



**Diversified  
Administration, Inc.**  
Tax Savings For Employers & Employees



**Your Cafeteria Plan Headquarters**

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Hollywood, FL 33023  
(954) 983-9970  
[www.Div125.com](http://www.Div125.com)**

# Will I **REALLY** Save Money by joining the **Cafeteria Plan**?

The Cafeteria Plan, also called a Flexible Spending Plan, is meant to save you money on expenses **that you already have**. This is money you will be spending whether you participate in the FSA plan or not. Below are some examples of savings using the FSA, assuming a 25% tax bracket (FICA, Medicare & Social Security).

## For Example:

If you take a \$30 prescription each month, your annual cost is \$360 for that medication. With your **25% Cafeteria Plan savings**, you'll keep an extra \$90 in your pocket.

Keeping your child's smile beautiful costs you \$150 each month in Orthodontia expenses, for an annual total of \$1,800. With your **25% Cafeteria Plan savings**, you'll keep an extra \$450 in your pocket.

The FSA benefit allows for "Eye-Popping savings", making a \$2000 Lasik surgery worth every penny. With your **25% Cafeteria Plan savings**, you'll see an extra \$500 in your bank account.

Reduce the financial pain you feel from the monthly \$60 purchase of diabetic supplies. With an annual cost of \$720, your **25% Cafeteria Plan savings** puts \$180 back in your pocket.



## 21st Century Healthcare

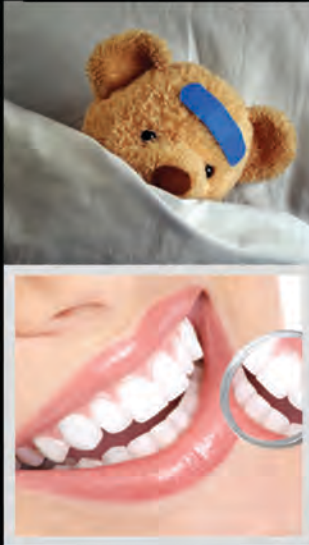
Access **ALL** your benefits online!

- ♦ Check your account balances and totals
- ♦ Submit your claims via e-mail
- ♦ Review your pending claims
- ♦ Verify approved claims have been paid
- ♦ Check all of your payment details
- ♦ Access to all necessary forms
- ♦ Manage your MySource Card activity
- ♦ And much more...



# What expenses can be **reimbursed** under the FSA Medical Benefit:

## Allowable Expenses



Deductibles, Coinsurance, Dr. Office Visits, Well-baby care, Physicals & Checkups, Pap Smears, Mammograms, Obstetrics, Immunizations, Prescription Drugs, Contraceptives, Insulin, Ostomy Supplies, Lab Tests & Diagnostics, Splints, Crutches, Hearing Aids, Chiropractor Visits, Physical Therapy, Psychotherapy, Routine Dental Care, Crowns, Fillings, Bridges, Dentures, Orthodontia, X-rays, Eye Exams, Prescription Glasses, Contact Lenses & Solution, Non-cosmetic Surgery, Prenatal Vitamins, Acupuncture, Organ Transplants, Sterilizations, Podiatric Treatment, Hospitalizations, Home Healthcare, Lasik Surgery, Ambulances, Guide Dogs, Prosthetics, Wheelchairs, Portable Oxygen, MRI & CAT Scans, and more.

## Medical Note or Rx



With a Signed Rx or Letter of Medical Necessity on file, we will be able to approve such expenses as Weight Loss Prescriptions & Programs (excluding food), Over-the-counter Medication, Smoking Cessation Products and Programs, or similar expenditures.

## Ineligible Expenses



Non-Medical expenses such as Cosmetic Surgery, Hair Transplant, Rogaine, Herbs, Nutritional Supplements, Vitamins, Hygiene Products, Sunglasses, Toothbrushes, Deodorants, Health Club Fees, Maternity Clothes, Dental Floss, Toiletries, Diapers, Moisturizers, Q-tips, Electrolysis, Sanitary Needs, Soap, Baby Wipes, or Rx from other countries are prohibited.



# Dependent Care Assistance Program

There are two ways to get a tax break on your dependent daycare expenses. You can use either the income tax credit on Form 2441 of your 1040, or you can use the Section 125 Plan and get your benefit in every paycheck. **Your tax advisor can help you decide which tax break will save the most money for your family.** Single parents with an annual income of \$24,000 or less may be better off using the tax credit and not the Section 125 Plan. That figure goes up to \$35,000 for two wage earners in the family. If your income is higher than the above, you will generally want to use the Section 125 Plan and not the tax break.

## Children's Daycare & Summer Day Camp



### ➤ WHO QUALIFIES AS A DEPENDENT?

A child under the age of 13 who lives with you, and whom you claim as a dependent on your federal income tax return. Additionally, a spouse, parent, or other family member who is physically or mentally incapable of caring for himself or herself, and is claimed as a dependent on your tax return.

## Before School & After School Care



### ➤ WHAT ELSE DO I NEED TO KNOW?

Expenses must enable you to be gainfully employed, and be incurred during the plan year. This means that both you and your spouse (if applicable) must be gainfully employed to participate in this benefit.

The reimbursement may not exceed the maximum allowed under the plan, \$5,000 if filing a joint tax return (or \$2,500 if filing separate returns), or your taxable compensation.

## Care for Senior & Elder Dependents



### ➤ WHAT EXPENSES COUNT AS DAYCARE?

Full time care from birth until the "grade" just before kindergarten can be provided by a caregiver or family member who is not the employee's spouse or dependent under the age of 19. Children from kindergarten through age 12 (but not age 13) qualify for before school care, after school care, school's out days, spring break, winter break, summer day camp (but not sleep-away camp).



# Div125.com First Time Login Instructions:

- ✓ Go to [www.Div125.com](http://www.Div125.com)
- ✓ In the Login ID field, put your Social Security Number with no spaces or dashes.
- ✓ Leave the Password field blank, and then click Log In.
- ✓ When asked for an EMPLOYER CODE, use the number on your reimbursement calendar.
- ✓ Now you may select a username, password, and secret question for future log ins.



## The MySource Card puts your benefits in the palm of your hand



### MySource Card Benefits

Prescriptions & Pharmacies	✓	Eye Exams, Glasses, Lasik	✓
Doctor's Office Visit	✓	Medical Testing & Diagnostics	✓
Hospitalizations In/Outpatient	✓	Dependent Daycare Expenses	✓
Insurance Deductibles	✓	Recurring Claims & Auto substantiation	✓
Dental / Orthodontic Care	✓	E-mail Notifications and Much More	✓

Your MySource card can be used at qualified locations to pay for out of pocket medical expenses and co-pays. While some swipes will require a claim form and a receipt to be processed, some card swipes can be approved without having to submit additional documentation. When the card is used at a doctor's office, and the amount charged is a standard copay (\$25, 30, 35, 50, 75, etc...) no documentation will be required to approve your claim. Prescription medication purchased at major pharmacies using your MySource card can also be auto-approved without having to submit additional documentation. We can also set up "recurring claims," for when you have situations where you see the same service provider, and pay the same amount each time. Once this recurring claim is set up, you will not need to submit documentation for subsequent services provided by this merchant.

When the MySource card is used for expenses other than standard copays, Rx medication or recurring charges, you will need to submit substantiating documentation along with a completed claim form. This means you will need to submit a bill, statement, receipt, or explanation of benefits which include the following: Date of service, Type of service, Recipient of service, and Cost of service. The claim form and documentation can be sent to us via snail mail, fax, e-mail, or uploaded to our secure server. Claims are generally processed within 24 hours.



# ACCESS YOUR BENEFITS **ONLINE 24/7/365**

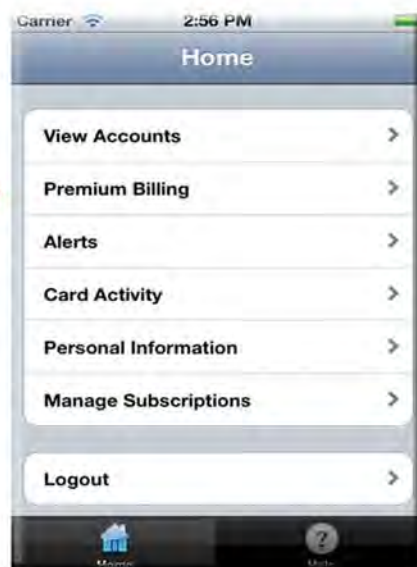
Enjoy the power of 24/7 access to your FSA account information. Log into the secure part of our website to view in-depth information related to your account. You can view account balances for any of your FSA benefits; as well as access detailed information such as the dates and amounts of every claim you've submitted, every reimbursement you've received, and the methods of reimbursement. You can view the historical data for not only your current plan year, but also any previous plan years in which you participated in the FSA plans with Diversified Administration, Inc. The secure portal of our website has completed and passed a SSAE16 Type II audit to ensure the security of your information.

If your employer offers the MySource FSA/HRA linked debit card, you can also have real-time access to view all your debit card activity. This includes the ability to view every swipe you've made using the MySource Card. You can see the date you swiped the card, the provider you went to, the amount of the swipe, and the reason for any instance the card was declined. You will receive email notifications from the system each time your MySource card is used, as an identity theft protection measure. You can also report your card as lost/stolen or simply order a replacement card in just seconds. If your employer does not offer the FSA/HRA linked debit card, you can contact your HR office to let them know you'd be interested in utilizing this value-added feature for your benefits.

## YOU CAN ACCESS YOUR BENEFITS USING **THE MyRSC iPhone and Android Apps**



- View your account balances
- Check status of claims
- Manage MySource Card activity
- Update Personal Information
- Set up customized alerts
- Get transaction overviews
- Report lost or stolen cards
- Online Claims Entry



## EXPERIENCE THE BENEFIT OF ACCESSING YOUR BENEFITS ON YOUR SMART PHONE





**Diversified  
Administration, Inc.**  
Tax Savings For Employers & Employees

**3 Ways To Submit Your Claim Form And Receipts:**

**E-Mail: [Claims@Div125.com](mailto:Claims@Div125.com)**

**Fax: 954-983-9695 or 954-983-0574**

**6161 Washington Street, Hollywood, FL 33023**

[Reset the Form](#)

[Submit via E-Mail](#)

[Secure Upload](#)

**Want us to confirm receipt of your claim? Just put your @ or #**

**Employer Name** \_\_\_\_\_ **Today's Date** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Employee Name** \_\_\_\_\_ **Last 4 Digits of your SSN** \_\_\_\_\_

To view tips which will help ensure the quick and accurate processing of your claim, [click here](#).

To view a short video showing this claim form's many high-tech features, [click here](#).

**Please select the correct benefit for your reimbursement.**

**If you have any questions not addressed in the links above, please contact us at 954-983-9970.**














Medical Flexible  
Spending Account



Health Reimbursement  
Arrangement



Dependent Care  
Assistance Program

Which Benefit Is Being Claimed			Dates the Service or Expense Occurred	Recipient of Service or Expense	Name of Service and Provider	Reimbursement Total Claimed	Did You Use Your MySource Card
FSA	HRA	DCAP					
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	From: ____/____/____ To: ____/____/____	<input type="radio"/> Self <input type="radio"/> Spouse <input type="radio"/> Child Name: _____	_____	\$ _____	 <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	From: ____/____/____ To: ____/____/____	<input type="radio"/> Self <input type="radio"/> Spouse <input type="radio"/> Child Name: _____	_____	\$ _____	 <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	From: ____/____/____ To: ____/____/____	<input type="radio"/> Self <input type="radio"/> Spouse <input type="radio"/> Child Name: _____	_____	\$ _____	 <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	From: ____/____/____ To: ____/____/____	<input type="radio"/> Self <input type="radio"/> Spouse <input type="radio"/> Child Name: _____	_____	\$ _____	 <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	From: ____/____/____ To: ____/____/____	<input type="radio"/> Self <input type="radio"/> Spouse <input type="radio"/> Child Name: _____	_____	\$ _____	 <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	From: ____/____/____ To: ____/____/____	<input type="radio"/> Self <input type="radio"/> Spouse <input type="radio"/> Child Name: _____	_____	\$ _____	 <input type="checkbox"/> Yes <input type="checkbox"/> No
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<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	From: ____/____/____ To: ____/____/____	<input type="radio"/> Self <input type="radio"/> Spouse <input type="radio"/> Child Name: _____	_____	\$ _____	 <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	From: ____/____/____ To: ____/____/____	<input type="radio"/> Self <input type="radio"/> Spouse <input type="radio"/> Child Name: _____	_____	\$ _____	 <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	From: ____/____/____ To: ____/____/____	<input type="radio"/> Self <input type="radio"/> Spouse <input type="radio"/> Child Name: _____	_____	\$ _____	 <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	From: ____/____/____ To: ____/____/____	<input type="radio"/> Self <input type="radio"/> Spouse <input type="radio"/> Child Name: _____	_____	\$ _____	 <input type="checkbox"/> Yes <input type="checkbox"/> No

☐ **I understand I must provide substantiating documentation along with a completed claim form in order to get the reimbursements totaled below.**

**FSA** TOTAL

**HRA** TOTAL

**DCAP** TOTAL

\$

\$

\$

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

**X**

Employee's Signature

[Secure Upload](#)

[Submit via E-Mail](#)

# How to complete the claim form

You can complete the claim form by typing directly on to it using Adobe Reader,  
or you can print out a copy of the claim form and complete it by hand.

For each line, check the appropriate box to select which benefit you will be claiming. Next enter the date(s) the expense was incurred. Then check the box to indicate which family member incurred the expense, and put their name in the line below.

The next 2 lines are for listing the expense incurred, and service provider. The following box is for the total amount of this particular expense. The final box indicates whether or not the MySource MasterCard was used for this expense.

As you enter your information into the form using Adobe Reader, it automatically calculates your total reimbursement for each benefit. Once you've entered all of your information, you can digitally sign the claim form to password protect it from being altered. By clicking in the signature field, Adobe Reader will walk you through the steps to create your unique ID. After digitally signing the claim form, click the "submit" button to e-mail your form to [claims@div125.com](mailto:claims@div125.com).

## How do I know which benefit to select for my reimbursement?

**FSA** I and/or my employer contribute(s) to this plan on a pre-tax basis for the reimbursement of my out-of-pocket medical expenses.

**HRA** My employer funds 100% this plan, for the reimbursement of certain medical expenses outlined in our plan document.

**DCAP** I pay someone to watch my child (or elderly dependent), so that I am able to go to work.

## How do I know what documentation I am required to provide?

**FSA** You must provide documentation containing the following information: Type of service, Date of service, Recipient of service, and the Cost of service. Cancelled checks, cash register receipts, and charge card slips do not meet these requirements, and therefore can not be accepted as substantiating documentation.

**HRA** You must provide documentation containing the following information: Type of service, Date of service, Recipient of service, and the Cost of service. Cancelled checks, cash register receipts, and charge card slips do not meet these requirements, and therefore can not be accepted as substantiating documentation.

**DCAP** You must provide documentation containing the following information: Who received the daycare, the dates of daycare, the name, address, and tax identification number of the care provider and the amount you are claiming. Cancelled checks and credit card slips can not be accepted. Transportation snack and supply fees can not be reimbursed.

## How do I submit my completed claim form to Diversified Administration?

Once you have your completed claim form and gathered your substantiating documentation, attach them to your e-mail, and send it to [claims@div125.com](mailto:claims@div125.com). After we receive your claim via e-mail, our system will confirm receipt via an auto-reply. If you fax or mail your claim, and would like us to confirm receipt, please put your phone number or e-mail address in the box at the top of the claim form, and we will contact you as soon as we receive it.

## Do I need to submit documentation when I use the MySource Card?



Your MySource card can "auto-substantiate" certain expenses, including Rx medication purchased at major pharmacies, as well as standard copay charges for visits to the doctor's office. When you use your MySource card for something other than Rx medication or standard copay amounts, including Dependent Daycare Expenses, you will need to submit substantiating documentation within 60 days of the card swipe to avoid MasterCard placing a temporary hold on your account.