

A photograph of four young children of diverse backgrounds smiling and resting their heads on their hands in a classroom setting. The background shows shelves with colorful toys and educational materials.

DEPENDENT CARE

FLEXIBLE SPENDING ACCOUNT

YOUR STEPS TO SAVINGS!

1 REALIZE THE TAX SAVINGS
You can set aside pre-tax money into an account to be reimbursed for eligible dependent childcare expenses. Savings will depend on your tax bracket. For example, if you are taxed at 25% and you enroll for \$5,000 you would **save \$1,250 in taxes.**

2 ESTIMATE YOUR EXPENSES
Plan for your upcoming expenses. A brief list of expenses can be found to the right. A comprehensive list of allowable expenses and an expense worksheet can be found at www.flores247.com.

3 ENROLL AND MANAGE YOUR ACCOUNT
Contact your Human Resource Department to find out how to enroll for this benefit. Flores will mail a custom Participant ID number to your home address to help you manage your account. Contact information can be found on the back of this flyer.

THE DEPENDENT CARE FLEXIBLE SPENDING ACCOUNT (FSA) CAN REIMBURSE YOU FOR DAY CARE EXPENSES PROVIDED FOR YOUR DEPENDENTS SO THAT YOU (AND YOUR SPOUSE, IF YOU ARE MARRIED) CAN WORK. CARE MUST BE FOR A DEPENDENT CHILD UNDER AGE 13 OR A DEPENDENT OF ANY AGE THAT LIVES IN YOUR HOUSEHOLD THAT IS INCAPABLE OF SELF-CARE.

ELIGIBLE EXPENSES

- Preschools
- Before and after school care
- Day camps

INELIGIBLE EXPENSES

- Overnight camps
- Tuition / kindergarten & educational expenses
- Regular fees not applied to care of child

DEPENDENT CARE FAQs

FREQUENTLY ASKED QUESTIONS

HOW CAN I SUBMIT A CLAIM?

Claims may be uploaded to your account on our participant website, www.flores247.com, or using our Flores Mobile app. You may also submit your request for reimbursement via fax or mail, if you prefer. Please note that all claims must be received by the filing deadline for the applicable plan year in which your expenses were incurred.

HOW WILL REIMBURSEMENTS BE ISSUED?

Reimbursements will be mailed as a check to your home address. If you would like to have your reimbursement issued as a direct deposit, you may add your direct deposit information on the participant website (www.flores247.com) or submit a completed Direct Deposit Information Form.

WILL I HAVE A DEBIT CARD?

No, there is no debit card associated with the Dependent Care FSA. This is considered a "No-Wait" account and, therefore, as long as you have a pending claim on file with us, we will automatically reimburse you each time you make a contribution to your account.

DO I NEED TO RE-ENROLL IN THE DEPENDENT CARE FSA?

Yes, you must re-enroll with each new plan year. Elections do not rollover from year to year.

WHAT EXPENSES ARE ELIGIBLE TO BE REIMBURSED FROM THE DEPENDENT CARE FSA?

Your Dependent Care FSA can reimburse you for day care expenses provided for your dependent that allow you (and your spouse, if applicable) to work. Care must be for a dependent child under the age of 13, or a dependent of any age that lives in your household and is incapable of self-care. See the Allowable Dependent Care Expenses Guide on our website (www.flores247.com) for further information.

CAN I CHANGE MY ELECTION DURING THE PLAN YEAR?

You may only change your annual election during the plan year if you have a qualifying status change event. You must notify your employer within 30 days of any status change event in order to change your election. See the Allowable Status Changes Guide on our website (www.flores247.com) for further information.

WHAT HAPPENS TO MY DEPENDENT CARE FSA IF I TERMINATE FROM THE COMPANY?

Any expenses submitted for reimbursement must be incurred prior to your termination date or the benefit end date specified by your company. Claims must be submitted prior to the claims filing deadline for the plan year during which you terminated. Please contact your Human Resource Department for further information.

HOW DO I OBTAIN MY ACCOUNT DETAILS?



WEBSITE

Visit www.flores247.com and log in using Participant ID or User Name and password



MOBILE APP

Download our mobile app from your app store



PID & PASSWORD ASSISTANCE

Dial 800.840.7684

HOW DO I SUBMIT DOCUMENTS TO FLORES?

ONLINE

Visit www.flores247.com and upload documents securely

MOBILE

Download Flores Mobile smartphone app
Available for Apple or Android devices

MAIL

Flores & Associates, LLC
PO Box 31397
Charlotte, NC 28231

FAX

704.335.0818 or 800.726.9982

Revised 12/18

CUSTOMER SERVICE 1.800.532.3327

You can submit **ONE** claim for a year's worth of childcare expenses!



No-Wait Dependent Care FSA

- 1 **Download** a 'No-Wait Dependent Care Reimbursement' claim form from www.flores247.com or obtain this form from your HR Department
- 2 **Complete** the claim form:
 - a. Service Dates: put the entire period in which that provider will care for your dependent. For example, if you will use the same childcare provider for all of 2023, list 1/1/2023-12/31/2023 as your service dates.
 - b. Dependent: List the dependent's name receiving care
 - c. Service Provider: List the name of the childcare provider and its 9-digit tax ID#
 - d. Cost: request the total amount you will pay for daycare services with this provider for the service dates listed on the form.

Service Date From	Service Date To	Dependent	Cost
1/1/2023	12/31/2023	Your Child's Name	5,000.00
Service Provider	Childcare Provider		
Tax ID#	9 Digit Tax ID#	Provider Signature (Required If Receipt Not Attached)	

- 3 **To Substantiate your claim you may EITHER:**
 - a. Ask your childcare provider to sign in the "provider signature" box to verify that you will incur at least the amount indicated on the form related to childcare expenses in 2023 OR
 - b. Provide an itemized statement of charges related to your dependent care expenses.

PLEASE REMEMBER THAT A NEW DEPENDENT CARE CLAIM FORM MUST BE SUBMITTED EACH NEW PLAN YEAR.

FSADirect ENROLLMENT FORM
PLEASE PRINT CLEARLY. USE ALL CAPITAL LETTERS.

GENERAL INFORMATION

Group: Plan ID:

ID#

Name Last First

Address

City State Zip -

Phone () - - E-Mail

Pay Frequency Weekly Bi-Weekly Semi-Monthly Monthly Effective Date

All enrollment elections made on this form are effective for the plan year beginning ___/___/___ and ending ___/___/___. No changes can be made to these elections once the plan year has begun unless you experience a family status change event. See your enrollment booklet for a list of these events. **Return the completed form to your Human Resources department.**

MEDICAL SPENDING ACCOUNT INFORMATION

Minimum Annual Contribution: Maximum Annual Contribution:

In the spaces provided below, indicate the amount you wish to contribute to the Medical Spending Account for the year and the amount to be deducted from each paycheck. Note: If your annual election does not equal your paycheck deduction multiplied by the number of payperiods left in the plan year, then your paycheck deduction amount will be adjusted accordingly.

Your Annual Election: Your Paycheck Deduction:

DEPENDENT CARE SPENDING ACCOUNT INFORMATION

Minimum Annual Contribution: Maximum Annual Contribution:

In the spaces provided below, indicate the amount you wish to contribute to the Dependent Care Spending Account for the year and the amount to be deducted from each paycheck. Note: If your annual election does not equal your paycheck deduction multiplied by the number of payperiods left in the plan year, then your paycheck deduction amount will be adjusted accordingly.

Your Annual Election: Your Paycheck Deduction:

INSURANCE PREMIUM INFORMATION

In the spaces provided below, indicate the amount to be withheld from your paycheck for each listed insurance plan. If you are not participating in a plan, enter zero as your deduction amount for that plan. Lines labeled "Not Applicable" should be left blank.

PAYROLL AUTHORIZATION

I have read The Summary Plan Description provided by the above mentioned employer and hereby choose to participate as shown above. I agree to a per pay period reduction during the plan year referenced above for the amounts indicated. I understand that this election is binding for the plan year and that changes are only permitted in case of a change in family status or spouse's employment.

 Employee Signature (Void if not signed) Date

How to Submit a Claim



1 FLORES WEB PORTAL:
You may scan your claim and upload it to our secure website or complete your claim detail online at www.flores247.com.

2 FLORES MOBILE SMARTPHONE APP:
Use your phone's camera to take a picture of your documentation and upload.
Download Flores Mobile through Apple Store or Google Play.



3 MAIL CLAIMS:
Claims Processing
PO Box 31397
Charlotte, NC 28231
*Please keep in mind, certified mail will need to be sent to our physical address at 2013 West Morehead Street, Suite B, Charlotte, NC 28208.

4 FAX CLAIMS:
704.335.0818 or 800.726.9982

How to upload a claim on www.flores247.com

Step One: Log in to www.flores247.com using your Participant ID or Username and password. Tip: Your Participant ID will be on any correspondence you have received from Flores.

Step Two: Click "File a new Health Care or Dependent Care Flexible Spending Account Claim". Hit Next.

Step Three: If you have completed a hard copy claim form and scanned it into your computer, click "Already Completed" to upload your document. If you have not already completed a claim form, fill in your claim detail and hit "Next".

Step Four: Click "Choose File" and choose the file on your computer that contains your scanned documentation that is required to process your claim. Repeat until all documents are attached. Click "Submit" to finalize your claim.

Tip: Update your email or subscribe to SMS notifications in the Settings tab to receive email or text updates on your claim!

All receipts for reimbursement must include the following:

- ✓ Date of Service
- ✓ Description of Service
- ✓ Out-of-Pocket Cost
- ✓ Provider Name
- ✓ Patient Name

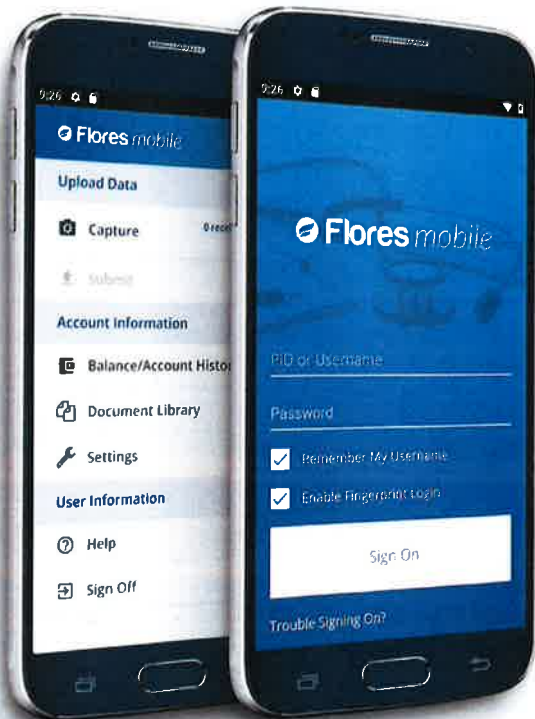
Reimbursement for Orthodontia Expenses

Only proof of payment will be required for future claim submissions. Orthodontia will be reimbursable as you pay it, meaning that the payment can only be reimbursed from the plan year in which the payment was made. If you have any questions about reimbursement for Orthodontia you can call an account manager at 800.532.3327.



WHENEVER...WHEREVER...WITH FLORES MOBILE

Download Flores Mobile today



USING THE FLORES MOBILE MOBILE APP IS EASY!

SUBMIT RECEIPTS IMMEDIATELY AFTER YOU USE YOUR FLORES DEBIT CARD OR INCUR AN ELIGIBLE OUT-OF-POCKET EXPENSE

- Logon with your PID or username and password
- Click Capture to take a photo of your documents
- Return to main screen and click Submit Document
- Once your upload transmits you will receive confirmation via email or text message
- Additional confirmation will be sent once your document is processed

- ✔ SNAP PICTURE
- ✔ SELECT DOCUMENT
- ✔ UPLOAD RECEIPT
- ✔ SUBMIT CLAIM
- ✔ VIEW ACCOUNT
- ✔ CHECK BALANCE
- ✔ EMAIL ACCOUNT MANAGER