

Gilsbar Flexible Spending Accounts



Plan Year: July 1, 2015 - June 30, 2016

Health Care FSA Maximum: \$2,550 / Minimum \$0

Dependent Care Account Maximum: \$5,000 / Minimum: \$500

Run-out Period: 90 days

Thank you for choosing to participate in the Health Care or Dependent Care FSA or HRA. Your plans are administered by Gilsbar, LLC. **Rabun County's group number is S2699.**

MANAGE YOUR ACCOUNT ONLINE 24/7 AT WWW.MYGILSBAR.COM!

- View plan year balance
- Set up or edit ACH/Bank Draft Information
- Check claim status
- View claim/receipt images within 24 hours of submission
- Obtain claim forms
- Set up email messaging
- View processed payments and payment dates
- File appeals to denied claims

IT'S EASY TO GET STARTED:

STEP 1: After your effective date, go to www.myGilsbar.com and register as a new participant. You will complete a brief registration form, and you will need a valid email address and your group number, S2699.

STEP 2: Once logged in, choose the FSAs and HRAs link in the left navigation bar. If you are a first time user, you will be prompted to enter your email address to sign up for our Reimbursement Account Center email service. This is an important step to ensure you will receive email updates each time:

- A claim is received
- The claim/receipt images are ready to view online
- The claim is processed and posted for payment

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

STEP 4: Confirm that your ACH/Auto Bank Draft Information is entered and accurate. To set up direct deposits into your bank account, click the *Profile* tab at the top and select *Edit* under the *Your ACH* section. To update your email address, select *Edit* under the *View/Edit Your Profile* section.

SUBMIT YOUR CLAIMS:	CONTACT US:
<p>For fastest processing, fax claims and receipts to: (866) 635-1329</p> <p>Mail claims and receipts to: Claims Processing Center P.O. Box 965 Covington, LA 70434</p> <p><i>(Please keep the original documents for your records.)</i></p>	<p>Customer Contact Center</p> <p>Phone: (800) 445-7227 ext. 1883 Email: flex@gilsbar.com</p> <p>7:00 a.m. - 7:00 p.m. CST</p> <p><i>(Please do not email claims/receipts.)</i></p>



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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 healthcare expenses.**

Any employee who has eligible out-of-pocket expenses beyond what their health plan covers should enroll in the Healthcare FSA. Eligible out-of-pocket expenses are determined by the IRS and include deductibles, co-insurance, co-payments, and other non-covered expenses in excess of the maximum amounts allowed under your plan.

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 divided among pay periods. 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. An expense worksheet is provided to help you determine the amount of money to allocate to 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 carried 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.



I just saved
\$27.65 in taxes
this pay period.
That's an annual
tax savings of
\$718.90!!

Once you decide how much you want to contribute each paycheck, the money is automatically deposited into your account. As you incur expenses, you may fax a claim form and receipts to Gilsbar for reimbursement.

HOW DOES THE HEALTHCARE FSA SAVE ME MONEY?

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

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

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

HOW EASY IS IT TO USE MY HEALTHCARE FSA?

Very easy! Visit www.myGilsbar.com and log in 24/7 to access claims information and FSA balances online. Once you are logged in, select the *Reimbursement Account Center* link to view your personalized FSA dashboard. 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:

- Access balance information.
- View images of receipts and claim forms online within 24 hours of receipt.
- Receive an email when the claim is received and is viewable online, and again when it is processed and posted for payment.
- View account elections, account deposits, reimbursement payments, claim status details, receipt images, and denials.
- File online appeals to denied claims.
- Receive end-of-year reminders about available account balances, and much more!



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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 status change. 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
- Hospital Services
- Physical Therapy
- Well Baby Care
- Contact Lenses
- Lab Exams/Tests
- Insulin
- Nicotine Gum or Patches
- Prescription Drugs
- 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).

HOW WILL HEALTHCARE REFORM AFFECT MY FSA?

Healthcare reform imposes stricter reimbursement rules for qualified medical expenses. The definition of qualified medical expense, for purposes of reimbursement from an FSA, has been modified to include amounts paid for medicine or a drug only if the medicine or drug is insulin or prescribed by a physician. **ASA RESULT OF THIS CHANGE, EFFECTIVE JANUARY 1, 2011, OVER-THE-COUNTER (OTC) MEDICINES (EXCEPT THOSE PRESCRIBED BY A DOCTOR) ARE NO LONGER ELIGIBLE FOR REIMBURSEMENT BY AN FSA ACCOUNT.**

HEALTHCARE EXPENSES YOU PAID LAST YEAR COULD INCLUDE:	
Deductibles (medical and dental)	\$ _____
Benefit percentage/co-insurance (The amount NOT paid by your insurance)	\$ _____
Amounts paid over plan limits	
Over reasonable and customary allowance	\$ _____
Over psychiatric limits	\$ _____
Over private room allowance	\$ _____
Expenses 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	\$ _____
My out-of-pocket healthcare expenses last year	TOTAL \$ _____
Compare last year's typical expenses to those eligible under your Healthcare FSA and budget accordingly for the upcoming year.	

FAX FSA claims & proof of expense to:

(866) 635-1329

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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 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 to electronically upload any required receipts. For each claim requiring 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 who 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 who 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 save 20-30% on dependent care expenses.

HOW DOES THE DEPENDENT CARE FSA WORK?

With a 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 you each pay period. To estimate your dependent care expenses, consider your expenses from last year. An expense worksheet is provided for you to help you determine the amount of money to allocate to 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
- A child over the age of 13 who is physically or mentally incapable of self-care
- Your spouse and is physically or mentally incapable of self-care
- An elderly parent who resides with you and is physically or mentally incapable of self-care



I just saved
\$53.09 in taxes
 this pay period.
 That's an annual
 tax savings of
\$1,380.34!!

HOW CAN A DEPENDENT CARE FSA SAVE ME MONEY?

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

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

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

HOW EASY IS IT TO USE THE DEPENDENT CARE FSA?

Very easy! Visit www.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 Home Page. If you are new to myGilsbar, complete the brief site registration to log in. You will need your group number, Social Security number, and a valid email address to complete this section. As a registered user, you can:

- Review Action Alerts that enable you 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



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WHAT EXPENSES ARE COVERED?

Eligible dependent care expenses are those which allow you and your spouse, if you are married, to work or attended 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 or my using the Gilsabr 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.

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 the 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 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).

DEPENDENT CARE EXPENSES YOU PAID LAST YEAR COULD INCLUDE:	
Costs of Child or Adult Care Facilities*	
Day Care Center / Nursery School	\$ _____
Family Day Care / Adult Day Care Centers**	\$ _____
Wages paid to a nanny or in home care provider***	\$ _____
Other dependent care expenses considered eligible by the IRS	\$ _____
TOTAL ESTIMATED DEPENDENT CARE EXPENSES	\$ _____
Compare last year's typical expenses to those eligible under your Dependent Care FSA and budget accordingly for the upcoming year.	
* 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.	

FAX FSA claims & proof of expense to:
(866) 635-1329



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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 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
- Access your wellness center

ACCESSING YOUR PORTAL

1. Visit www.myGilsbar.com.
2. If you have an existing myGilsbar account, log in with your user ID and password.
3. 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.
4. Once logged in, click the “FSAs and HRAs” link on the left navigation panel to access your information.



NAVIGATING THE HOME PAGE

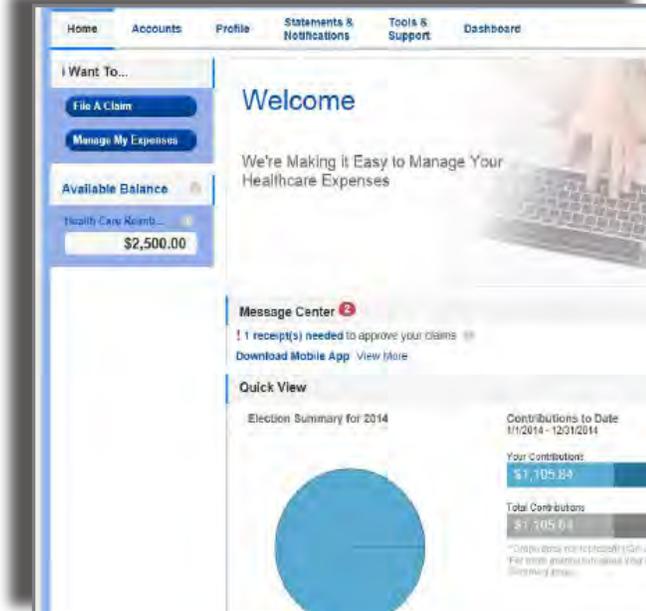
The top section of the home page has a drop-down menu with useful links for managing your accounts.

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 left 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 app 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
- Report a lost or stolen ID card



DOWNLOADING THE APP



For Apple Devices:

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

For Android Devices:

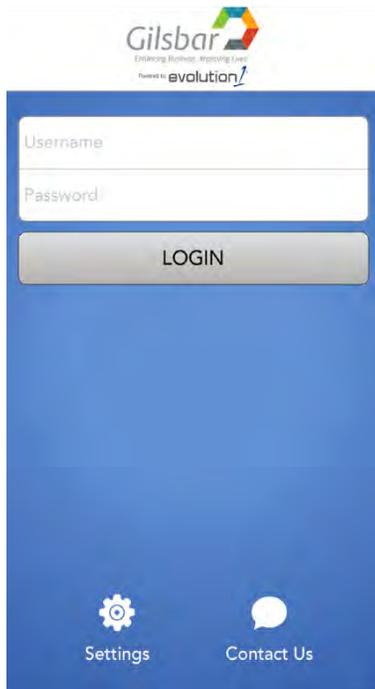
- Open the Google Play Store or Market and search for “Gilsbar FSA HRA.”
- Tap the Gilsbar app icon.
- Tap “Install” and then “OK.”
- Once the app is downloaded, tap its icon in your app list to open it on your device.



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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

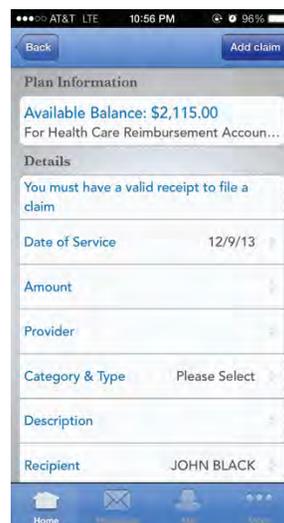
INSIDE THE MOBILE APP

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

view account balances & activity



file new claims



upload & manage receipts

