



FSA

Flexible Spending Account Overview

- Medical Reimbursement Accounts
- Dependent Care Reimbursement Accounts



Business Solutions

What is a Flexible Spending Account?

A Flexible Spending Account is offered through your employer and is administered by CGI Business Solutions. With a Flexible Spending Account, you can set aside pre-tax dollars from your paycheck to pay for medical and dependent care expenses that are not covered by insurance. A Flexible Spending Account provides you with an important tax advantage, allowing you to lower your taxable income and put more money in your pocket.



Example 1: John's gross income is \$30,000. He is single and expects to spend \$2,500 in medical expenses in deductibles, dental work and eyeglasses this year. By setting aside \$2,500 in his Flexible Spending Account, he'll be putting an extra \$922 in his pocket that otherwise would have gone towards taxes. See below:

Example - John's gross income is \$30,000. He is single and expects to spend \$2,500 in medical expenses in deductibles, dental work and eyeglasses this year.	Without Flexible Spending Account	With Flexible Spending Account
Gross income of employee	\$30,000	\$30,000
Flexible Spending Account contributions	\$0	- \$2,500
Estimates taxes-Federal	- \$2,826	- \$2,309
Estimated taxes-FICA	- \$2,295	- \$1,890
After tax earnings	\$24,879	\$23,301
Out of pocket medical and dependent care expenses	- \$2,500	\$0
Remaining spendable income	\$22,379	\$23,301
Additional income for spending and saving		\$922



Example 2: Bob and Jane's combined gross income is \$60,000. They have 2 children and expect to spend \$2,500 on unreimbursed medical expenses (deductibles, dental, eye care, etc.) and \$5,000 on day care next year. By setting aside \$7,500 in their Flexible Spending Account they'll be putting an extra \$1,661 in their pockets that otherwise would have gone towards taxes. See below:

Example - Two income family with one child in day care with \$2,500 medical expenses and \$5,000 of day care expenses.	Without Flexible Spending Account	With Flexible Spending Account
Gross income of employee and spouse	\$60,000	\$60,000
Flexible Spending Account contributions	\$0	- \$7,500
Estimates taxes-Federal	- \$6,526	- \$5,439
Estimated taxes-FICA	- \$4,590	- \$4,016
After tax earnings	\$48,884	\$43,045
Out of pocket medical and dependent care expenses	- \$7,500	\$0
Remaining spendable income	\$41,384	\$43,045
Additional income for spending and saving		\$1,661

Important Considerations:

Be sure to check the enclosed “Eligible Medical Expenses” and “Eligible Dependent Care Expenses” to make sure your expenses qualify for reimbursement.

Use It Or Lose it Rule.

IRS regulations require that all money contributed to a Flexible Spending Account for medical and/or dependent care expenses must be used within the plan year. Money not used within the plan year will be forfeited. To avoid forfeiture of Flexible Spending Account dollars, consider your contributions carefully and select a conservative amount based on predictable expenses.

Election Changes.

You can only change the amount of your Flexible Spending Account Election during your employer’s open enrollment period unless you experience one of the following events: marriage, divorce, birth or adoption, death in your immediate family, or change in employment status of you or your spouse.

How does a FSA work?

Contributing to a Flexible Spending Account is easy. You choose whether to set aside money for medical expenses, dependent care expenses or both. If your Flexible Spending Account Plan allows for both medical and dependent care accounts, you will be notified of the annual limits that you can contribute. Generally, the employer limits how much you can contribute to a medical FSA, and Dependent Care FSA’s are set to a \$5,000 (\$2,500 per married filing separately) limit per plan year. Enclosed is a worksheet that will help you estimate your expenses. Each pay period the amount you choose to contribute will be deducted from your gross pay and deposited into your Flexible Spending Account. Throughout the year, as you incur expenses that are not covered by insurance, you can use the money in your Medical Flexible Spending Accounts to pay for them. As you incur dependent care expenses you can submit those for reimbursement.

Medical Reimbursement Account:

The Medical Reimbursement Account lets you pay for certain medical care expenses not covered by your insurance plan with pre-tax dollars. For example, cash that you now spend on deductibles, co-payments, or other out-of-pocket medical expenses can instead be placed in the Medical Reimbursement Account, pre-tax, to pay for these expenses. Some employers offer access to your funds through a debit card which allows for more simplified claims processing.

Dependent Care Account:

The Dependent Care Flexible Spending Account lets you use pre-tax dollars towards qualified dependent care expenses such as caring for children under the age of 13 or caring for elders. Dependent Care expenses can be reimbursed directly to your checking account.



QUALIFYING MEDICAL & DENTAL CARE EXPENSES

Under the Plan, you will be reimbursed only for medical and dental expenses.

They include, for example, expenses you have incurred for:

1. Co-pays and deductibles for medical and mental health services
2. Medicine or drugs treating a medical condition, birth control pills and vaccines.
3. Medical doctors, dentists, eye doctors, chiropractors, osteopaths, podiatrists, psychiatrists, psychologists, physical therapists, acupuncturists and psychoanalysts (medical care only).
4. Medical examination, X-ray and laboratory services, insulin treatment and whirlpool baths the doctor prescribed.
5. Nursing help. If you pay someone to do both nursing and housework, you can be reimbursed only for the cost of the nursing help.
6. Hospital care (including meals and lodging), clinic costs and lab fees.
7. Medical treatment at a center for substance abuse.
8. Medical aids such as hearing aids (and batteries), false teeth, eyeglasses, contact lenses, braces, orthopedic shoes, crutches, wheelchairs, guide dogs and the cost of maintaining them.
9. Ambulance service and other travel costs to get medical care. If you used your own car, you can claim what you spent for gas and oil to go to and from the place you received the care; or you can claim the allowable mileage. Add parking and tolls to the amount you claim under either method.

YOU CANNOT OBTAIN REIMBURSEMENT FOR:

1. The basic cost of Medicare insurance (Medicare A).
2. Life insurance or income protection policies.
3. All of your qualified tax dependents for health coverage purposes.
4. The hospital insurance benefits tax withheld from your pay as part of the Social Security tax or paid as part of Social Security self employment tax.
5. Nursing care for a healthy baby.
6. Illegal operations or drugs.
7. Travel your doctor told you to take for rest or change.
8. Cosmetic Surgery.
9. Long-term care expenses.

Qualifying medical expenses include only those expenses incurred for:

1. Yourself.
2. Your spouse.
3. All dependents you list on your federal tax return.

IRS Publication 502, Medical and Dental Expenses, has a checklist for most of the medical expenses that can be deducted and are therefore reimbursed under this plan. Some other medical expenses are also reimbursable. However, regardless of any statements in Publication 502 to the contrary, expenses under this plan are treated as being "incurred" when you are provided with the care that gives rise to expenses, not when you are formally billed or charged, or you pay for the medical care. Also, no reimbursement will be allowed for any privately held insurance policies or long-term care expenses.

SAMPLE OF ELIGIBLE OVER-THE-COUNTER ITEMS*

Prescription Required

- 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)
- Antibiotics & antiseptic sprays, creams & ointments
- Anti-diarrheals
- Anti-fungals
- Anti-gas & stomach remedies
- Anti-itch & insect bite remedies
- Anti-parasitics
- Baby-care (diaper rash ointments, teething gel, rehydration fluids, etc.)

- Contraceptives (condoms, gels, foams, suppositories, etc.)
- Digestive aids
- 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 medications (smoking cessation aids)
- Pain relievers (aspirin, ibuprofen, acetaminophen, etc.)
- Sleep aids & sedatives

- Wart removal remedies, corn patches

No Prescription Required

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

NON-ELIGIBLE ITEMS*

- Aromatherapy
- Baby bottles & cups
- Baby oil
- Baby wipes
- Breast enhancement system
- Cosmetics
- Cotton swabs
- Dental floss
- Deodorants & anti-perspirants

- Dietary supplements
- Feminine care items
- Fiber supplements
- Fragrances
- Hair re-growth preparations
- Herbs & herbal supplements
- Hygiene products & similar items
- Low-carb & low-fat foods
- Lip Balm

- Medicated shampoos & soaps
- Petroleum jelly
- Shampoo and conditioner
- Spa salts
- Sun tanning products
- Teeth whitening treatments or products
- Toothbrushes or Toothpaste
- Vitamins & supplements without prescription
- Weight loss drugs for general well-being

*All items are examples

Important Information Regarding Over-the-Counter (OTC) Medications

Since January 1, 2011, OTC medications require a doctor's prescription to be eligible for FSA reimbursement.

As a result, OTC medications cannot be purchased using the mySourceCard unless dispensed by a pharmacy, the same as a standard prescription. If a manual claim is submitted for purchase of an OTC medication, a prescription receipt must be included with the claim in order to receive reimbursement.

Non-medicated OTC products (gauze pads, diabetes test strips, saline solution, etc.) are not affected by this change in the law.

Planning Expense Worksheet

This worksheet will help you determine the amount of money to contribute to your Medical FSA.

You may want to review last year's medical expense receipts.

Using these receipts and the worksheet, you can estimate the amount of dollars you wish to contribute.

Medical Expenses (These could include ...)	Amount Spent Last Year	Anticipated Amount This Year
Doctor visit co-pays	\$	\$
Deductibles	\$	\$
Dental Expenses (crowns, dentures)	\$	\$
Hearing Aids/Batteries	\$	\$
Nicotine Gum/Patches	\$	\$
Over the counter medicine (cold medicine, sleeping aids)	\$	\$
Prescription co-pays	\$	\$
Vision Care (eye exams, glasses, contact lenses, laser surgery)	\$	\$

TOTAL OUT-OF-POCKET EXPENSES: \$ _____

ROUND EXPENSES TO A WHOLE NUMBER: \$ _____

DIVIDE AMOUNT BY # OF PAY PERIODS: \$ _____

Filing for Reimbursement:

As you incur expenses not covered by insurance you will need to pay at the time of service then submit the enclosed claim form along with receipts and/or bills through mail, fax, or e-mail as follows:

CGI Business Solutions Claims Processing Department
 171 Londonderry Turnpike, Hooksett, NH 03106
 Fax: 603-232-9363
 E-mail: claims@cgibusinesssolutions.com
 Phone: 888-383-0088

To file a claim for reimbursement using your Benefits Card:

- Use your benefits card at eligible vendors including most pharmacies, doctors' offices and hospitals
- Swipe the card as you would a credit or debit card and sign for your purchase.
- Your Flexible Spending Account balance will be automatically adjusted.
- Submit receipts if asked to substantiate your claim, otherwise your claim will be processed automatically.

Be sure to check the enclosed "eligible medical expenses" and "eligible dependent care expenses" to make sure your expenses qualify for reimbursement. Most claims are processed and reimbursement checks sent out within one week. To access your account balance online go to www.cgibusinesssolutions.com and click on "My FSA/HRA".



Corporate Office:
171 Londonderry Turnpike
Hooksett, NH 03106
866.841.4600
www.cgibusinesssolutions.com

• Satellite Offices:
• Rutland, Vermont: 866.223.1140
• Scarborough, Maine: 207.730.7222
• Beverly, Massachusetts: 978.969.2269



Flexible Benefit Plan Election Form and Contribution Agreement

Employer Name: **Town of Meredith, NH**

Plan Year: **January 1, 2016 - December 31, 2016**

Business Solutions
Business Simplified

1. Employee Information Please Print Clearly Refer to Back for Instructions

Full Name: _____ Social Security Number: _____
 Home Address: _____
 City: _____ State: _____ Zip Code: _____ Telephone Number: _____
 E-Mail: _____ Date of Birth: _____
 (CGI will only use the provided e-mail address and telephone # for the sole purpose of issuing correspondence regarding your account, not for solicitation purposes)
 Plan Year Beginning/Date of Eligibility: _____

2. Election Agreement for Insurance Premium Pre-Tax Deductions

Yes, I have elected insurance coverage and authorize contributions in the amounts of current premiums deducted from my paycheck pre-tax. I understand that:
 _____ If my required contributions for the elected benefits are increased or decreased while this agreement remains in effect, my Contributions will automatically be adjusted to reflect that increase or decrease.
 _____ Prior to the first day of each Plan Year, I will be offered the opportunity to change my benefit election for the following Plan Year.
 _____ My election amount will carry forward to the subsequent Plan Year(s) unless I notify my benefits administrator.

No, I hereby waive this benefit.

3. Flexible Spending Benefit Plan Pre-Tax Elections

Health Care Spending Account Reimbursement will only be available for "qualifying medical care expenses" for my eligible dependents and/or myself during the Plan Year as described in my Summary Plan Description and Employee Booklet. You will need to read the Flexible Benefit Plan Terms and Conditions on the back of this form.

Please note that legislation signed into law mandates some OTC items will no longer be eligible for reimbursement without a prescription under the Health Care FSA effective January 1, 2011.

Yes, I elect to participate in the Health Care Spending Account.
 \$ _____ X _____ = \$ _____ *The Annual Plan Limit is \$2,500.00
Contribution per pay period # of pay periods in plan year Total Annual Election*

No, I hereby waive this benefit.

Dependent Care Reimbursement Account Reimbursement will only be available for "qualifying dependent care expenses" as described in my Summary Plan Description and in the Employee Booklet. You will need to read the Flexible Benefit Plan Terms and Conditions on the back of this form. Please remember to provide the Plan Administrator with the Name, address and the tax ID # or social security # of the child care provider.

Yes, I elect to participate in the Dependent Care Reimbursement Account.
 \$ _____ X _____ = \$ _____ *The Annual Plan Limit is \$5,000.00 per participant. (\$2,500.00 if married filing separately.)
Contribution per pay period # of pay periods in plan year Total Annual Election*

No, I hereby waive this benefit.

4. CGI Benefits Card Dependent Enrollment (Optional) Your debit card will automatically be reactivated upon enrollment. You will need to read the terms and conditions on the back of this form for the CGI Benefits Card and your Flexible Benefit Plan.

Dependent Information You will be charged a \$2.00 fee for dependent cards or replacement cards. Please indicate if you would like to receive additional debit cards for your spouse and any additional dependents (over age 18.) This is only for your eligible dependents, per IRS guidelines.

Full Name	Social Security Number	Date of Birth	Relationship	Card
1.				<input type="checkbox"/> Yes <input type="checkbox"/> No
2.				<input type="checkbox"/> Yes <input type="checkbox"/> No

5. Direct Deposit Application To receive reimbursements for out-of-pocket medical and/or dependent care expenses as a direct deposit to your personal checking or savings account (rather than receiving paper checks) please complete the below section and attach a voided check or savings deposit slip.

Name of Bank: _____ Checking Account Savings Account

(ABA) Routing #: 9 Digits located on the bottom left hand side of check

 Account #: located after ABA # (Do not include check #)

6. Signatures By signing below, I agree to all of the FSA Plan Terms and Conditions on the back of this form.

Employee Signature (required) :	Date:
Employer Signature (required):	Date:

Flexible Benefit Election Form and Contribution Agreement Instructions

Section 1	EMPLOYEE INFORMATION – Please print your name and provide your complete address clearly. Your phone number and e-mail address will be used only to communicate with you in regards to your plan. It will not be distributed to any other organizations or used for solicitation purposes in any way. Please understand that this is an employee account under federal and state laws CGI cannot release detailed information to anyone other than the participant, this also includes spouse and/or dependent(s). Should a spouse and/or dependent(s) have a CGI Benefits Card they may obtain account balance or information on card transactions with their assigned card. Please contact our office for further information.
Section 2	ELECTION AGREEMENT FOR INSURANCE PREMIUM PRE-TAX DEDUCTIONS – Please indicate whether or not you elected health insurance offered by your company and authorize pre-tax deductions for this benefit.
Section 3	FLEXIBLE BENEFIT PLAN PRE-TAX ELECTIONS – Health Care Spending Account: Carefully figure out how much money you wish to set aside each pay period during your employer’s plan year to pay for you/your family’s eligible out-of-pocket medical expenses. Reimbursement will be available for only “qualified medical care expenses” as described in your Summary Plan Description (SPD) and Employee Booklet. Under the Health Care Spending Account Plan you will be reimbursed only for those types of medical expenses normally deductible on your federal income tax return with certain exceptions. Dependent Care Reimbursement Account: Carefully figure out how much money you wish to set aside each pay period during your employer’s plan year to pay for eligible child care expenses for your eligible dependent(s) while you and your spouse(if applicable) are gainfully employed. Reimbursement will be available for only “qualified dependent care expenses” as described in your Summary Plan Description (SPD) and Employee Booklet.
Section 4	CGI BENEFITS CARD- Your debit card will automatically be reactivated upon enrollment. Please be sure to not discard your card, as the cards are valid for 3 years and can be reactivated for the new plan year’s election. Dependent Information - You will be charged a \$2.00 fee for dependent cards or replacement cards. Please indicate if you would like to receive additional debit cards for your spouse and any additional dependents (over age 18.) This is only for your eligible dependents, per IRS guidelines.
Section 5	DIRECT DEPOSIT AUTHORIZATION- Manual claims submitted to CGI for reimbursement are normally reimbursed to you by sending a paper check. If you wish to receive reimbursements directly to your checking or savings account via direct deposit, please fill out this section and attach a copy of a voided check (for checking) or a deposit slip (for savings).
Section 6	SIGNATURES- After completing this election form in its entirety and carefully reading the below Terms and Conditions thoroughly, please sign and date then return the completed election form to your HR office as applicable. Employers must review the election form and sign and date that the employee meets the eligibility requirements under their plan.

Flexible Benefit Plan Terms and Conditions

I UNDERSTAND THAT:

- I cannot change or revoke this contribution agreement at anytime during the Plan Year, unless I have a qualifying event (including marriage, divorce, birth or adoption of a child, death of a spouse or child, termination or commencement of employment of spouse.)
- My Social Security benefits may be slightly reduced as a result of my election.
- I have read and understand the explanation I have received regarding my options under the Section 125 Plan. I understand that I have authorized my Employer to reduce my salary on a pre-tax basis during this plan year.
- This agreement will automatically terminate if the Plan is discontinued or if I cease to receive compensation from my Employer.
- Any services submitted for reimbursement against your available balance must have the dates of service incurred on or before your date of termination. Any CGI Benefits Cards will be automatically deactivated as well.
- I must choose my annual elections carefully. Expenses from reimbursement accounts cannot be reimbursed from any other source and must be incurred during my active participation of the employer’s plan year. Any remaining balance deemed unclaimed from my reimbursement account at the end of the plan year will be forfeited to my employer after a 90 day run out period.
- I may have a roll over provision or an additional 2 ½ month grace period at the end of the current plan year to incur eligible expenses towards a remaining balance for reimbursement. Please see your Flexible Benefit Summary Plan Description for more details.
- I acknowledge that Flexible Benefit Plans are to reimburse expenses incurred by my legal dependents or myself only. Domestic/Civil Union Partners are not eligible IRS dependents in most cases.
- Health Care Spending Accounts will be reimbursed up to your annual election. Dependent Care Reimbursement Accounts will be reimbursed up to the balance currently credited to your account.
- **** The Health Care Reform Law signed by the President in 2010 impacts the over the counter (OTC) purchases with Health Care Flexible Spending Accounts, Health Reimbursement Arrangements and Health Savings Accounts starting January 1, 2011. OTC drugs and medicines will only be eligible with a written directive from a provider. Because these items now require a doctor’s directive, these items can no longer be purchased with your debit card. Participants may still be able to receive reimbursement for the item through their HCA, HRA or HSA, providing a claim form is completed and the written provider’s prescription/directive stating medical necessity and expense backup documentation is attached. ****
- A) CGI Benefits Card: The CGI Benefits Card debit card is to be only used to pay for IRS eligible health care expenses. It cannot be used to purchase any expenses not specifically approved by IRS guidelines.
B) The IRS requires me to keep documentation of all my expenses the card is used for, and supply copies of the documentation upon CGI’s request.
C) Misuse of the card will result in deactivation and repayment of all ineligible expenses.
D) For expenses paid with the CGI Benefits Card I certify that I have not been reimbursed for the expenses by any other health benefit plans or will not seek for reimbursement after use of my card.
E) As of January 1, 2011 any OTC’s will require a written prescription from the doctor for reimbursement and the debit card will no longer work for OTC expenses.



Town of Meredith, NH 2016 FSA Plan

The Medical Reimbursement Account also called Medical FSA, lets you pay for certain IRS-approved medical care expenses not covered by your insurance plan with pre-tax dollars. For example, cash that you now spend on deductibles, copayments, or other out-of-pocket medical expenses can instead be placed in the Medical Reimbursement Account pre-tax, to pay for these expenses. **The annual maximum amount you may contribute to the Medical Reimbursement Account is \$2,500.**

You are given 90 days after the last day of your plan year to submit claims for prior year expenses. Remember, the date of service must occur during your active participation of your company’s plan year.

<p>CGI Contact Information:</p> <p>E-Mail: claims@cgibusinesssolutions.com</p> <p>Toll Free Number: (888) 383-0088</p>	<p>Fax: (603) 232-9363</p> <p>Send claim forms to: CGI Business Solutions 171 Londonderry Turnpike Hooksett, NH 03106</p>
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Frequently Asked Questions:

Q. What is a Medical Reimbursement Account (Medical FSA)?

A. Medical FSA pays for the qualified medical expenses **not** covered or reimbursed by your medical plan or any other type of insurance. It is NOT limited to only dental and vision care services/products and a list is provided in the Flexible Spending Account Overview provided by CGI Business Solutions.

Q. How does the Health Care Reform law impact Medical FSAs?

A. Effective January 1, 2011, over-the-counter (OTC) medicines and drugs require a prescription from a provider in order to be eligible for reimbursement. Therefore, such items as pain relievers, cough medicines and acid controllers now require a prescription from the doctor which must accompany the claim reimbursement form submitted to CGI’s Benefits Administration Department. Insulin and other OTC items, such as band-aids, still continue to be reimbursed without a prescription. For plan years beginning on or after January 1, 2015, the Medical FSA will further be impacted by a cap of \$2,550 for salary reduction contributions.

In addition, eligibility for “children” who have not yet attained age 27 under the new Health Care Reform law and subsequent revised Internal Revenue Code, is effective for the Medical FSA. This means that if you have a “child” who meets this definition, reimbursements from your FSA expenses are eligible for reimbursement on their behalf through the end of the taxable year in which they are still age 26. Expenses are not eligible through the FSA for the entire taxable year in which the dependent turns 27 (Example: dependent turns 27 in March 2015, expenses are not eligible for entire 2015 taxable year).

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Flexible Benefit Plan Reimbursement Claim Form

Company: _____

Employee Name: _____

Home Address: _____

Street City State Zip

Phone: _____ E-Mail: _____

Please attach all receipts to this form.

NOTE: The IRS no longer accepts canceled checks or credit card charge slips as sufficient proof of claim. Therefore, documents showing date, cost, and description of service are required for reimbursement.

Daycare Expense Claims:

Name Of Dependent(s)	Date Of Service	Service Provider Name, Address and Tax ID#	Amount
Total Daycare Expenses			\$

Unreimbursed Medical Expense Claims:

Date of Service	Service Provider with Brief Description	Person Expense Covers	Amount
Total Medical			\$

Read Carefully:

The above is true and accurate statement of unreimbursed medical / dependent care expenses and / or individually owned health insurance premiums incurred by me or my eligible dependents on the date(s) indicated, and were incurred while I was covered under the said company's Flexible Benefit Plan. Receipts from my service provider(s) and / or insurance carrier(s) for all expenses and / or individually owned health insurance premiums claimed by me are attached to this voucher. I understand that these expenses cannot be submitted to any other medical plan once reimbursed under this Plan. I also understand that I cannot claim my reimbursed expenses on my income tax return, and that I may be liable for payments for all related taxes including Federal, State or City income tax on the amounts paid for any expense improperly claimed under the Plan.

Signature: _____ Date: _____

Send claims to: **CGI Business Solutions**
Claims Processing Department
171 Londonderry Turnpike
Hooksett, NH 03106

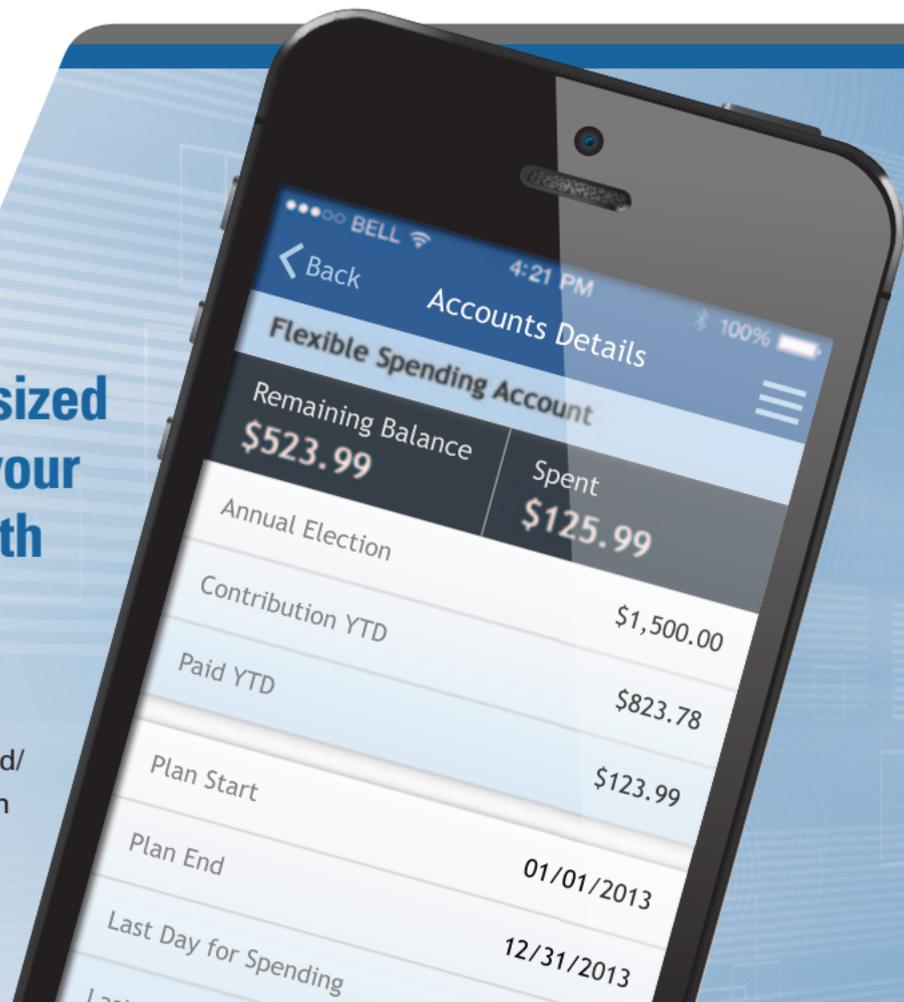
Or Fax Claims to: 603-232-9363
Or E-mail to: claims@cgibusinesssolutions.com

For CGI Use Only: Claim received: _____ Processed by: _____
Amount of payment: _____ Payment date: _____



Powerful, yet pocket-sized management tool for your consumer-driven health accounts.

Gain real-time access to your health savings account (HSA), health reimbursement arrangement (HRA) and/or flexible spending account (FSA) with CGI Wealthcare Mobile.



Account access as mobile as you are.

Have the account information you need, right when you need it most. Our mobile app makes it easy to manage your benefit accounts on the go. Our secure mobile app gives you access to your FSA, HRA, and/or HSA with the following features:

- ▶ Free application available for any Apple or Android smartphone or tablet
- ▶ Gain instant access by entering the same username and password from mywealthcareonline.com/cgi
- ▶ View account balances and transaction history
- ▶ Attach receipts by taking a photo
- ▶ Safely fund your HSA account
- ▶ Add or edit text message alerts
- ▶ Contact the administrator for assistance

Download CGI Wealthcare Mobile from the Apple App Store or the Android Marketplace today!

