAP – Dependent Care (Child Care) Expenses ..... \$ \_\_\_\_\_ (Annual Amt.) (Max. \$5,000)

I choose the debit card for my payment method.

I understand that the debit card is restricted to certain merchant categories and is not accepted at all Mastercard® acceptance locations. I understand that I may not obtain a cash advance with the debit card at any merchant, bank or ATM. I understand that the debit card is to be used exclusively for Qualified Expenses as defined by the plan(s) in which I participate. If the debit card is issued pursuant to Employer Plans and I use the Card for an expense that is not a Qualified Expense I am indebted to my Employer and must repay the full amount of the non-qualified expense. I agree to save all invoices and receipts related to any expenses paid with the debit card; upon request I must submit these documents for review by my benefits administrator. Failure to submit the receipt(s) will cause the expense to be treated as a non-qualified expense and I will be required to remit payment to my Employer. Payment may be in the form of an offsetting claim, personal check, electronic draft from my personal checking or savings account, a post-tax deduction from my paycheck, or other options established by my employer.

Additional Card Requested: Name on 2nd Card (cannot be same as Employee) \_\_\_\_\_

I choose Direct Deposit for my payment method.

Routing Transit Number  
(All 9 boxes must be filled)

Account Number  
(Include hyphens, but not spaces or special symbols)

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\_\_\_\_\_ ATTACH A VOIDED CHECK HERE \_\_\_\_\_  
DO NOT attach a Deposit Slip because deposit slips often do not show all the needed information

I understand this salary reduction agreement will remain in effect and cannot be revoked or changed during the plan year, unless the revocation and new election are on account of and consistent with a change in my family status. I hereby certify the above information to be correct and true and I choose to participate.

Signature \_\_\_\_\_ Date \_\_\_\_\_

OR I choose not to participate in the FSA for this plan year.

Signature \_\_\_\_\_ Date \_\_\_\_\_

# Notes

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DataPath Administrative Services, Inc.  
1601 Westpark Dr., Ste. 6  
Little Rock, AR 72204  
866-207-3028 | [datapathadmin.com](http://datapathadmin.com)