

Flexible Spending Account

Welcome Kit



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Your Flexible Spending Account (FSA)

What is an FSA?

Your Employer provides you with the opportunity to enroll in a Flexible Spending Account (FSA). The FSA allows you to set aside up to \$2,500 with a Health Care FSA or Limited Purpose FSA and \$5,000 with a Dependent Care FSA on a pre-tax basis to pay for eligible medical, dental, vision and dependent care expenses. The amount you choose to contribute is taken out of your paycheck in equal amounts each pay period.

There are three types of FSAs available to help you save – a healthcare FSA, a dependent care FSA, and a limited purpose FSA

1 Health Care FSA

With this account you are able to pay for eligible medical, dental, prescription, and vision expenses not covered by insurance. Examples of eligible expenses:

<i>Co-pays and deductibles</i>	<i>Over-the-counter (OTC) items*</i>	<i>Insulin</i>
<i>Prescriptions</i>	<i>Hearing aids</i>	<i>Medical equipment</i>
<i>Chiropractic care</i>	<i>Hospital services</i>	<i>Physical or speech therapy</i>

2 Dependent Care FSA

For child care expenses for children under 13 or dependent care expenses for an adult unable to care for themselves.

<i>Before-and after-school programs</i>	<i>Day care (child & adult)</i>
<i>Nursery school & preschool</i>	<i>Summer day camp</i>

3 Limited Purpose FSA

For those with a Health Savings Account, the Limited Purpose FSA can reserve your HSA dollars when paying for Dental and Vision expenses

<i>Contact lenses</i>	<i>Eye Glasses</i>
<i>Laser Eye Surgery</i>	<i>Orthodontics</i>

* OTC medicines and drugs require a prescription from your doctor in order to be reimbursed through an FSA. There are, however, many OTC items that do not require a prescription to be reimbursed such as:

- Contact lens solution & supplies
- Band-aids, elastic bandages
- Insulin & diabetic supplies
- Ostomy products
- Hearing aid batteries
- Cotton balls
- First aid kits

State of Kansas FSA Plan Details

Contribution Limits

Health Care and Dependent Care FSA		
24 deduction period employees (12 month employees)	Minimum	Maximum
Health Care account / per deduction	\$8.00	\$104.16
Health Care account / per year	\$192.00	\$2,500.00
Dependent Care account / per deduction	\$16.00	\$208.33
Dependent Care account / per year	\$384.00	\$5,000.00
16 deductions (9/10-month employees)	Minimum	Maximum
Health Care account / per deduction	\$12.00	\$156.25
Health Care account / per year	\$192.00	\$2,500.00
Dependent Care account / per deduction	\$24.00	\$312.50
Dependent Care account / per year	\$384.00	\$5,000.00
Limited Purpose Health Care FSA		
Pay Period	Minimum	Maximum
24 deduction period employees / deduction	\$8.00	\$104.16
24 deduction period employees / per year	\$192.00	\$2,500.00
16 deduction period (at regents) / deduction	\$12.00	\$156.25
16 deduction period (at regents) / year	\$192.00	\$2,500.00

Key Dates

December 13, 2013.....ASI Flex “Benny Card” turned off

December 16, 2013.....NueSynergy FSA debit card mailed

December 30, 2013.....ASI stops accepting claims

December 31, 2013.....Last day to set up direct deposit with NueSynergy

December 30, 2013 - January 8, 2014.....Transition period (no access to 2013 funds)

January 1, 2014.....NueSynergy FSA debit card use begins (drawing from 2014 funds)
NueSynergy will begin processing manual claims for 2014

January 9, 2014.....NueSynergy begins paying 2013 grace period claims*
NueSynergy FSA debit card loaded with remaining 2013 balance*

March 15, 2014.....Last day to incur claims against 2013 funds.

April 30, 2014.....Last day to file a claim under the 2013 funds grace period

March 15, 2015.....Last day to incur claims against 2014 funds.

April 30, 2015.....Last day to file a claim under the 2014 funds grace period

*Claims will be paid from 2013 funds first, until depleted, and then reimbursements will be drawn from 2014 funds.

Online Registration & Set-up Instructions

Accessing your account through the WealthCare portal will enable you to submit claims electronically for faster approval, access balance and claims history, important communications and more.

Setting up your account for online access is easy! Just follow the steps below. (For additional help you can download the Registration Guide with step by step screen shots at www.KansasFSA.com.)

Step 1: To get started go to www.KansasFSA.com

Step 2: Click **Register** at the top right hand corner of the screen & fill in the required fields

- Create a Username, enter your first and last name and email address
- PASSWORD field, must be at least eight characters with at least one non-alpha character
- Employee ID field, enter your State of Kansas Employee ID (Ex: K111111111)
- Registration ID/Employer ID field, enter **NUESOK**

Step 3: Accept the Terms of Service and click **Register**.

Step 4: A Registration Instructions screen will appear– click **Begin Setup Now**

Step 5: Enter a personal phrase and select a picture.

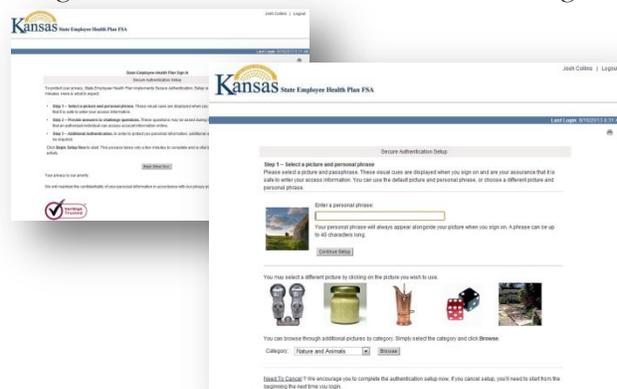
Step 6: Select **4** security questions and provide your answers.

Step 7: You have the option of registering your computer. Doing so will eliminate the need to answer security questions during future logons. Click **Continue Setup**.

Step 8: Confirm your first name, last name and email address. Click **Continue Setup**.

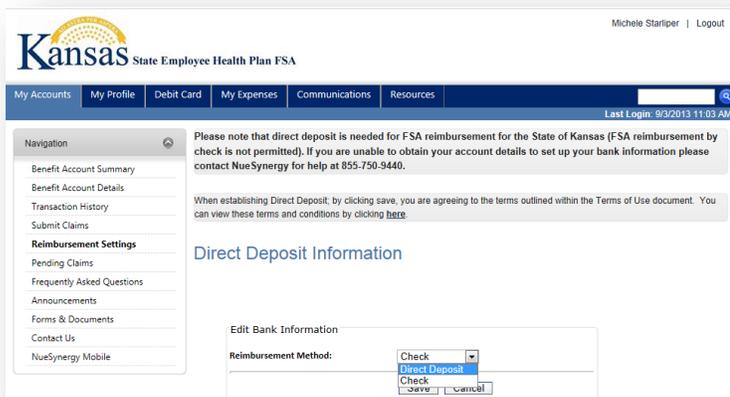
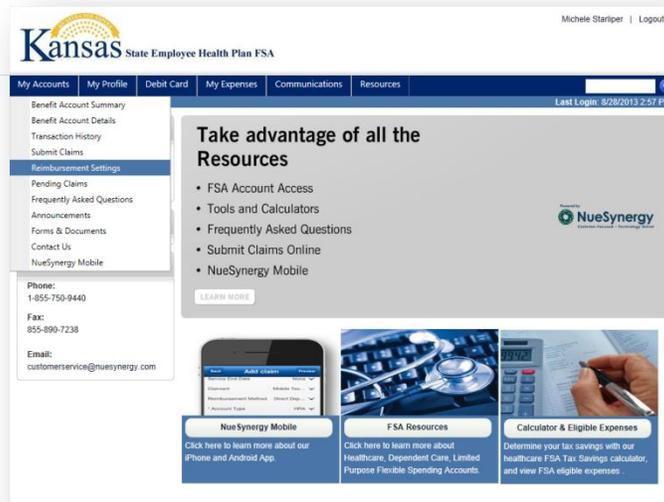
Step 9: A summary of your registration will appear. You may change the information as needed. After reviewing, click the **Submit Setup Information**.

Step 10: You are now logged in your WealthCare portal!



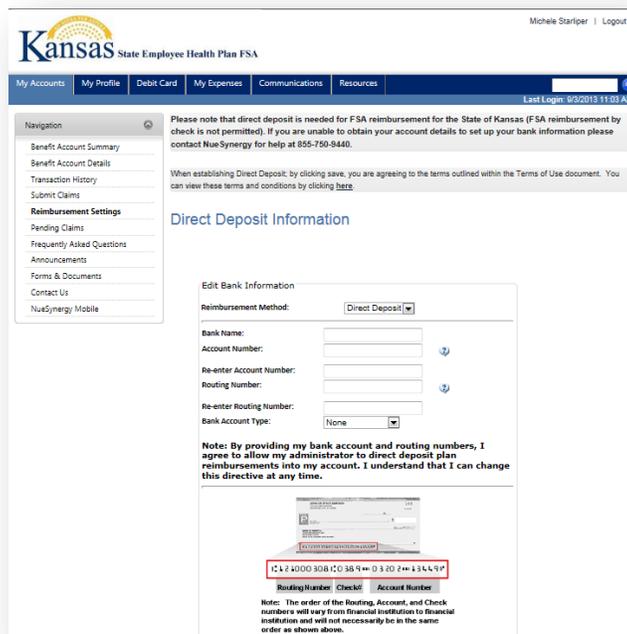
Online Direct Deposit Set-up

Step 1: After registering, sign in to your account and select “Reimbursement Settings” under the My Account tab.



Step 2: Next to Reimbursement Method select the “Direct Deposit” option. **Remember:** *Direct Deposit is needed for FSA reimbursement.*

Step 3: Review the example on the screen of where to find your routing and account number on your check. Input both numbers exactly as they appear on your check. Then click SAVE.



Direct Deposit Authorization Form

Direct deposit of your FSA reimbursements is a convenient feature. By completing the authorization form below, you are directing your employer and financial institution to deposit your reimbursements to the checking or savings account you designate.

To sign up for direct deposit, simply complete the form as directed below and return it to NueSynergy, your FSA administrator. Be sure to:

- Fill out the form completely.
- Mark the appropriate box to indicate whether your reimbursement will be deposited to your checking or savings account.
- Attach a *voided check* to the form if you want reimbursements deposited in your checking account. Attach a *voided deposit slip* if you want reimbursements deposited to your savings account.

New enrollment Change of information

Banking Information: **Checking** (attach a voided check) **Savings** (attach a deposit slip)

*Direct deposit cannot be processed without a voided check/deposit slip.

Employer:	State of Kansas Employee Health Plan		
Employee/Participant Name:			
Social Security Number OR Employee ID		Date of Birth:	
Address:			City/State/Zip:
Daytime Phone:		Email:	
Financial Institution/Depository:			
Branch:			
City:		State:	
Account #:		Routing #: (9 digits)	

By completing and signing this Authorization Form, I, the PARTICIPANT, am directing my EMPLOYER/ADMINISTRATOR and FINANCIAL INSTITUTION/ DEPOSITORY to deposit my reimbursements to my designated checking or savings account. The FINANCIAL INSTITUTION/ DEPOSITORY indicated above is authorized to credit the same to such account. I also authorize my EMPLOYER/ADMINISTRATOR to draw drafts on my account or to initiate debit entries to my account, solely for the purposes of adjusting an error resulting from a deposit or credit entry that has been made under this Authorization in an amount that is not correct. The FINANCIAL INSTITUTION/DEPOSITORY shall not be liable for honoring any draft, debit entry or withdrawal initiated by my EMPLOYER/ADMINISTRATOR.

Should my EMPLOYER/ADMINISTRATOR be unable to stop from posting an entry with respect to which I, the PARTICIPANT, has requested cancellation or amendment or should the EMPLOYER/ADMINISTRATOR be unable to withdraw the entry from the ACH Origination System, I, the PARTICIPANT, may initiate a reversal to correct the entry, as provided by the ACH Rules. Where I, the PARTICIPANT, initiate a reversal for an individual entry, I, the PARTICIPANT, must notify the EMPLOYER/ADMINISTRATOR of the entry no later than the settlement date of the reversing entry. Reversals do not guarantee that the funds will be returned and the EMPLOYER/ADMINISTRATOR shall not have liability if such reversal is not effected. I, the PARTICIPANT, shall reimburse my EMPLOYER/ADMINISTRATOR for any expense, losses, or damages the EMPLOYER/ADMINISTRATOR may incur in effecting or attempting to affect the reversal of an entry.

Signature: _____

Date: _____

FSA Debit Card

The free NueSynergy FSA debit card provides a convenient method to pay for out-of-pocket medical expenses for you, your spouse and/or any tax dependents. The IRS imposes strict regulations on where the FSA debit card can be used and when follow-up documentation is required to substantiate a qualified expense. The card is a convenient benefit, but it is important that you take a moment and understand how it works.

Where is the NueSynergy FSA debit card accepted?

Participants can use the FSA debit card at qualified merchants (as determined by the employer's plan document) to pay for:

- Office visit co-pays
- Deductible-related expenses
- Prescriptions
- Dental work (including orthodontia)
- Eyeglasses & contacts



How does NueSynergy verify that the FSA debit card is used only for qualified expenses?

The IRS-imposed limitations help ensure that the card is used only for qualified expenses. When the card is swiped at a qualified merchant and there is a sufficient balance available in the participant's FSA, the qualified purchase will be paid directly from the reimbursement account.

The IRS requires participants to keep all receipts for FSA expenses for seven years in the event of a tax audit. If there is a discrepancy or unusual transaction amount, NueSynergy is required by the IRS to verify the transaction. If a transaction cannot be electronically substantiated, a participant will be sent a notification via email to submit a third-party receipt showing the date of service, description or type of treatment and the amount owed.

All plan communication pertaining to your account activity is provided solely via email at the www.KansasFSA.com website. It is important to notify NueSynergy if you change your email address.

What are the advantages of using the NueSynergy FSA debit card?

Participants who use the card at qualified merchants may pay for eligible expenses without having to submit a claim and wait for reimbursement. Participants can log on to www.KansasFSA.com for real-time, online account information including balance, deposits made to date and a list of pending and completed payments.

Recurring FSA debit card expenses for the exact amount at the same provider can be set up as a recurring transaction. When you submit your initial documentation, please include a note stating the transaction will be a recurring expense. This will prevent the need for additional documentation on future purchases of the same item purchased at the same provider.

Does the participant always have to use the FSA debit card for claim reimbursement?

No. There will be times when a merchant does not accept the FSA debit card. This does not mean that the expense is not eligible. Participants will need to pay for the expense from their personal funds and then submit a claim for reimbursement. Claim forms are provided to participants at Open Enrollment and can be found at www.KansasFSA.com.

How do I send my required documentation for substantiation of my FSA debit card transactions?

You can submit documentation by using NueSynergy Mobile, your member portal at www.KansasFSA.com, or by faxing, emailing or mailing completed forms and copies of bills, receipts, or invoices to:

NueSynergy
Administration Services
10901 Granada Lane, Ste. 100, Leawood, KS 66211
Fax: 855.890.7238
Email: customerservice@NueSynergy.com

NueSynergy Debit Card Enrollment

NueSynergy FSA Debit Card Enrollment Agreement

As a participant in the State Employee Health Plan's FSA Plan, you will receive a NueSynergy FSA Debit Card, and agree to use it according to this Agreement and the Cardholder Agreement that will be provided to you with the Card. Your NueSynergy Mastercard FSA Debit Card will be valid for **3 consecutive plan years**.

You understand that the Card is restricted to certain merchant categories and is not accepted at all MasterCard® acceptance locations. You understand that you may not obtain a cash advance with the Card at any merchant, bank or ATM. You understand that the Card is to be used **exclusively** for Qualified Expenses as defined by the plan(s) in which you participate. If the Card is issued pursuant to Employer Plans and you use the Card for an expense that is not a Qualified Expense, you are indebted to your employer and must repay the full amount of the non-qualified expense.

You agree to save all invoices and receipts related to any expense paid with the FSA Debit Card; upon request you must submit these documents for review by the Plan Service Provider. Failure to submit the receipt(s) will cause the expense to be treated as a non-qualified expense and you will be required to remit payment to your employer. Payment may be in the form of an offsetting claim, a personal check, online personal checking account information which will create an EFT, or other options established by your employer.

For proper Cardholder Identification, please complete the following information. It's important to provide an email address so that you can receive notices of your account activity and requests for claims substantiation. Without an email address we cannot provide you with account notices.

Your Card cannot be issued until this form is received by your Plan Service Provider.

Employer:	State of Kansas Employee Health Plan																																								
Name on card:	<table border="1"> <tr> <td> </td><td> </td> </tr> </table>																																								
*20 characters maximum including spaces																																									
Address:											City:					State:			Zip:																						
Social Security Number:											Date of birth:																														
Home phone:											Email:																														
Name on 2 nd card:	<table border="1"> <tr> <td> </td><td> </td> </tr> </table>																																								
*20 characters maximum including spaces																																									
<p>Signature: _____ Date: _____</p>																																									

ALL FIELDS ARE REQUIRED

NueSynergy Mobile Application

NueSynergy is excited to offer you a new way to access your account! By downloading the NueSynergy Mobile app on either your Apple or Android mobile device, you will have a single access point to manage your FSA.



NueSynergy Mobile enables you to:

- See Detailed Account Information
- View your FSA Account Balance and Plan Details
- Review Recent Transactions and Details
- View all email and SMS alerts
- Contact administrator from mobile application via email or mobile phone
- Submit a claim for substantiation
- Take a photo of a receipt or bill and attach it to a new or existing claim or FSA debit card transaction for approval

You can download the NueSynergy Mobile Application by going to either the App Store on your Apple device or GooglePlay on your Android and searching for NueSynergy:

Step 1: Access **App Store** (Apple Phone) or **GooglePlay** (Android Phone)

Step 2: Search for NueSynergy

Step 3: Select Install and accept “App Permissions”

Step 4: Once NueSynergy Mobile is downloaded select the app on your main screen or apps folders

Step 5: Sign in using the same username and password as for your Participant Portal at www.KansasFSA.com (If you have not setup your account on the participant portal, you will need to do so before signing onto NueSynergy Mobile)

Step 6: Once you have completed the sign in, you are now able to access your account through NueSynergy Mobile!



How to File a FSA Claim

File Your Claim Online

One of the easiest ways to submit your claim for reimbursement is by completing our online claim form at www.KansasFSA.com. Once your claim is processed an email notification will be sent to your email address confirming approval or requesting additional documentation.

Step 1: Logon to www.KansasFSA.com

Step 2: Click on the “My Accounts” on the top navigation bar

Step 3: Click on the “File a Claim”

Step 4: Select “Add New”

Step 5: Enter your claim detail and attach your scanned receipts

Step 6: Select the certification box and click “Submit”

Step 7: If you cannot scan your receipts click “View Submittal Form”

Step 8: Print the completed form, which contains a bar code

Step 9: Fax the form and proper documentation/receipts to 855.890.7238



File Your Claim with NueSynergy Mobile

Filing a claim with the free NueSynergy mobile app is fast and easy. Once your claim is processed, an email notification will be sent to your email address confirming approval or requesting additional documentation.

Step 1: Logon to NueSynergy Mobile

Step 2: Select the  icon within your account window

Step 3: Provide the required information and select “Add Receipt”

Step 4: Choose “Take Photo” and take a picture of you documentation

Step 5: After taking your picture select “Preview”

Step 6: If all of the information is correct select Submit.

Step 7: Accept the Disclosure

Step 8: A window indicating the claim was successfully submitted will appear.

Note: NueSynergy Mobile is available for all Apple & Android devices.



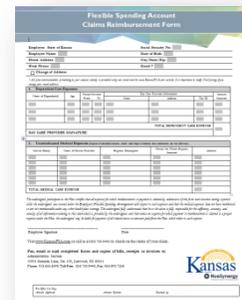
File a Paper Claim

A copy of the paper claims form is included within the welcome kit. You can also download a copy by going to www.KansasFSA.com.

Claims can be faxed or emailed to NueSynergy at:

Fax: 855.890.7238

Email: customerservice@NueSynergy.com



Eligible FSA Health Care Expenses

The IRS allows certain medical, dental, vision, and related services to be reimbursed through an FSA. Below is a partial list of expenses that qualify for FSA reimbursement. Over-the-counter medications prescribed by a physician, while not listed below, are still eligible for FSA reimbursement. This list is subject to change and without notice due to new legislation. For a complete list, log on to www.KansasFSA.com.

Medical Expenses	Eligible	Medical Expenses	Eligible
Acupuncture	Yes	Eyeglasses, prescription (includes prescription sunglasses and over-the-counter reading glasses)	Yes
Alcoholism treatment	Yes	Fertility treatment (ovulation predictor kits and pregnancy tests, in vitro fertilization, surgery or operations to reverse a prior surgery that prevents you from having children)	Yes
Ambulance service	Yes	Guide dog or other animal used to assist persons with physical disabilities	Yes
Artificial limb/teeth	Yes	Health institute	Yes
Bandages, Band-Aids, wraps, and splits	Yes	Hearing aids and batteries	Yes
Breast-reconstructive surgery following a mastectomy	Yes	Hospital services	Yes
Birth control pills (Norplant, ovulation kits)	Yes	Insulin, syringes	Yes
Braille books and magazines	Yes	Laboratory fees	Yes
Chiropractor professional fees	Yes	Lead-based paint removal	Yes
Christian Science Practitioner fees	Yes	Legal fees (fees you pay that are necessary to authorize treatment for mental illness)	Yes
Contact Lenses/solution	Yes	Meals (only as part of inpatient hospital care)	Yes
Contraceptives	Yes	Nursing home (if necessary for medical care and only the portion for medical services)	Yes
Crutches/braces & supports	Yes	Nursing services	Yes
Dental treatment (includes exams, x-rays, fillings, root canals, gum disease treatment, crowns, bridges, dentures, implants, and orthodontia; does not include cosmetic treatments such as teeth whitening, bonding, etc.)	Yes	Operations (legal operations that are not cosmetic in nature)	Yes
Diagnostic services and tests	Yes	Orthodontia	Yes
Drug dependency treatments	Yes	Orthopedic devices	Yes
Drugs (prescriptions)	Yes	Osteopath fees	Yes
Eye Surgery (includes cataract, LASIK, etc.)	Yes	Oxygen equipment	Yes

Eligible Health Care FSA Expenses, continued

Medical Expenses	Eligible	Medical Expenses	Eligible
Physical therapy	Yes	Transplants (donor expenses, if you pay those expenses)	Yes
Pregnancy test kits	Yes	Transportation and related travel expenses for person seeking treatment (see IRS Publication 502, Transportation and Trips)	Yes
Psychologist fees	Yes	Treatment for learning disability caused by mental or physical impairment or nervous system disorders (treatment must be recommended by physician – see IRS Publication 502, Learning Disability)	Yes
Schools and education (for mentally impaired or physically disabled person – see IRS publication 502)	Yes	Vaccinations	Yes
Special home for person adjusting from life in mental institution to community living	Yes	Weight-loss program (only if medically necessary to treat existing disease such as heart disease and undertaken under physician's direction)	Yes
Sterilization procedures (vasectomy or tubal ligation)	Yes	Wheelchair	Yes
Stop-smoking program	Yes	Wigs (if purchased upon advise of physician for mental health of patient)	Yes
Surgical fees (for legal operations not cosmetic in nature)	Yes	X-ray fees	Yes
Therapy, physical or speech	Yes		

Eligible Dependent Care FSA Expenses

The IRS allows certain dependent care related services to be reimbursed through a FSA. The below list of services are common FSA Dependent Care expenses. This list is subject to change and without notice due to new legislation. For a complete list of eligible Dependent Care FSA expenses please go to www.KansasFSA.com.

Child Care Expenses	Eligible	Child Care Expenses	Eligible
Activity fees	No	Piano lessons	No
After school program	Yes	Preschool	Yes
Au Pair	Yes	Private school tuition (for kindergarten and up)	No
Babysitting (work-related, in your home or someone else's home)	Yes	Registration fees (required for eligible care, after actual services are received)	Yes
Babysitting (not work-related, for other purpose)	No	Registration fees (required for eligible care, prior to actual services received)	No
Babysitting by your relative who is not a tax dependent (work-related)	Yes	School Tuition	No
Babysitting by your tax dependent (work-related or for other purpose)	No	Sick child care	Yes
Before or after school programs	Yes	Sleep-away camp	No
Child care	Yes	Summer day camp	Yes
Dance Lessons	No	Total payments (transferred from previous administrator)	Yes
Dependent care (while you work, to enable you to work or look for work)	Yes	Transportation to and from eligible care (not provided by your care provider)	No
Extended care (supervised program before or after regular school hours)	Yes	Transportation to and from eligible care (provided by your care provider)	Yes
Educational, learning or study skills services	No	Tutoring	No
Field trips	No	Elder Day Care Expenses	
Household services (housekeeper, maid, cook, etc)	No	Adult day care center	Yes
Housekeeper who cares for child (only portion of payment attributable to work-related child care)	Yes	Elder care (while you work, to enable you to work or look for work)	Yes
Kindergarten tuition	No	Elder care (in your home or someone else's)	Yes
Language classes	No	Custodial elder care (not work-related, for other purpose)	No
Meals, food or snacks	No	Day nursing care	No
Medical care	No	Custodial elder care (work-related)	Yes
Nanny	Yes	Medical care	No
Nursery school	Yes	Nursing home care	No
Payroll taxes related to eligible care	Yes	Senior day care	Yes

Eligible Limited Purpose FSA Expenses

The IRS allows certain medical, dental, vision, and related services to be reimbursed through an FSA. Below is a partial list of expenses that qualify for FSA reimbursement. Over-the-counter medications prescribed by a physician, while not listed below, are still eligible for FSA reimbursement. This list is subject to change and without notice due to new legislation. For a complete list, log on to www.KansasFSA.com.

Limited Purpose Expenses	Eligible	Limited Purpose Expenses	Eligible
Artificial teeth	Yes	Eye Surgery (includes cataract, LASIK, etc.)	Yes
Contact lenses, solution, equipment, and materials	Yes	Eyeglasses, prescription (includes prescription sunglasses and over-the-counter reading glasses)	Yes
Dental treatment (includes exams, x-rays, fillings, root canals, gum disease treatment, crowns, bridges, dentures, implants, and orthodontia; does not include cosmetic treatments such as teeth whitening, bonding, etc.)	Yes	Occlusal guards	Yes
Dental co-insurance, co-payments, and deductibles	Yes	Orthodontia	Yes
Dentures	Yes	Vision co-insurance, co-payments, and deductibles	Yes

Common FAQs

Below is a list of answers to commonly asked questions. A complete list of FAQ's can be found by going to www.KansasFSA.com.

Q: I don't like the "Use-it-or-lose-it" FSA rule. Why can't my unused funds roll over from year to year?

A: Section 125 of the IRS tax code determines many of the rules and regulations for FSAs that plan administrators (State of Kansas) must follow. In particular, one rule states that there may be no deferral of compensation. Specifically, money contributed in one plan year cannot be used or deferred to pay for benefits in another plan year (except during the Grace Period). The main reason for this rule is to prevent adverse selection and/or a participant from using their FSA as a tax shelter. As a result, participants must re-enroll each plan year.

Q: Where can I go to find out what expenses are considered eligible under a Health Care FSA, Dependent Care FSA, and/or a Limited Purpose FSA?

A: The easiest way to find out if an expense is considered eligible is to go to www.KansasFSA.com. There you will find an extensive list of eligible FSA expenses. These expenses are determined by the IRS/Department of Treasury Publications 502 and 503. These publications are available at www.IRS.gov.

Q: What is the deadline for incurring an eligible expense within a plan year and for filing a claim?

A: If you have a positive balance in your Health Care FSA or Limited Purpose FSA at the end of the plan year, December 31, you have until March 15 of the following year to incur expenses against the previous plan year. The deadline to file a claim for reimbursement is April 30 following each plan year. There is no grace period for the Dependent Care FSA; all expenses must be incurred by December 31.

Q: If I experience a Qualifying Event, when will the change become effective?

A: According to Section 125 of the IRS tax code, all eligible changes must be made on a prospective or "future forward" basis. Participants have 31 days to inform the SEHP, in writing, of a qualified change in status. The effective date of the change will be first of the month following the receipt and approval of the change request by the SEHP. For example, if a participant gets married on March 31 and does not submit a Change in Status form requesting to increase/decrease their contribution until April 10, the effective date of the change would be May 1.

Q: If I go on a leave of absence, what are my contribution options?

A: When a participant goes on a leave of absence there are three options available:

1. Make a lump-sum pre-payment for the time you're going to be gone, if known.
2. Make after-tax contributions via personal check to SEHP while on leave.
3. Make a catch-up contribution upon the employee's return from leave.

Note: If catch up contributions are not made then the absence will be considered a period of no coverage and claims incurred during this time will not be reimbursable.

Common FAQs

Q: What happens to my FSA if I retire or leave State employment mid-year?

A: When a participant leaves State employment their FSA accounts will terminate on the first of the month following their last date of employment. For Health Care FSAs and Limited Purpose FSAs, expenses incurred while active may continue to be submitted for reimbursement through April 30 of the following year.

For the Dependent Care FSA, expenses may continue to be incurred after the termination date and submitted for reimbursement until funds are exhausted or until the end of the plan year.

Q: Example: My 15 year old step-child will be living with me until the end of the school year. After that, they are moving in with their biological father. I had included their expenses when calculating my annual election during Open Enrollment. Can I lower my contribution amount after they move out?

A: Yes, a change in residence of a dependent child is a qualifying event that allows for a mid-year election change.

Q: When I submit a Dependent Care FSA claim should I claim only what I've contributed for that month or what I actually incurred in daycare costs?

A: You should claim what you actually incurred in daycare costs. NueSynergy will keep track of your Dependent Care FSA claim and will reimburse you as contributions are made to the account.

Further Questions?

NueSynergy is the administrator for your plan. We can be reached at 855.750.9440 Monday-Friday from 7:30AM – 5:00PM, CST.

Flexible Spending Account Claims Reimbursement Form

Employer: State of Kansas

Social Security No:

Employee Name:

Date of Birth:

Home Address:

City/State/Zip:

Work Phone:

Email:*

Change of Address

* All plan communication pertaining to your account activity is provided solely via email and the www.KansasFSA.com website. It is important to notify NueSynergy if you change your email address.

1. Dependent Care Expenses							
Name of Dependent(s)	Age	Period Covered		Day Care Provider Information			Amount Incurred
		From	To	Name	Address	Tax ID	
TOTAL DEPENDENT CARE EXPENSE							
DAY CARE PROVIDER SIGNATURE:							

2. Unreimbursed Medical Expenses (Copies of cancelled checks, credit card slips or balance due statements are not allowed.)				
Service Date(s)	Name of Service Provider	Expense Description	Person for Whom Expense Incurred	Amount
TOTAL MEDICAL CARE EXPENSE				

The undersigned participant in the Plan certifies that all expenses for which reimbursement or payment is claimed by submission of this form were incurred during a period while the undersigned was covered under the Employee's Flexible Spending Arrangement with respect to such expenses and that the medical expenses have not been reimbursed or are not reimbursable under any other health plan coverage. The undersigned fully understands that he or she alone is fully responsible for the sufficiency, accuracy, and veracity of all information relating to this claim which is provided by the undersigned, and that unless an expense for which payment or reimbursement is claimed is a proper expense under the Plan, the undersigned may be liable for payment of all related taxes on amounts paid from the Plan which relate to such expense.

Employee Signature

Date

Visit www.KansasFSA.com or call us at 855.750.9440 to check on the status of your claim.

Fax, email or mail completed forms and copies of bills, receipts or invoices to:

Administration Services

10901 Granada Lane, Ste. 100, Leawood, KS 66211

Phone: 913.653.8398, Toll-Free: 855.750.9440, Fax: 855.890.7238

Email: customerservice@NueSynergy.com



For Office Use Only:

Amount Approved:

Amount Rejected:

Reviewed by: