

ENROLL IN THE EMPOWER FLEX PLAN AND SAVE 25% TO 40% ON EVERYDAY ITEMS

Take a few moments right now and take advantage of a smart, simple way to prepare for expenses not covered by your employer's health insurance plan. It's called the Empower Flex Plan and it allows you to use pre-tax income for things like co-pays at the doctor's office, prescriptions, glasses and dental care. Just estimate the Flex Plan eligible expenses you and your family members will have on this worksheet.



HEALTHCARE EXPENSES

NOT COVERED BY INSURANCE (incomplete list)

- Co-pays to doctors & pharmacies \$ _____
 - Prescription drugs \$ _____
 - Office visits & checkups \$ _____
 - Prescribed sunglasses & eyeglasses \$ _____
 - Contact lenses, solutions & supplies \$ _____
 - Dental cleanings, fillings & x-rays \$ _____
 - Sealants, crowns, bridges & dentures \$ _____
 - Braces, spacers & retainers \$ _____
 - Wisdom teeth, implants & oral surgery \$ _____
 - Psychologist & psychiatrist fees \$ _____
 - Chiropractic & podiatrist fees \$ _____
 - Oxygen, insulin, syringes & supplies \$ _____
 - Hearing aids, batteries & exams \$ _____
 - Arches & orthopedic shoes \$ _____
 - Walkers, canes & wheelchairs \$ _____
 - Physical & speech therapy \$ _____
 - Weight-loss program (prescribed by doctor) \$ _____
 - Quit-smoking program & medication \$ _____
 - Alcoholism & drug treatment \$ _____
 - Special schooling for disabled child \$ _____
 - Travel & mileage to doctor or hospital \$ _____
- TOTAL:** \$ _____

DEPENDENT CARE EXPENSES

SO YOU CAN WORK

- Nanny & babysitter thru age 12 \$ _____
 - Pre-K or nursery school \$ _____
 - Before & after school care thru age 12 \$ _____
 - Day camp thru age 12 \$ _____
 - Daycare for a disabled adult or child \$ _____
 - Elder daycare for parent or dependent \$ _____
- TOTAL:** \$ _____

IMPORTANT PLAN REMINDERS...

- Your entire medical election is available to you on day one of the plan year
- Estimate carefully, as you may forfeit any funds remaining at the end of the plan year
- Many plans provide a 2 ½ month extension to give you more time to spend funds
- You can't change your elections unless there is a qualifying event
- For day care, you may either take the tax credit or run the amounts through the flex plan

KEEP YOUR RECEIPTS!!!

You should keep ALL receipts for expenses run through the Flex Plan each year. Receipts should be retained for tax purposes. Also, from time to time, we will request receipts to substantiate debit card transactions as required by the IRS. It is important that you can easily locate all receipts as failure to produce them when requested may result in your debit card being turned off.



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EMPOWER Flex Plan Enrollment Form

Employees: Complete and return this form to your Human Resources representative

Employers: Collect the completed forms from employees and follow the instructions at <https://employer.empowerflex.com/enrolling-consumers/> to submit enrollment

Employer _____	SSN _____
Employee Name _____	Hire Date ____/____/____
Email _____	
Employee ID _____	Date of Birth ____/____/____
Home Address _____	Work Phone (____) ____-____
City _____ State ____ Zip _____	Mobile Phone (____) ____-____

Option I: Healthcare Spending Account

I want to save on healthcare expenses that my health insurance plan does not cover (copayments, deductibles, costs for dental, orthodontic, vision care, pharmacy, etc.).

I elect to contribute \$ _____ (before taxes) per Plan Year, which is \$ _____ per pay period, to fund my medical reimbursement expense account.

I Decline to participate in Option I this Plan Year.

Option 2: Dependent Daycare Spending Account

I want to save taxes on daycare expenses. I understand that I may claim up to \$5,000 if I am single or married filing jointly, or \$2,500 if I am married filing separately.

I elect to contribute \$ _____ (before taxes) per Plan Year, which is \$ _____ per pay period, to fund my dependent care account.

I Decline to participate in Option II this Plan Year.

My employer and I agree that my taxable income will be reduced each pay period by the amounts set forth in this Agreement. I understand that I may only change my election if I have a qualifying event as determined by the IRS. Prior to the first day of each plan year, I will be offered the opportunity to change my benefit election for the upcoming plan year. Any qualified expenses that are submitted by me will be reimbursed to me on a tax-free basis. Depending on the specifics of my Employer's Plan, any contributions not used during the Plan Year may not be paid to me in cash or used in a later Plan Year. I acknowledge that I have received, read, and understand the Summary Plan Description.

Employee Signature _____ Date ____/____/____