

Company Name: _____

Benefit Effective Date: _____

First/Last Payroll Deduction Date: _____

Full Name: _____

Address: _____

City: _____ State: _____ Zip: _____

SSN: _____ DOB: _____ Gender: _____

Phone: _____

Email: _____

<input type="checkbox"/> New Hire	<input type="checkbox"/> Employment Termination
<input type="checkbox"/> Benefit Enroll	<input type="checkbox"/> Benefit Termination
<input type="checkbox"/> Benefit Change	<input type="checkbox"/> Information Change
<input type="checkbox"/> Keep Existing Elections the Same	
<input type="checkbox"/> Waive All Benefits	

Payroll Frequency

<input type="checkbox"/> Monthly 12	<input type="checkbox"/> Semi-Monthly 24
<input type="checkbox"/> Bi-Weekly 26	<input type="checkbox"/> Weekly 52

Elect Only the Plans Offered by Your Employer - Not all plans listed may be offered

HRA (If Applicable) Enrollment Choose TIER : Emp Emp/ Spouse Emp/Child Family

Medical Plan (Enter plan name if company offers more than one) _____

FSA Medical _____ Per Year (\$2850 Max) Ltd Purpose? FSA Dependent Care _____ Per Year (\$5000 Max)

Transit _____ Per Month (\$280 Max) Parking _____ Per Month (\$280 Max)

Debit Card (we will order unless you decline) Y N Debit Card for Spouse/Domestic Partner Y N

I request the coverage and classifications listed above and I authorize payroll deductions for these coverages. I understand that my election(s) to either participate or waive coverage is binding for the plan year and the deduction(s), if any will be in effect for the entire plan year and cannot be revoked unless provided for under the provisions of the plan. I hereby certify the above information to be true and the dependents for whom I will be claiming dependent care and expenses are eligible as my dependents for tax purposes. I further understand future Social Security benefits may be affected should I elect pre-tax salary reduction.

Dependent Information (required for Insurance, HRA and FSA Plans)

SP _____ SSN _____ DOB _____ Gender _____

CH _____ SSN _____ DOB _____ Gender _____

CH _____ SSN _____ DOB _____ Gender _____

CH _____ SSN _____ DOB _____ Gender _____

Employee Signature: _____ Date: _____

HR/Supervisor Signature: _____ Date: _____

Can I save money on healthcare and dependent care expenses?

Yes! When you sign up for an FSA.

Your employer offers a Flexible Spending Account (FSA). Any benefit eligible employee can enroll.

Your FSA lets you pay for eligible Health Care (dental, medical & vision) and Dependent Care expenses on a pre-tax basis. **Your FSA includes these highlighted features:**



HEALTH CARE

deduct up to \$2,850
(separate from Dependent Care election)



DEPENDENT CARE

elect up to \$5,000
(separate from Health Care election)



EASY ACCESS

use your personalized VantagePoint Debit Card for all eligible purchases



GETTING MARRIED? NEW BABY?

You can change your election outside of Open Enrollment



PRE-TAX SAVINGS

all election amounts escape payroll taxes

[Start Saving Now](#)

Complete an Enrollment Form, available from HR, to elect your monthly contribution and debit card!

Saving our clients \$1 Billion in Payroll Taxes

Benefits • HR • ACA Compliance • Payroll • Expert Guidance

20 Blake Ave, Lynbrook, NY 11563 P 516.599.2120 F 516.599.3135

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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
Alcoholism treatment	Home health and/or hospice care	Physical therapy
Allergy shots and testing	Hospital services	Psychiatric care (<i>psychologists, psychotherapists</i>)
Ambulance (<i>ground or air</i>)	Insulin	Radial keratotomy
Artificial limbs	Laboratory fees	Schools (<i>special, relief, or handicapped</i>)
Blind services and equipment	LASIK eye surgery	Sexual dysfunction treatment
Car controls for handicapped*	Medical alert (<i>bracelet, necklace</i>)	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	Occlusal guards	Transportation (<i>essentially and primarily for medical care; limits apply</i>)
Dental treatment	Operations and surgeries (<i>legal</i>)	Vaccinations
Dentures	Optometrists	Vitamins*
Diagnostic tests	Orthodontia	Weight loss programs*
Doctor's fees	Orthopedic services	X-rays
Drug addiction treatment & facilities	Osteopaths	
Drugs (<i>prescription</i>)	Oxygen/oxygen equipment	

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

With passage of the Coronavirus Aid, Relief and Economic Security Act (CARES Act) in March 2020, OTC medications are once again eligible for purchase with FSA/HSA funds without the need for a prescription. In addition, menstrual care products are now also eligible for purchase with FSA/HSA funds without the need for 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

Acne medications & treatments	Braces & supports	Laxatives
Allergy & sinus, cold, flu & cough remedies	Contact lens solution	Medicated bandaids & dressings
Antacids & acid controllers	Contraceptives (<i>condoms, gels, foams, suppositories, etc.</i>)	Menstrual care products
Antibiotic & antiseptic sprays, creams & ointments	CPAP equipment & supplies	Motion sickness remedies
Anti-diarrheals	Diabetic testing supplies/equipment	Smoking cessation aids
Anti-fungals	Durable medical equipment (<i>power chairs, walkers, wheelchairs, etc.</i>)	Nicotine patches and medications
Anti-gas & stomach remedies	Eczema & psoriasis remedies	smoking cessation aids
Anti-itch & insect bite remedies	Eye drops, ear drops, nasal sprays	OTC varieties of Insulin
Anti-parasitics	First aid kits	Pain relievers (<i>aspirin, ibuprofen, acetaminophen, naproxen, etc.</i>)
Digestive aids	Hemorrhoidal preparations	Reading glasses
Baby care (<i>diaper rash ointments, teething gel, rehydration fluids, etc.</i>)	Home diagnostic (pregnancy tests, ovulation kits, thermometers, blood pressure monitors, etc.)	Sleep aids & sedatives
Bandages and bandaids	Hydrogen peroxide, rubbing alcohol	Wart removal remedies, corn patches
Breast pumps for nursing mothers		

All OTC items listed are examples.

These items are commonly mistaken as eligible but do not meet the requirements:

Cosmetic surgery and procedures	Health programs, health clubs and gyms	Teeth whitening
Cosmetic Dental Procedures (incl. teeth whitening, vitamins and supplements)	Insurance premiums (not reimbursable under FSA)	Vitamins & supplements without prescription

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claims@vantagepointbenefit.com
20 Blake Ave • Lynbrook, NY 11563 • (516) 599-2120
vantagepointbenefit.com

CAN I SAVE MONEY ON MY COMMUTE?

Yes! When you sign up for TRA.

Your employer offers a Transit/Commuter Reimbursement Account (TRA) Benefit. All Employees are eligible for this program.

Your TRA lets you pay for eligible Mass Transit and/or Parking expenses on a pre-tax basis. **Your TRA includes these highlighted features:**



MASS TRANSIT

Deduct up to \$280 per month (separate from Parking election)



PARKING

Elect up to \$280 per month (separate from Mass Transit election)



PRE-TAX SAVINGS

All election amounts escape payroll taxes



EASY ACCESS

Use your personalized VantagePoint Debit Card for all payments



ALWAYS AVAILABLE

Unused funds remain in your account. Access account details 24/7



ON VACATION?

You can adjust your contribution monthly

[Start Saving Now](#)

Complete an Enrollment Form, available from HR, to elect your monthly contribution and debit card!

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Don't know how to spend your **FSA money?**

Did you know you could use your FSA to save money on everyday health essentials like baby health items, health trackers, pain relief products and more?

Use your FSA funds or risk forfeiting your money.



The largest selection
of guaranteed
FSA-eligible products



24/7 support
FREE shipping on
orders over \$50



**Are your health
needs eligible?**
Easily check with our
expansive Eligibility List



No Rx needed
Over-the-counter
meds are fully eligible



Learning Center
Get daily money-
saving info



Use your FSA card
or any major credit card

\$20
OFF \$200+

One use per customer
Exp. 12/31/2022

Want 20 bucks to spend on your health?

Visit **FSAstore.com/VPBFlyer**

and use code **VPB20** at checkout.