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# Gilsbar Health & Dependent Care Flexible Spending Account

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**Plan Year: August 1, 2014 - July 31, 2015**

•**Health Care Spending Account Maximum: \$2,500**

•**Health Care Spending Account Minimum: \$120**

•**Dependent Care Spending Account Maximum: \$5,000**

•**Run Off Period: 90 days following the end of the plan year to file for services rendered during the plan year**

•**Waiting Period: Employees can apply during the Annual Enrollment**



Thank you for choosing to participate in the Health Care or Dependent Care FSA. Your plan is administered by Gilsbar, LLC. County of Lee's Group Number is S2548

**MANAGE YOUR ACCOUNT ONLINE 24/7 AT [WWW.MYGILSBAR.COM](http://WWW.MYGILSBAR.COM)!**

- Check your up-to-the-minute plan balances
- View election amounts and reimbursement details
- File claims and submit receipts online

**THERE IS A HANDY MOBILE APPLICATION!**

- Access available account balances on your iPhone®, iPod Touch®, iPad®, or Android®-powered device
- Submit claims and receipts using your device's camera
- Receive selected alerts via text message on any mobile device

**IT'S EASY TO GET STARTED:**

**STEP 1:** After your effective date, go to [www.myGilsbar.com](http://www.myGilsbar.com) and register as a new participant. You will complete a brief registration form, and you will need a valid e-mail address and your Group Number, S2548

**STEP 2:** Once logged in, choose the *FSAs and HRAs* link in the left navigation bar.

**STEP 3:** Click the *Accounts* tab at the top, and then choose *Account Summary* to confirm that your annual election(s) are accurate. If there are any discrepancies in your account information, please contact us at (800) 445-7227 ext. 1883.

<b>SUBMIT YOUR CLAIMS:</b>	<b>CONTACT US:</b>
<p><b><i>For fastest processing, upload your claims online. You may also fax claims and receipts to: (866) 635-1329</i></b></p> <p>Mail claims and receipts to: Gilsbar, LLC Attn: Flex PO Box 965 Covington, LA 70434</p> <p><i>(Please keep the original documents for your records.)</i></p>	<p><b><i>Customer Contact Center</i></b></p> <p><b><i>Phone: (800) 445-7227 ext. 1883</i></b> <b><i>Email: <a href="mailto:flex@gilsbar.com">flex@gilsbar.com</a></i></b></p> <p><b><i>7:00 a.m. – 7:00 p.m. CST</i></b></p>



# Your Healthcare FSA

## WHAT IS A HEALTHCARE FSA?

Provided by your employer, a Healthcare FSA is a reimbursement account that allows you to set aside a certain amount of money each paycheck, pre-tax, to help pay for out-of-pocket medical expenses for you and your family. The amount you elect is deducted from gross earnings before federal and state taxes are calculated. By using your FSA to pay for qualified medical expenses, you can save an additional 20-30% on your healthcare expenses.

## HOW DOES THE HEALTHCARE FSA WORK?

With an FSA, you must decide on your contribution amount at the beginning of the plan year. The amount you designate will be equally deducted from your pay each pay period. To estimate the out-of-pocket expenses that you, your spouse, and your dependents may incur, consider any standard co-pays, prescriptions, office visits, and planned medical expenses, i.e. braces or LASIK eye surgery. Please use the provided expense worksheet to help you determine the amount of money to allocate for your Healthcare FSA.

The IRS requires that all money in the account be used during the plan year. Money cannot be returned to you or carry over to the following year. For this reason, it is better to underestimate your expenses at the beginning of the plan year when you decide your election amount. To help avoid this situation, you will receive a notice of your balance prior to the end of the plan year, so you can use that balance on qualified expenses prior to the last day of the current plan year.

## HOW EASY IS IT TO MANAGE MY HEALTHCARE FSA?

Very easy! Visit [myGilsbar.com](http://myGilsbar.com) and log in 24/7 to access claims information and FSA balances online. Once you are logged in, select the "FSA and HRA" link to view your personalized FSA homepage. If you are new to myGilsbar, complete the brief site registration to log in. You will need your group number (found on your ID card), Social Security number, and a valid e-mail address to complete this section. As a registered user, you can:

- Review Action Alerts to keep current on your accounts.
- File a claim online and upload receipts and other documentation
- View account balances and history
- View payments and next payment dates
- Report lost or stolen debit cards
- Review instructions to download Gilsbar's FSA mobile app

## HOW DOES THE FSA SAVE ME MONEY?

The following example illustrates the per pay period savings for an employee on a bi-monthly payroll with a tax status of "single" with one exemption:

	With FSA	Without FSA
<b>Salary:</b>	\$1000.00	\$1000.00
<b>Less Pre-Taxed Dollars:</b>		
Healthcare Reimbursement	-\$100.00	\$0.00
<b>Taxable Income</b>	<b>\$900.00</b>	<b>\$1000.00</b>
<b>Less:</b>		
Federal Income Tax (15%*)	-\$135.00	-\$150.00
State Income Tax (5%*)	-\$45.00	-\$50.00
Social Security (7.65%*)	-\$68.85	-\$76.50
<b>Net Take Home Pay:</b>	<b>\$651.15</b>	<b>\$723.50</b>
<b>Less Healthcare Expenses</b>	<b>-\$0.00</b>	<b>-\$100.00</b>
<b>Net After Expenses:</b>	<b>\$651.15</b>	<b>\$623.50</b>

\*Your income tax rates will vary based on your income and the state in which you reside\*

## CAN I CHANGE MY CONTRIBUTION AMOUNT?

Generally, you may not change your FSA election during the plan year. However, you may make changes during the annual enrollment period for the coming plan year. There is one exception to this rule: you may change your contribution amount during the plan year if you have a qualifying change in family status that affects benefit eligibility during the plan year. Examples include:

- Change in legal marital status
- Change in number of tax dependents
- Termination or commencement of employment
- Dependent satisfies or ceases to satisfy dependent eligibility requirements, judgment decree, or order

## MOST COMMON ELIGIBLE EXPENSES

- Dental Services
- Orthodontia/Braces
- Co-pay Amounts
- Deductibles
- Lab Exams/Tests
- Insulin
- Nicotine Gum or Patches
- Prescription Drugs
- Hospital Services
- Physical Therapy
- Well Baby Care
- Contact Lenses
- Contact Lens Solution
- Eye Examinations
- Eyeglasses
- Laser Eye Surgeries

## HEALTHCARE FSA EXPENSE WORKSHEET

The below worksheet has been prepared to help you determine the amount of money you wish to allocate to your Healthcare FSA. You may want to review your checkbook register or credit card statements from last year to identify medical expenses you paid out of your own pocket. Using this information and the worksheet, you can estimate the amount you wish to allocate, on a pre-tax basis, to your Healthcare FSA (keeping in mind to only budget for those expenses specifically eligible under your Healthcare FSA).

HEALTHCARE EXPENSES YOU PAID LAST YEAR COULD INCLUDE:	
<b>Deductibles</b> (medical and dental) Benefit percentage/co-insurance (The amount NOT paid by your insurance)	\$ _____ \$ _____
<b>Amounts</b> paid over plan limits Over reasonable and customary allowance Over psychiatric limits Over private room allowance	\$ _____ \$ _____ \$ _____
<b>Expenses</b> NOT covered by your insurance plan Physicals Prescription Drugs Vision Care Hearing Expenses Psychiatric Care Dental and Orthodontic Care Assistance for the Handicapped Therapy / Treatments Physician's Fees / Services Medical Equipment Miscellaneous Charges  <b>My out-of-pocket healthcare expenses last year</b>	\$ _____ \$ _____ \$ _____ \$ _____ \$ _____ \$ _____ \$ _____ \$ _____ \$ _____ \$ _____ \$ _____ \$ _____ \$ _____ \$ _____ \$ _____  TOTAL \$ _____
Compare last year's typical expenses to those eligible under your Healthcare FSA and budget accordingly for the upcoming year.	





## FSA Debit Card

what you need to know

### HOW DOES THE FSA DEBIT CARD WORK?

Shortly after enrolling in a Healthcare Flexible Spending Account (FSA), you will receive your FSA Debit Card to use for your eligible medical expenses. If you are a current participant, your card will reflect the new plan year contribution amount on the new effective date of the plan. As you incur expenses, use your FSA Debit Card to have the funds taken directly out of your account so you don't have to pay with cash out of your pocket.

### IF I USE MY FSA DEBIT CARD, IS VERIFICATION OF CLAIMS STILL REQUIRED?

Per IRS requirements, verification of claims is required for all debit card transactions. A large portion of debit card transactions can be verified using one of the IRS's approved electronic methods; however, not all transactions can be verified this way. For any expense that cannot be verified electronically you must provide supporting documentation upon request in the form of an itemized bill or receipt to Gilsbar. Verification should include the patient name, date of service, description of services rendered, cost, and patient liability. If Gilsbar does not receive verification of transactions within 30 days of the date requested, you will be asked to return the un-verified amounts to your employer, or they may be counted as taxable income to you.

### HOW CAN I PROVIDE SUPPORTING DOCUMENTATION?

If you receive a substantiation request letter please go to [www.myGilsbar.com](http://www.myGilsbar.com) to electronically upload any required receipts.

For each claim that requires a receipt, click "Upload Receipt" on the far right of the Accounts Page under your Home Page and follow the instructions. (Your receipt must be in .doc, pdf, bmp, or gif format.) Upon successful upload, the Receipt Uploaded confirmation appears: "Your receipt has been uploaded. You may upload additional receipts if needed until the claim is approved." After uploading, you may also click "View Confirmation" and print the form for your records.

NOTE: If you see a "Receipts Needed" link in the Action Required section of your Home Page, click on it. A listing of any Claims Requiring Receipts will appear.

### WHERE CAN I USE MY FSA DEBIT CARD?

Your FSA Debit Card will only be accepted at authorized vendors that have the appropriate merchant codes, such as medical clinics, hospitals, dental offices, vision care centers, and pharmacies.

### WHAT DO I NEED TO KNOW ABOUT PAYING FOR PRESCRIPTIONS?

Effective January 1, 2011, OTC medications and drugs (other than insulin) will no longer be reimbursed by an FSA unless they are accompanied by a doctor's prescription. Medications or drugs must meet one of the following criteria to be eligible for reimbursement:

- 1) The medicine or drug requires a prescription.
- 2) The medicine or drug is available without a prescription and the individual obtains a prescription.
- 3) The medicine or drug is insulin.

### CAN I USE MY FSA DEBIT CARD FOR ELIGIBLE DEPENDENT CARE EXPENSES?

No. Your FSA Debit Card may not be used to pay for eligible Dependent Care expenses. Your card will only be accepted at authorized vendors that have the appropriate merchant codes, such as medical clinics, hospitals, dental offices, vision care centers and pharmacies.

### WHAT HAPPENS IF THE FSA DEBIT CARD IS USED FOR AN INELIGIBLE EXPENSE?

Gilsbar will review all charges and determine if the card was used for an ineligible expense, according to IRS guidelines. If it was, we will notify you for repayment of the invalid amount. Failure to repay within 30 days of the request can result in the loss of your debit card privileges.

### WHAT SHOULD I DO TO PAY FOR AN EXPENSE THAT IS MORE THAN MY ACCOUNT BALANCE?

You should tell the merchant to swipe your card for the amount equal to what is left in your account, then use another payment method to pay the remaining balance.



# Your Dependent Care FSA

## WHAT IS A DEPENDENT CARE FSA?

A Dependent Care FSA is a reimbursement account that allows you to set aside a certain amount of money each paycheck on a pre-tax basis to pay for your eligible dependent day care expenses. The amount you elect at the beginning of each plan year is deducted from your gross earnings before federal and state taxes are calculated. By using your FSA to pay for qualified expenses, you can save 20-30% on dependent care expenses.

## HOW DOES THE DEPENDENT CARE FSA WORK?

With an Dependent Care FSA, you must decide on your contribution amount at the beginning of the plan year. The amount you designate will be equally deducted from your pay each pay period. To estimate your dependent care expenses, consider your expenses from last year. Please use the provided expense worksheet to help you determine the amount of money to allocate for your Dependent Care FSA. The IRS requires that all money in your account be used during the plan year. An eligible dependent is defined as any person who can be claimed as a dependent for federal tax purposes and who:

- Is a child under 13 years of age
- Is a child over the age of 13 who is physically or mentally incapable of caring for himself or herself
- Is your spouse and is physically or mentally incapable of caring for himself or herself
- An elderly parent who resides with you and is physically or mentally incapable of caring for himself or herself

## HOW EASY IS IT TO MANAGE THE DEPENDENT CARE FSA?

Very easy! Visit [myGilsbar.com](http://myGilsbar.com) and log in 24/7 to access claims information and FSA balances online. Once you are logged in, select the "FSA and HRA" link to view your personalized FSA homepage. If you are new to myGilsbar, complete the brief site registration to log in. You will need your group number (found on your ID card), Social Security number, and a valid e-mail address to complete this section. As a registered user, you can:

- Review Action Alerts to keep current on your accounts.
- File a claim online and upload receipts and other documentation
- View account balances and history
- View payments and next payment dates
- Report lost or stolen debit cards
- Review instructions to download Gilsbar's FSA mobile app

## HOW CAN A DEPENDENT CARE FSA SAVE ME MONEY?

The following example illustrates the per pay period savings for an employee on a bi-monthly payroll with a tax status of "single" with one exemption:

	With FSA	Without FSA
<b>Salary</b>	\$1000.00	\$1000.00
<b>Less Pre-Taxed Dollars</b>		
Dependent Day Care Reimbursement	-\$192.00	\$0.00
<b>Taxable Income</b>	\$808.00	\$1000.00
<b>Less:</b>		
Federal Income Tax (15%*)	-\$121.20	-\$150.00
State Income Tax (5%*)	-\$40.40	-\$50.00
Social Security (7.65%*)	-\$61.81	-\$76.50
<b>Net Take Home Pay</b>	\$584.59	\$723.50
Less Dependent Care Expenses	-\$0.00	-\$192
<b>Net After Expenses</b>	<b>\$584.59</b>	<b>\$531.50</b>

\*Your income tax rates will vary based on your income and the state in which you reside\*

## WHAT EXPENSES ARE COVERED?

Eligible dependent care expenses are those which allow you and your spouse, if you are married, to work or attend school full time. Private school tuition K4 and above is not eligible for reimbursement. Below are some examples of eligible dependent care expenses:

- Day care facility fees
- Before / after school care
- Summer day camp (not overnight)
- Nursery school or preschool, if child is too young for Kindergarten
- In home babysitting fees, if not provided by another dependent and claimed as income by the care provider



## HOW DO I GET REIMBURSED?

As you incur eligible expenses, you must complete a Dependent Care FSA claim form and attach proof of payment from your day care provider or from the individual who provides the care. The claim form and documentation of expense can be submitted online at [www.myGilsbar.com](http://www.myGilsbar.com) or by using the Gilsbar FSA Mobile App. Dependent Care FSA claims must include the federal tax identification number or Social Security number, name, and address of the provider, dates of service, type of service rendered, and name of dependent. The individual who provides the care cannot be your spouse or a dependent under the age of 19. With a Dependent Care FSA, you will be reimbursed as you set funds aside. If you submit a claim for more than what has been set aside for that account, the unreimbursed claim portion will be placed in "pending" status until funds are received through payroll deduction, at which time you will receive reimbursement.

## DEPENDENT CARE FSA EXPENSE WORKSHEET

The worksheet below has been prepared to help you determine the amount of money you wish to allocate to your Dependent Care FSA. You may want to review your checkbook register or credit card statements from last year to identify expenses you paid out of your own pocket. Using this information and the worksheet, you can estimate the amount you wish to allocate, on a pre-tax basis, to your Dependent Care FSA (keeping in mind to only budget for those expenses specifically eligible for your Dependent Care FSA).

## CAN I CHANGE MY ELECTION DURING THE PLAN YEAR?

Generally, you may not change your FSA elections during the plan year unless you have a change in family status that change benefit eligibility during the plan year. Otherwise, you may change during the annual enrollment period for the coming plan year. Examples of a qualifying status change may include:

- Marriage, divorce, or legal separation
- Birth, adoption, or placement for adoption of a child
- Death of a dependent or spouse
- Change in your or your spouse's employment status
- A significant change caused by a third party in the cost of your dependent care coverage

DEPENDENT CARE EXPENSES YOU PAID LAST YEAR COULD INCLUDE:	
<b>Costs of Child or Adult Care Facilities*</b>	
Day Care Center / Nursery School	\$ _____
Family Day Care / Adult Day Care Centers**	\$ _____
<b>Wages paid to a nanny or in home care provider***</b>	\$ _____
<p>* The facility must follow all local and state laws.            ** These costs are eligible only if the adult dependent spends at least eight hours per day at your home.            *** Please note these expenses are not eligible if the care services are provided by someone that you claim as a dependent.</p>	
Other dependent care expenses considered eligible by the IRS	\$ _____
<b>TOTAL ESTIMATED DEPENDENT CARE EXPENSES</b>	<b>\$ _____</b>
Compare last year's typical expenses to those eligible under your Dependent Care FSA and budget accordingly for the upcoming year.	



# FSA Substantiation

## proof of eligible debit card purchases

### IRS REGULATIONS ON FSA DEBIT CARDS

The IRS sets regulations regarding how debit cards operate in conjunction with a Flexible Spending Account (FSA). According to these rules, there are five basic requirements that must be met for you to use an FSA debit card.

- Participants must provide certification each year that they will only use the debit card for FSA eligible items. This is done during the enrollment process.
- The participant must retain all receipts for all transactions.
- 100% of debit card transactions must be reviewed by a third party to ensure that the items purchased are FSA eligible.
- Sampling or employee “self-certification” is not allowed.
- Debit cards can only be used at locations that are medical service providers or provide point of purchase review.

Fortunately, the IRS defines several Auto-Substantiation (electronic substantiation) methods that we can use to help with the adjudication process.

These methods are:

- **Co-pay Match** – If a transaction equals a co-pay amount or multiples of co-pay amounts under the health plan, no additional information is needed to support a card transaction.
- **Recurring Expense** – For transactions that were previously substantiated, recurring expenses will also be considered substantiated provided they are incurred with the same provider at the same location for exactly the same amount.
- **Real-Time or Merchant Substantiation** – If a transaction can be matched against real-time data at the point of purchase identifying it as a medical expense, no additional substantiation is needed.

### WHY DOES THE IRS HAVE THESE RULES? ISN'T IT MY MONEY?

Yes, the money that you put into an FSA is your money; however, in order to receive this money WITHOUT paying taxes you must follow the rules that the IRS has provided for the receipt of an FSA pre-tax reimbursement. At the present time, these rules require all administrators to verify that the money in the FSA is being used for medical care purposes.

### WHAT SHOULD I DO IF I RECEIVE A SUBSTANTIATION REQUEST?

You may receive requests for Manual Substantiation in the event that the charges do not qualify for Auto-Substantiation. If you receive a substantiation request, please go to [www.myGilsbar.com](http://www.myGilsbar.com) to electronically upload any required receipts.

For each claim that requires a receipt, click “Upload Receipt” on the far right of the Accounts Page under your Home Page, and follow the instructions. (Your receipt must be in .doc, pdf, bmp, or gif format.) Upon successful upload, the Receipt Uploaded confirmation appears: “Your receipt has been uploaded. You may upload additional receipts if needed until the claim is approved.” After uploading, you may also click “View Confirmation” and print the form for your records.

NOTE: If you see a “Receipts Needed” link in the Action Required section of your Home Page, click on it. A listing of any Claims Requiring Receipts will appear.

### WHAT ARE ACCEPTABLE FORMS OF SUBSTANTIATION?

Acceptable forms of substantiation include: Explanation of Benefits (EOBs) and register/provider receipts showing the name and address of the merchant or provider, date of service, items purchased, and dollar amount charged. Credit card receipts are not an acceptable form because they are not itemized; Gilsbar cannot verify that the expense was an FSA eligible item.

### ARE PROVIDERS, PHARMACIES, HOSPITALS, ETC. REQUIRED TO PROVIDE A RECEIPT WITH SERVICE?

No, it is not a requirement that they provide a receipt, but we suggest you always ask for and collect a receipt from medical providers and facilities. If you are ever audited by the IRS, they will require these receipts for validation of purchases.

### SHOULD I KEEP COPIES OF MY RECEIPTS?

Yes, because FSAs are federally regulated accounts, we do encourage you to practice good record-keeping habits. Just like you track other items for tax purposes each year, consider your FSA documentation just as important. It is our recommendation that you keep these receipts for your personal records in addition to sending them to Gilsbar.



# FSA/HRA Employee Portal

## Quickstart Guide

Welcome to your Gilsbar Benefit Accounts Employee Portal. This one-stop portal gives you 24/7 access to view your information and manage your Flexible Spending Account (FSA) and Health Reimbursement Arrangement (HRA), if applicable. It enables you to:

- File a claim online
- Upload receipts and track expenses
- View up-to-the-minute account balances
- View your account activity, claims and payment (reimbursement) details
- Report a lost/stolen card and request a new one
- Download forms and notifications

### ACCESSING YOUR PORTAL

1. Visit [www.myGilsbar.com](http://www.myGilsbar.com)
2. **If you have an existing myGilsbar account**, log in with your user ID and password. **If you are new to myGilsbar**, complete the brief registration to log in. You will need your Gilsbar group number, Social Security number, and a valid email address to complete this section.
3. Once logged in, click the “FSAs and HRAs” link on the left navigation panel to access your information.

The screenshot shows the myGilsbar.com website interface. At the top, there is a navigation bar with links for "Your Good Health", "Forms", "Contact Us", and "Technical Support". Below this is a banner for "Protect Yourself & Your Family from Cancer" with the text "You Are What You Eat Get Physical and Be F.I.T.T." and a "More >>" link. To the right of the banner is a calendar showing the number 4. Below the banner are three sections: "Immunizations & Screenings" with a stethoscope icon, "Your Good Health" with the text "TO YOUR GOOD HEALTH Recipes to make you & your doctor smile!", and "Know Your Numbers" with an image of hands holding blueberries. On the right side of the screenshot is a login form with fields for "Email/User ID" and "Password (Capitalization matters)", a "Login" button, and links for "Forgot Your User ID or Password?", "Password/Technical Assistance", and "First Time User? Click here to register."



**GILSBAR**

HOME ACCOUNTS PROFILE NOTIFICATIONS FORMS LINKS John Black  
Login: 11/15/2013 - Online | Logout

Welcome

We're Making it Easy to Manage Your Healthcare Expenses

I Want To...

File A Claim  
Manage My Expenses

Available Balance

Dependent Care Re...	\$1,050.00
Health Reimburs...	\$225.00
Health Care Reimb...	\$2,175.00

Message Center

Download Mobile App View More  
To get your money faster, set up a bank account for direct deposit

Quick View

Election Summary for 2013

Contributions to Date  
1/1/2013 - 12/31/2013

Your Contributions	\$3,586.68	of \$8,000.00
Total Contributions	\$3,586.68	of \$8,000.00

● \$5,000.00 to Dependent Care Reimburs  
 ● \$2,500.00 to Health Care Reimburs  
 ● \$500.00 to Health Reimbursement Acc

## NAVIGATING THE HOME PAGE

The top section of the home page has a drop-down menu with useful links for managing your accounts.

Just below the **Welcome**, there are links to file a claim and to manage your expenses. Your **Available Balance** for each of your accounts will display towards the right side of the page. Click *Available Balance* to view a detailed account summary.

Your account information can also be accessed through the **Accounts** tab. Click on each account name to view that account's details. (You may need to set your browser to allow pop-ups from the site.)

The **Message Center** displays helpful information, alerts, and relevant links. If you see a *Receipts Needed* link in your **Message Center**, click on it. A listing of any claims requiring receipts will appear.

In the **Quick View** section, you will see a helpful graphical summary of paid claims, elections for the current plan year, and your contributions to date.

## HOW TO FILE A CLAIM AND UPLOAD A RECEIPT

1. On the **Home Page**, under the **Accounts** tab, click *File Claims* on the drop-down menu.
2. Enter your claim information and upload the receipt. You may also enter your mileage reimbursement information at this time. Once you have completed the form, click *Add Claim*.
3. You will be directed to your **Claims Basket**. You may choose to *Add Another Claim* or submit the claim(s) listed.
4. When all of your claims are added to the **Claims Basket**, check the box to confirm that you have read and agree to the Terms and Conditions.
5. Click *Submit* to send your claims for processing. The **Claim Confirmation** page will display. You may print the Claim Confirmation Form as a record of your submission.



## FSA/HRA Mobile App

manage your accounts on-the-go

Gilsbar is pleased to announce the release of our FSA & HRA mobile application for your iPhone, Android, and tablet devices.

With the mobile app, you can:

- Check your FSA and HRA account balances
- View account activity and receive alerts via text message
- File new claims with receipt images
- Enter a new expense and review expense information
- Upload receipts using your mobile device's camera
- Manage expense receipts



### DOWNLOADING THE APP

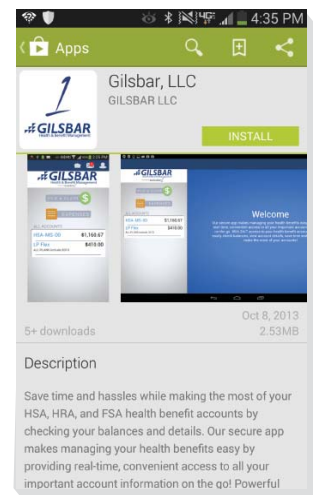


#### For Apple Devices:

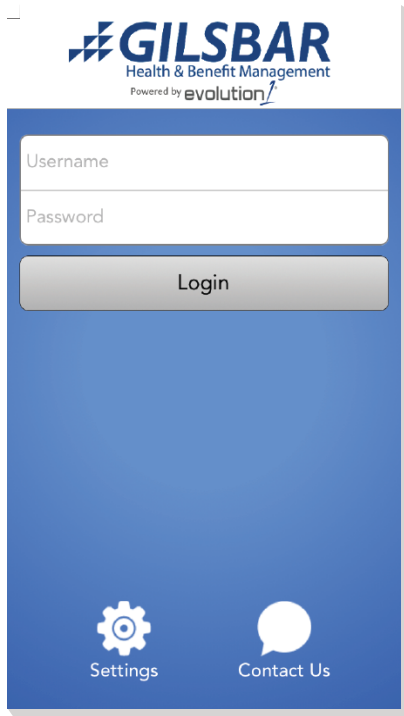
- Open the App store and search for “Gilsbar FSA HRA.”
- Tap “Free” and then “Install.” You will be prompted for your apple ID log in information. Enter it and select “OK.”
- Once the app is downloaded, tap its icon to open it on your device.

#### For Android Devices:

- Open the Google Play Store or Market and search for “Gilsbar FSA HRA.”
- Tap the Gilsbar app icon.
- Tap “Install” and then “OK.”
- Once the app is downloaded, tap its icon in your app lists to open it on your device.

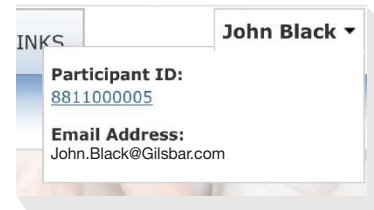


## LOGGING IN TO THE MOBILE APP



- Before you log in for the first time, you will need your participant ID number.

Your participant ID can be found in the FSA/HRA section of myGilsbar.com by clicking the arrow to the right of your name.



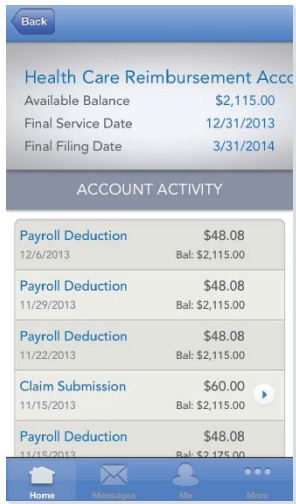
- Tap the Gilsbar icon to launch the app. You will be prompted to enter your username (participant ID) and password (Welcome1).
- After you enter the password, you will be prompted to set and confirm a 4-digit PIN. Each subsequent log in will require only your PIN.

If you would like assistance installing or logging in to the mobile app, please contact our Customer Contact Center!  
1-800-445-7227, ext 1883 • flex@gilsbar.com

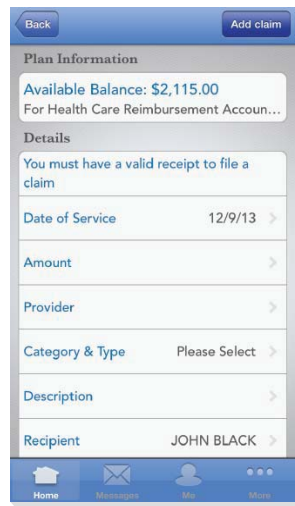
## INSIDE THE MOBILE APP

Once you're logged in to the app, you're seconds away from managing your FSA & HRA accounts from your phone.

view account balances & activity



file new claims



upload & manage receipts

