



Please note that there is a \$10/month fee that may be charged to your account! Some employers cover this fee - please check with your employer or with an HR Specialist at CLEAR PEO by calling 215-701-9400; If you enroll in multiple accounts, only one fee is charged per month

## COMMUTER BENEFITS AND FLEXIBLE SPENDING ACCOUNTS (Healthcare and Dependent Care)

### COMMUTER/PARKING BENEFITS

If you take public transportation to work or pay for parking, WageWorks Commuter Benefits saves you money by paying parking and commuting expenses with pre-tax dollars. Your company lowers its payroll taxes and employees take home extra money each month.

#### **Program Features:**

- Make elections online directly through the WageWorks website choosing from several different transit pass options such as Metro Card, Visa Commuter Card, etc.
- Transit passes will be delivered directly to your home address.
- Changes can be made at any time.
- **Changes submitted by the 10<sup>th</sup> of the month will be effective on the 1<sup>st</sup> of the following month.**
- Make one-time orders or set your order as recurring monthly.
- Pre-tax contribution amounts are run through payroll and are maintained by the IRS each year, please confirm your pre-tax limit with the Clear Employee Service Center
- Transit and parking deductions will be taken from your paycheck in the actual month you receive the benefit. For example, transit deductions for July will be taken from pay period(s) in July.

#### **How to Enroll:**

- Prior to enrolling with Wage Works directly, please contact the Clear Employee Service Center to confirm your Wage Works Access has been activated at [employeecenter@clearemployerservices.com](mailto:employeecenter@clearemployerservices.com)
- Via the Web: [www.wageworks.com](http://www.wageworks.com)
- Via Phone: 877-924-3967 Monday through Friday – 8 a.m. to 8 p.m. EST
- When asked for your ID Code in the self-identification process, please use the last four digits of your Social Security #
- From the Welcome page, click on the Commuter tab
- Click on “Place Commuter Order” link
- Follow the steps to place your order
- Please be sure your mailing address is correct including any apartment/unit #
- An order confirmation email will be sent after the order is placed

### HEALTH CARE AND DEPENDENT CARE

WageWorks FSA is a pre-tax benefit account used to pay for eligible medical, dental, and vision care expenses that aren't covered by your insurance plan or elsewhere AND the dependent care helps you use tax-free funds to pay for preschool, summer day camp, before/after school programs, and child or elder daycare.

#### **Why You Need It:**

Save an average of 30% on eligible unreimbursed healthcare expenses, preschool, summer day camp, before/after school programs, child or elder daycare, and more! **For the Healthcare FSA:** Carry over up to \$500 from one plan year to the next—there's virtually no risk of losing your hard-earned money and you are able to access the full amount of your account on day one of your plan year. **For the Dependent Care FSA:** Your overall tax burden-funds are withdrawn from your paycheck for deposit into your Dependent Care FSA before taxes are deducted. You can take advantage of several convenient, no-hassle payment and reimbursement options.

#### **How It Works:**

Simply decide how much to contribute, and funds are withdrawn from your paycheck for deposit into your account before taxes are deducted.

##### **Healthcare FSA:**

- Pre-tax contribution amounts are run through payroll and are maintained by the IRS each year, please confirm your pre-tax limit with the Clear Employee Service Center.
- Your total annual election amount is available on day one of your plan year.
- You can carry over up to \$500 in account balances from one plan year to the next.
- The convenient WageWorks Healthcare Card associated with your account can be used to pay for hundreds of eligible healthcare products and services for you, your spouse, and your dependents.

##### **Dependent Care FSA:**

- Pre-tax contribution amounts are run through payroll and are maintained by the IRS each year, please confirm your pre-tax limit with the Clear Employee Service Center.
- As soon as your account is funded, you can use your balance to pay for many eligible dependent care expenses.
- Be sure to estimate your annual dependent care expenses and make your contributions carefully.
- Arrange for convenient direct payments to your dependent care provider or be reimbursed for payments you make. You can even have your dependent care provider sign receipts using your mobile device.
- Any funds left unspent in your Dependent Care FSA at plan year end are forfeited.

#### **How You Manage It**

Manage your account via a secure website on any computer or mobile device that's connected to the Internet or via the WageWorks EZ Receipts® app. Learn more at [www.wageworks.com/mynewfsa](http://www.wageworks.com/mynewfsa)

**FLEXIBLE SPENDING ACCOUNTS (Healthcare and Dependent Care)**
**Plan Year: July 1 - June 30**
**GENERAL INFORMATION:**

Employee Name: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 E-mail Address: \_\_\_\_\_  
 Social Security Number: \_\_\_\_\_ Date of Birth (MM/DD/YYYY): \_\_\_\_\_  
 Date of Hire (MM/DD/YYYY): \_\_\_\_\_

**FLEXIBLE SPENDING ACCOUNTS:**

- I hereby elect to participate in the Flexible Spending Accounts
- I hereby elect to participate in the HSA Compatible Flexible Spending Accounts **(I have a HSA Compatible Medical Plan)**

	Per Pay Period	# Pay Periods	Annual Election
<b>Health Care FSA</b>	\$ _____	x _____	= \$ _____
<b>Dependent Care FSA</b> (Day care expenses incurred during employment hours)	\$ _____	x _____	= \$ _____

Effective date of coverage: \_\_\_\_\_ The first payroll deduction will be on \_\_\_\_\_, 20\_\_\_\_

My pay schedule is:  weekly  bi-weekly  semi-monthly  monthly

**AUTHORIZATION & ACKNOWLEDGEMENT:**

I understand that I cannot revoke or change this election during the Plan Year unless there is a qualifying "Change in Status" event that affects my or my dependents' eligibility under this Plan or another employer plan. The rules regarding election changes are described in more detail in the Summary Plan Description.

I also understand that if I or my spouse participates in a Health Savings Account (HSA), eligible medical expenses under the Health Care Reimbursement Account may be limited.

I understand that I must submit a claim and appropriate documentation (e.g. explanation of benefits, itemized bill) for out-of-pocket, Medical, Dental, Vision and/or Dependent Care expenses before I can be reimbursed. I certify that I will only submit claims for reimbursement under the Flexible Spending Accounts for eligible expenses incurred by myself or my eligible dependents, in accordance with the terms of the respective Flexible Spending Account Plan. I certify that I will not submit claims for reimbursement under the Flexible Spending Accounts for amounts that have already been reimbursed by another source nor will I seek reimbursement for such amounts from any other source.

\_\_\_\_\_  
Employee Signature \_\_\_\_\_  
Date

If you have any questions, please contact your Benefits Specialist  
 at 215-701-9400 or [employeecenter@clearemployerservices.com](mailto:employeecenter@clearemployerservices.com)

## COMMUTER/PARKING BENEFITS AND ENROLLMENT

### COMMUTER AND PARKING BENEFITS

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