

# FLEXPLUS 125

## Sample Expenses Eligible For Reimbursement Under FlexPlus 125

### Unreimbursed Medical Expenses

Acupuncture  
Alcoholism Treatment  
Ambulance  
Artificial Limbs  
Artificial Teeth  
Birth Control Pills  
Braces  
Braille-Books and Magazines  
Car Controls for the Handicapped  
Care for the Mentally Handicapped  
Child  
Chiropractors  
Co-Insurance Amounts You Pay  
Contact Lenses  
Crutches  
Dental Fees  
Diagnostic Fees  
Equipment Costs and Maintenance  
Required for Medical Purposes  
Eyeglasses, including Examination  
Fee  
Hearing Devices and Batteries  
Hospital Bills  
Hypnosis for Treatment of an  
Illness  
Insulin  
Laboratory Fees  
Laetrile by Prescription  
Lead-base Paint Remover (For  
children with lead poisoning)  
Mileage for Transportation to and  
from Medical Treatment  
Nurses Fees  
Obesity Treatment Limited to Medical  
Treatment Plans  
Obstetrical Expenses  
Operations  
Orthopedic Shoes  
Over-the-Counter Medication (e.g.  
Antacids, Allergy Medicines, Pain  
Relievers, Cold Medicines) Subject  
to Necessity of Volume and  
Frequency  
Oxygen  
Parking  
Prescription Drug and Medical  
Supplies  
Psychiatric Care  
Psychologists Fees  
Routine Physicals and other  
Non-Diagnostic Services or  
Treatments  
Seeing-eye Dog and its Upkeep  
Smoking Cessation Program (If  
Prescribed by a Physician)  
Sterilization Fees  
Surgical Fees (Excluding Cosmetic  
Surgery)  
Telephone, Special for Deaf  
Therapeutic Care for Drug and  
Alcohol Addiction  
Therapy Treatments  
Transportation Expenses Primarily  
in the rendering of Medical Services  
Wheelchair

### Child/Dependent Care Cost

Childcare Expenses  
Daycare Expenses Required for  
Employment  
Tuition for Special Schools for  
Handicapped Persons

### Group Health Premiums

Employer Sponsored Group  
Health Hospitalization, Dental  
and Vision Premiums  
Employer Sponsored Voluntary  
Plans Major Medical, Dental,  
Disability, Vision, Cancer,  
Intensive Care, Accident Insurance



# FLEXPLUS 125

More Benefits • More Take-Home Pay.

It's All Yours with FlexPlus 125



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**Your Employer Is Offering a Plan that Provides You the Finest Benefits Package Available. . . and Allows You to Pay for Them with Tax-Free Dollars.**

Under Section 125 of the Internal Revenue Code, this plan allows you to pay for group health premiums, unreimbursed medical costs and more. . . all with Tax-Free dollars. You'll have more take-home pay, and can create an additional retirement plan with money you'd otherwise give to Uncle Sam in taxes.

your benefits counselor, to answer any questions and adjust your estimates according to your personal needs.

**Accuracy is Important**

The FlexPlus 125 plan is established in accordance with federal regulations that govern how the plan may be used. When you enroll in the plan, you will be provided information on the regulations that affect you.

**Give Us Some Information. . . We'll Give You Tax Savings and More Take-Home Pay**

We have provided a confidential survey form, with questions concerning your family status, and projected paycheck deductions for group insurance, as well as estimated expenses for various healthcare services and child or dependent care.

Please fill out the form as accurately as possible. The answers you provide will be used to estimate your potential tax-saving benefit. To help you review the medical expenses you are currently paying, we have provided a list of eligible medical expenses on the back of the survey form. You will have an opportunity to discuss this with

**Accuracy Pays**

Money allocated to any one benefit during the plan year must be used up for expenses covered by the benefit during that year. If you overestimate, any unspent money left in that FSA account at the end of the year is lost. If you underestimate your eligible expenses, you may lose a portion of your deduction. We will show you how your accurate estimates save you substantial money on taxes, give you more take-home pay and improve your benefits coverage.

**FlexPlus 125 Is Right For You.**

Whether you're a single parent, part of a dual-income household, or a family person with a non-working spouse, FlexPlus 125 will provide you with additional benefits, more take-home pay, and even allow you to establish an additional retirement plan with your tax-free dollars.

**Single Parents**

In the illustration below, the single parent earns \$19,200 and has two children. She uses FlexPlus to pay the premium for dependent medical coverage and to pay for the cost of medical deductibles and dental care this year. In addition, she has opted to pay her child care expenses out of her pre-tax dollars. In this way, she increases her take home pay by \$135.00 each month. . . or \$1,620 this year. That's an additional 15% take-home pay.

**Working Couples**

The man and his wife both work. They have two children. The husband makes \$22,000 and his wife earns \$7,000 per year. They use FlexPlus 125 to help pay the premium for dependent medical coverage and pay for the orthodontist bills for the children. With both of them working, they also utilize the plan to pay for necessary child care expenses. The chart below, shows that this couple increases their monthly take-home by \$108 . . . or \$1,296 this year. That gives them additional money for emergency expenses every family has. . . and allows them to set some money aside to fund an additional retirement plan.

**Family Person with Non-Working Spouse**

With grown children, and only one spouse working, this couple has no child care expenses. The annual salary of the working spouse is \$40,000. They use FlexPlus 125 to pay the premium for dependent medical coverage, meet their medical deductibles, and pay dental expenses. FlexPlus 125 gives this couple an additional \$51 monthly take-home, or \$612 this year. . . a nice raise for the family budget.

	The Single Parent		The Working Couple		The Family Person	
	w/o FlexPlus 125	with FlexPlus 125	w/o FlexPlus 125	with FlexPlus 125	w/o FlexPlus 125	with FlexPlus 125
<b>Total Monthly Pay</b>	\$1,600	\$1,600	\$2,416	\$2,416	\$3,333	\$3,333
<b>Less Non-Taxable Benefits</b>						
Insurance Premiums	0	\$110	0	\$110	0	\$110
Medical/Dental Expenses	0	\$60	0	\$60	0	\$60
Child Care Expenses	0	\$200	0	\$200		
<b>Total Pay Subject to Tax</b>	\$1,600	\$1,230	\$2,416	\$2,046	\$3,333	\$3,163
<b>Less Deductions</b>						
Federal & State Taxes*	\$230	\$123	\$351	\$271	\$581	\$543
Social Security Tax	\$122	\$94	\$185	\$157	\$255	\$242
<b>After Tax Income</b>	\$1248	\$1013	\$1,880	\$1,618	\$2,496	\$2,378
<b>After Tax Expenses</b>						
Insurance Premiums	\$110	0	\$110	0	\$110	0
Medical/Dental Expenses	\$60	0	\$60	0	\$60	0
Child Care Expenses**	\$200	0	\$200	0		
<b>Spendable Income</b>	\$878	\$1,013	\$1,510	\$1,618	\$2,327	\$2,378
<b>Annual Increase in Take-Home Pay</b>		\$1,620		\$1,296		\$612

\*Federal and State Taxes are for Illustrative Purposes Only. \*\*Does Not Include any available tax credit for child care expenses.

**Confidential Employee Survey**

Your answers will be used to determine if any additional employee benefits could be added to your benefit program at no cost to you! All answers will be held in strict confidence.

- PAY CHECK DEDUCTIONS:** 1. \_\_\_\_\_ Per Paycheck  
From your paycheck, how much do you have deducted for:  
a. Group medical coverage \_\_\_\_\_ c. Group disability Insurance \_\_\_\_\_ e. Cancer, intensive care, accident insurance \_\_\_\_\_  
b. Group term life insurance \_\_\_\_\_ d. Group dental insurance \_\_\_\_\_
- DEPENDENT CARE ASSISTANCE** 2. \_\_\_\_\_ Per Year  
If you are a single parent or your spouse works or is a full time student, how much do you pay for dependent day care for children 13 years or younger?
- UNREIMBURSED MEDICAL EXPENSES** 3. \_\_\_\_\_ Per Year  
Estimate your uninsured medical costs per year:  
a. Health Insurance deductibles \_\_\_\_\_ h. Wheelchair, crutches, medical appliances \_\_\_\_\_  
b. Co-insurance (% not paid by insurance) \_\_\_\_\_ i. Other costs (see list on next page) \_\_\_\_\_  
c. Vision care (eye exams, contacts, eyeglasses) \_\_\_\_\_  
d. Routine exams (OB-GYN, school physicals, etc.) \_\_\_\_\_ Estimate your uninsured dental costs per year:  
e. Travel costs related to medical care \_\_\_\_\_ j. Examinations and cleanings, X-rays etc. \_\_\_\_\_  
f. Prescription drugs \_\_\_\_\_ k. Braces and retainers, fillings, etc. \_\_\_\_\_  
g. Medically required health clubs and equipment \_\_\_\_\_ l. Orthodontic, implants, inlays, other \_\_\_\_\_
- VOLUNTARY PLANS :** 4. \_\_\_\_\_ Per Year  
Enter the annual premium amount of any of the following employer sponsored voluntary plans that you or your dependent individually own: (Do not count any insurance being deducted from your spouse's or dependent's paychecks.)  
a. Major Medical \_\_\_\_\_ c. Dental \_\_\_\_\_ e. Cancer, intensive care, accident insurance \_\_\_\_\_  
b. Disability \_\_\_\_\_ d. Vision \_\_\_\_\_

In order to achieve tax saving advantages from these policies, we will need additional information at your private benefits consultation. (Carrier name and policy number)