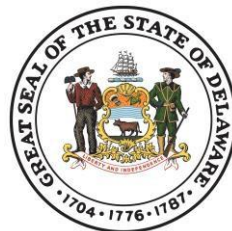


# STATE OF DELAWARE

## Dependent Care (Day Care)

### Flexible Spending Account Plan Booklet

(Fiscal Plan Year July 1, 2024 – June 30, 2025)



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## INTRODUCTION

A Dependent Care Flexible Spending Account (FSA) is an employer-sponsored plan that lets you deduct dollars from your paycheck before they are taxed and put them into a special account to pay for work-related daycare, before/after school care, babysitters or elder care expenses.

FSA accounts are exempt from federal income taxes, Social Security (FICA) taxes and, in most cases, state income taxes. FSA participation will impact earnings reported to the Social Security Administration. The more money you put in, the more tax you avoid. When you use the money in your account to pay for out-of-pocket day care expenses, you avoid paying taxes on those dollars. Depending on your tax bracket, you may save as much as 25% on out-of-pocket family care expenses.

Flexible Spending Accounts offer tax savings for out-of-pocket medical and dependent care expenses. Most people save as much as 25% on each dollar that is set aside.

### How does the FSA work?

When you enroll in the FSA plan, you estimate the amount of dependent care expenses you expect to incur during the plan year. You have that amount deducted from your paychecks in equal amounts throughout the year. Although your actual salary remains the same, your taxable salary as reported to the government is reduced by the amount you put into your FSA.

After you enroll in the FSA, ASIFlex will send you a confirmation of your enrollment to your home address. As you incur eligible expenses throughout the plan year, you submit a claim along with documentation of the day care expense to be reimbursed with funds from your FSA account. You are not taxed on these reimbursements. After each claim, you will receive an account summary.

You can submit claims in a variety of ways, and you do not have to choose only one method. You can use a variety of submission methods during the year. You will have the following options:

- ASIFlex Online – Just go to [www.asiflex.com](http://www.asiflex.com) and sign into your account. Scan your documentation and submit the claim.
- ASIFlex Mobile App – Just snap a picture of your itemized statement of services and submit via the mobile app for fast reimbursement! You can do this right from your day care provider's place of business!
- Manual Submission – Download a claim form from [www.asiflex.com](http://www.asiflex.com) and submit with your documentation by toll-free fax or by USPS mail.

Federal rules state that you will only be able to be reimbursed for day care expenses you incur during the plan year and the accompanying FSA grace period. **Plan rules also state that if you do not use all of the money in your account, unused funds will be forfeited to the State.**

You can only change your election during the plan year as a result of a qualifying event. Also, your Social Security benefits calculations will be based on your lower taxable earnings figures. (You can check with your local Social Security office to explore any effects this may have on your benefits – which are usually very minor.) **The State of Delaware may require, at any time, employees to amend their Plan Year elections in order to maintain qualified status under the Plan.**

The State of Delaware has contracted with ASIFlex to perform certain administrative functions for the Plan. ASIFlex processes all claims for the Dependent Care Flexible Spending Account. If you have any questions concerning claims, please contact ASIFlex, P. O. Box 6044, Columbia, MO 65205, 800-659-3035, email: [asi@asiflex.com](mailto:asi@asiflex.com), or on-line at [www.asiflex.com](http://www.asiflex.com).

## ENROLLMENT

### Enrollment Action Checklist

- **READ** your benefits information in this booklet.
- **PLAN** your out-of-pocket day care expenses for July 1, 2024 through June 30, 2025.
- **ENROLL** in the Dependent Care FSA plan by visiting [de.gov/statewidebenefits](https://de.gov/statewidebenefits).

### Important Reminders

- Open Enrollment is the **ONLY** time during the year you can enroll in Flexible Spending, unless you experience a qualifying event (see below).
- Enrollment is **REQUIRED EACH YEAR** during Open Enrollment if you wish to continue your participation in Flexible Spending.
- FSA elections are irrevocable for the Plan Year. You may only change your election during the plan year if you, your spouse, or a dependent experience a qualifying event **AND** your desired election change corresponds with that event.
- Claims must be filed by **October 15th** following the end of the Plan Year. There are no exceptions to this rule. After that, your account will be closed and any balance remaining will be forfeited to the State of Delaware in accordance with federal regulations.

**Eligibility:** All Active State Employees who are benefit eligible; and have been employed by the State of Delaware for 90 days or more, counting the employment commencement date as the first day.

**The Plan Year** is the twelve-month period from July 1 through June 30.

**New Employee Enrollment.** Benefit eligible employees may enroll effective the first day of the month after completing the **initial waiting period of 90 days** to participate for the remainder of that plan year. You may enroll by completing an enrollment form available from your Human Resources Office or online at [de.gov/statewidebenefits](https://de.gov/statewidebenefits).

Enrollment forms should be sent by the **first of the month preceding the date of eligibility** to ensure timely enrollment. If you fail to enroll within the time period described above, then you may not elect to participate in the Plan until the next Open Enrollment Period or until a qualifying event occurs that would justify a mid-year election change.

**Enrollment during Open Enrollment.** Open enrollment for the Plan Year will be held **May 1, 2024 through May 17, 2024**. You may enroll online during open enrollment each year for the upcoming Plan Year. If you fail to enroll within the time period described above, then you may not elect to participate in the Plan until the next Open Enrollment Period or until a qualifying event occurs that would justify a mid-year election change.

**Enrollment during the Plan Year.** You may enroll during the plan year **ONLY** if you experience a qualifying event and the enrollment corresponds with a change in eligibility caused by that event. See the **Making a Change Section** for more information. Forms are available from your Human Resources office or online at [de.gov/statewidebenefits](https://de.gov/statewidebenefits).

**CAUTION!** Do not put money into the Dependent Care FSA for health care expenses. The Dependent Care FSA is for work-related child or adult day care.

### **Manage your account**

Register your account at ASIFlex.com to see your account statement and balance, submit claims, sign up for email, text alerts and direct deposit.

### **Get the ASIFlex app!**

Submit claims.

Submit documentation.

Access your balance and account statement.



Search ASIFlex Self Service and download the app today.

### **ASIFlex Customer Service**

ASIFlex.com

asi@asiflex.com

P: 800.659.3035

F: 877.879.9038

P.O. Box 6044

Columbia, MO 65205-6044

## MAKING A CHANGE

**Except as specified in this section, your election under the Plan is irrevocable for the Plan Year. It is the employee's responsibility to file a change with their agency's Human Resources Office. The election change request must be filed within 31 days of the date of the qualifying event and becomes effective on the 1st of the month coincident with or following the event or the date the form is signed whichever is later and upon the approval of the request. Requests received after 31 days will not be approved.**

You may change your election if you, your spouse, or a dependent experience an event listed below which results in a gain or loss of eligibility for coverage under the State of Delaware Dependent Care Flexible Spending Account Plan or a similar plan maintained by your spouse's employer or one of your dependent's employer and **your desired election change corresponds with that gain or loss of coverage**. Changes are only allowed if one of the specific events listed below has occurred that caused the needed change in your account. Otherwise, your election is effective through the end of the plan year.

### Qualifying Changes include:

1. Your legal marital status changes through marriage, divorce, death or annulment.
2. Your number of dependents changes by reason of birth, adoption (or placement for adoption), or death. If your child no longer qualifies for dependent care because he or she turned 13, then that is a loss of a dependent under the Dependent Care Flexible Spending Account Plan.
3. You, your spouse or any of your dependents have a change in employment status (termination, retirement, new employment, change from part time to full time or vice versa) **that affects eligibility** or the Dependent Care Flexible Spending Account with the State of Delaware or a plan maintained by your spouse's or any dependent's employer. Please see page 5 for specifics related to termination of employment from the State of Delaware.
4. You change dependent care providers (including school or other free provider). You may make a corresponding change to your Dependent Care Flexible Spending Account and your future salary reductions if you change dependent care providers.
5. You may make a corresponding change to your Dependent Care Flexible Spending Account and your future salary reductions if your dependent care provider who is not your relative changes your costs significantly. A relative is any person who is a relative according to Code §152(a)(1) through (8), incorporating the rules of Code §152(b)(1) and (2).

**Your Salary Reduction** amount for a pay period is, an amount equal to the annual contribution for your FSA election, divided by the number of pay periods in the Plan Year following your effective date. If you increase an election under the Dependent Care Flexible Spending Account Plan, your salary reductions per pay period will be an amount equal to your new reimbursement limit elected less the salary reductions made prior to such election change, divided by the number of pay periods remaining in the Plan Year beginning with the election change effective date.

Any increase in your election may include only those expenses that are incurred during the period of coverage on or after the effective date of the increase. Your coverage for the remaining period of the year shall be calculated by adding the amount of contributions made prior to the change to the expected contributions after the effective date of the change and subtracting prior reimbursements.

## TERMINATION/RETIREMENT

**Termination of participation.** Your participation will end on the date in which you cease to be an Active Employee because of Retirement, Termination of Employment, Layoff, Reduction in Hours, or any other reason. You may continue to file for Dependent Care expenses incurred during the plan year and through September 15, 2025 so long as you are actively working, actively seeking employment or in a full-time student status.

Should you return to work as an eligible employee within 30 days during the same Plan Year, your participation will be reinstated as it was. If you return after 30 days during the same plan year, you will have the option of reinstating your coverage at the same annual level you had prior to your termination or reinstating your coverage at the same per pay period amount with a reduced annual amount. Should you choose the same annual amount, your per pay period contributions will be adjusted so that your total contributions for the year will equal your annual coverage amount. You have 31 days after you return to work during the same Plan Year to make a new election for the remainder of the Plan Year (not to exceed the annual plan maximum).

Your participation will also end at the end of the expiration of the Period of Coverage, if the Plan is terminated, or if you a file false or fraudulent claim for benefits.

**Participants on Leave.** Dependent Care expenses are not eligible for reimbursement during a period of **PAID or UNPAID** leave. Because of this, you may choose to have your deductions stopped prior to going on a period of leave. When you return to work, you will have 31 days to reinstate your coverage with the same or a new annual election.

## ESTABLISHING AND USING YOUR DEPENDENT CARE FLEXIBLE SPENDING ACCOUNT

**Estimate your total dependent care expenses for the Plan Year.** Include predictable expenses only. **DO NOT** include medical, dental, vision or prescription expenses for your dependents in the Dependent Care Flexible Spending Account election, these should be claimed through your Health Care Flexible Spending Account if you enroll in that account.

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**Annual (household) Maximum \$5,000.00**

**Annual Minimum \$50.00**

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You and your spouse together may include up to \$5,000.00 **per calendar year** (\$2,500 in the case of a married individual filing a separate tax return for the plan year) or the lesser of your or your spouse's earned income for the plan year. In the case of a spouse who is a full-time student at an educational institution or is physically or mentally incapable of caring for himself or herself, such spouse shall be deemed to have earned income of \$250 per month if you have one dependent and \$500 per month if you have two or more dependents.

In accordance with IRS guidelines, the State of Delaware examines Dependent Care FSA elections each year to ensure that the plan does not favor Highly-Compensated Employees\* (HCE) as defined by the IRS. If the Plan is found to “discriminate” against non-highly compensated employees, the State of Delaware will reduce contributions made by HCEs in order to maintain qualified status under the Plan. Non-highly compensated employees are not affected by this rule.

\**Highly Compensated Employees* for purposes of Dependent Care, are individuals who receive an annual compensation of \$150,000 or higher, as well as individuals who have been identified as key employees.

**A Qualifying Individual** is your Dependent who is **under the age of 13** (when services are incurred) or your Spouse or an older Dependent who is mentally or physically incapable of self-care who lives in your home at least 8 hours each day. If you are divorced, the Qualifying Individual must be your son or daughter for whom you have more than 50% physical custody. Please call ASIFlex before enrolling in this account if you have unique day care or joint custody arrangements. Be sure to notify your Human Resources Office within 31 days of a change in eligibility of a qualifying individual if you need to change your election.

**A Qualified Provider** can provide care in your home or outside your home. If the care is provided outside your home and the facility cares for more than 5 individuals, then it must be licensed by the State. The expenses **may not** be paid to your spouse, a child of yours who is under the age of 19 at the end of the year in which the expenses are incurred, or to an individual for whom you or your spouse is entitled to a personal tax exemption as a dependent.

**The Dependent Care Flexible Spending Account** is an alternative to taking a “Tax Credit” allowed with your tax filing each year. You may receive a tax break on your expenses, but you must choose whether to use the “Tax Credit” or the “FSA”. The IRS will not allow you to receive two tax breaks on the same expenses.

- **\*A Tax Credit** is allowed for child/dependent care expenses of up to \$16,000 per year for two or more dependents (\$3,600 per year for one dependent under the age of 6 and \$3,000 per year for one dependent between the ages of 6 and 17). You file for the “tax credit” on your annual tax return, at the end of the year. The credit is an amount equal to your dependent care expenses multiplied by a percentage determined by your combined adjusted gross income. **Depending on your family income, you may claim up to 50% of the incurred expenses.** The credit is completely phased out for families earning more than \$428,000.
- **\*\*The Dependent Care Flexible Spending Account** Plan allows a tax break on up to \$5,000.00 per year, \$2,500 if married filing separately, for any number of dependents; one, two, or more. You will experience “tax savings” throughout the year with every paycheck you receive. Employees who pay federal taxes of 15%, state taxes of approximately 6% and Social Security taxes of 7.65% would save around 28% of expenses through the Dependent Care Flexible Spending Account Plan. As their federal tax percentage rises, they would receive an even higher tax break by using the Dependent Care Flexible Spending Account Plan.

**You are required to file Form 2441** with your IRS Form 1040 to support the amount redirected for the calendar year. This is for informational purposes. You will not pay taxes on the redirected amount. Payments made to you under this category are not taxable, but the amount redirected will appear on your W-2 form which informs the IRS that you have received a tax break on that expense.



## Qualifying Dependent Care Expenses

Qualifying Child/dependent care expenses are those that you incur in order for you and your spouse (if married) to be gainfully employed that are considered to be employment-related expenses under Internal Revenue Code §21(b)(2) to the extent that you or another person (if any) incurring the expense is not reimbursed for the expense through any other Plan. **Only expenses incurred for care and well-being qualify for this tax break** (Kindergarten,

summer school and private school expenses, food and transportation do not apply). Day camp fees incurred in order for you to work are allowable but overnight camps are not.

Refer to the Eligible Expense Listing and IRS Publication 503 (available at [www.asiflex.com](http://www.asiflex.com)) for additional information. The purpose of Publication 503 is to assist people with their income tax filing. It does not address Dependent Care Flexible Spending Account Plans. However, most of the items listed as eligible for the tax credit in 503 can be claimed through your Dependent Care Flexible Spending Account.

You can only claim expenses based on the date incurred (not paid as stated in 503). Please contact ASIFlex at [asi@asiflex.com](mailto:asi@asiflex.com) or (800) 659-3035 if you have any questions regarding particular expenses.

### Qualifying Expenses are those that enable you to be gainfully employed including:

- Daycare centers
- Nanny, Au Pair
- Day camps
- Babysitters
- Before school/after school care
- Preschool, nursery school (not tuition)

### Non-Qualifying Dependent Care Expenses

This is a **partial** list of items that **do not** qualify under the plan. There may be other items that do not qualify that are not listed here.

- Care that is not incurred in order for you to work or look for work
- Kindergarten or other educational expenses
- Amounts paid to your spouse or dependent or to your (or your spouse's) son or daughter who is under 19 years old at the end of the year
- Care for a child for whom you have 50% or less physical custody
- Care for a child age 13 or older who is not disabled
- Child support payments
- Elder daycare for a dependent with gross income over the Federal exemption limit
- Food, transportation or activity fees
- Overnight camps

**Receive dependent care services.** Dependent care expenses are **incurred** when the day care is provided. You must receive the dependent care services before you file a claim for those services.

**File claims or sign up for Recurring Direct Pay.** After you have received the dependent care services, you may submit a claim for those expenses to ASIFlex. Extra claim forms are available by contacting ASIFlex or online at [www.asiflex.com](http://www.asiflex.com) or [de.gov/statewidebenefits](http://de.gov/statewidebenefits). You can also submit claims online or via the mobile app (see page 9 for information on the Recurring Direct Pay feature).

You can have the dependent care provider sign the dependent care certification section of the claim form in lieu of providing separate documentation for dependent care claims.

You must provide the tax identification number or Social Security Number of the child/dependent care provider with your federal income tax return. Please check with your child/dependent care provider (**before** enrolling in this category) to be sure that you are able to obtain his/her tax I.D. or Social Security number.



## RECURRING DIRECT PAY

ASIFlex offers a way for you to pay your day care provider using your dependent care flexible spending account coupled with your banking account.

The Recurring Direct Pay program eliminates your need to pay the day care provider in advance and then file claims for reimbursement. It also eliminates the waiting for reimbursement from your Dependent Care account.

### How will this help you?

- Payments are made directly to your day care provider on the schedule you and the provider choose.
- You no longer need to file claims.
- The full amount that you owe for the period will be paid to the provider using any funds that are available in your dependent care account with the remainder pulled directly from your banking account.
- You will receive notification of the payment (as will your provider).
- You can make changes to or stop payments at any time.
- This feature is completely **free** to you!

### How do you get started?

You can enroll in the program by logging into your account at [www.asiflex.com](http://www.asiflex.com). Click on “Schedule a Recurring Direct Payment” and simply enter the requested information. If your day care provider is not currently participating, you can request that ASIFlex reach out to recruit your provider.

Once you are enrolled in the Recurring Direct Pay program, you will have the ability to view the payments that have been made on your behalf.

### Important Things to Remember:

- If you wish to make changes to the amount that is being withheld from your paycheck, you must follow the procedures listed on page 5.
- If you terminate employment, your participation in this Recurring Direct Pay program will end as well.
- You are agreeing that ASIFlex can debit your bank account to pay your day care provider for any portion of the fee that will not be covered by the balance in your dependent care flexible spending account at the time of payment.
- You will need to ensure that you have sufficient funds in your bank account to pay your provider. You are responsible for any overdraft fees charged by your bank.
- Your day care provider must agree to participate in the program. If they agree to participate, they will certify to ASIFlex that the day care services are being provided.

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**Grace Period:** If you are a participant as of June 30<sup>th</sup> of a Plan Year, you may continue to incur expenses through September 15<sup>th</sup> to use any remaining funds in the Plan Year that just ended. Claims for expenses incurred during this Grace Period are paid from the oldest year’s funds first unless you request otherwise.

**Example:** If you have \$50 remaining in your FY24 flexible spending account as of July 1, 2024 and incur an expense for \$100 on August 10, 2024, this claim will be paid using \$50 from your FY24 FSA and the remaining \$50 from your FY25 FSA. If you do not want a claim for services provided July 1st through September 15th paid out of the old plan year, please write a note and enclose it with your claim form.

**Receive reimbursements.** ASIFlex will review your claim, and if approved will reimburse you within one to three business days of their receipt of your claim up to the amount you have on deposit in your account. If your claim exceeds your available funds, the difference will be recorded and paid as funds become available from payroll.

**Payment from your Dependent Care Flexible Spending Account** will be made up to the approved amount of your claim or your current balance, whichever is less. Any portion of your claim which is not paid will be paid automatically as money is contributed from payroll. Total payments for the year are restricted to your annual election.

**False or Fraudulent Claims.** If ASIFlex believes that false or fraudulent claims have been submitted, ASIFlex will investigate the submitted claims and forward, with all investigational findings, to the State of Delaware's Statewide Benefits Office for further investigation. In the interim, ASIFlex will deny your claim and notify you that your account has been placed on hold until the situation has been resolved. The Statewide Benefits Office will make a decision as to whether your participation will be terminated in FSA and whether to recover any funds that may have been fraudulently obtained. The State of Delaware has the authority to deny claims found to be false or fraudulent and to terminate your participation in the FSA in accordance with its discretionary duty as the Plan Administrator. The State of Delaware may take legal or disciplinary action against a member found to have committed fraud.

## FLEXIBLE SPENDING ACCOUNT CLAIMS

- Claims processed daily – within 1-3 business days of receipt of qualified claim.
- File Claims Online! Go to [www.asiflex.com](http://www.asiflex.com), account detail section, and upload your scanned documentation.
- Go mobile! Snap a picture of your documentation and submit via the ASIFlex Mobile App.
- Fax Claims: 1-877-879-9038
- Mail Claims: P O Box 6044 Columbia, MO 65205-6044
- Go to [www.asiflex.com](http://www.asiflex.com) for claim forms and personal account information.
- Direct deposit is available for claims payment – Sign up through your online account.
- Direct deposit notices are sent via E-mail or USPS on the day that payment is initiated.
- Email/Text Alerts – Sign up through your online account.

**Allowable expenses** must be incurred during the portion of the Plan Year or Grace Period that you are a participant. **Claims must be filed by October 15th following the end of this Plan Year. After that, your account will be closed and any balance remaining will be forfeited to the State of Delaware in accordance with federal regulations.** If October 15th is a holiday, Saturday, or Sunday, then claims must be filed by the first business day following October 15th.

**You must submit your claim** along with **copies** of itemized statements of service **from the provider** to serve as proof that you have incurred an allowable expense in order to receive payment. Itemized Statements of service are **required to include**, the **provider's name/address**, dependent name, the **date(s) of service**, a **description of the service(s)**, and the **expense amount**. Rather than obtaining an itemized statement, you can have your day care provider sign the certification on the claim form. Copies of personal checks and paid receipts, without the above information, are not acceptable. **Documentation or copies will not be returned.**

**Claim forms are available online at [www.asiflex.com](http://www.asiflex.com) or [de.gov/statewidebenefits](http://de.gov/statewidebenefits).**

**Receive reimbursements.** ASIFlex will review your claim, and if approved will reimburse you within one to three business days of their receipt of your claim up to the amount you have on deposit in your account. If your claim exceeds your available funds, the difference will be recorded and paid as funds become available from payroll.

**Payment from your Dependent Care Flexible Spending Account** will be made up to the approved amount of your claim or your current balance, whichever is less. Any portion of your claim which is not paid will be paid automatically as money is contributed from payroll. Total payments for the year are restricted to your annual election.

**If you have unused funds at the end of the claims filing period**, those funds are forfeited to the State of Delaware and used to a) offset reimbursements to health care FSA participants who terminate employment mid-year and have been reimbursed more than contributed at that point in time and b) pay ASIFlex's administrative fees.



## GO GREEN!!!

**Electronic Communications** – You can sign up to receive email and text alerts instead of mail. Sign into your account at [www.asiflex.com](http://www.asiflex.com) and update your account settings under “Manage Your Account.”

**Direct deposit** into the bank account of your choice is available for your claim payments. By using direct deposit you will not need to wait for a check to arrive and be deposited. A notice that a payment was made will be sent to you. To sign up for direct deposit, sign into your account at [www.asiflex.com](http://www.asiflex.com) and update your account settings under “Manage Your Account.”

**If you receive a check for reimbursement and forget to cash it**, the check is valid for six months from the issuance date. If you have received a check and have not cashed it within six months, ASIFlex will attempt to contact you via email or postal mail, and will offer to reissue the reimbursement to you. If ASIFlex cannot reach you, the amount of the uncashed check will be reported and remitted to your state of residence's unclaimed property division. For State of Delaware residents, remittance shall be made to the State of Delaware Department of Finance, Bureau of Unclaimed Property.

**If a claim is denied** in whole or in part, ASIFlex will notify the Participant in writing within 30 days of the date that ASI received the claim. This time may be extended for an additional 15 days for matters beyond the control of ASIFlex. Notification of a denied claim will include:

- The specific reasons for the denial;
- The specific Plan provisions on which the denial is based;
- A description of any additional material or information necessary to validate the claim and an explanation of why such material or information is necessary; and
- Appropriate information on the steps to take to appeal ASI's adverse benefits determination\*

*\*If a claim for benefits is denied in whole or in part, an appeal process is available. Participants may appeal by sending a signed letter of appeal to ASIFlex within 30 days after the denial is received. If ASIFlex denies the appeal, participants may appeal a second and final time within 20 days of the denied appeal by sending a signed letter of appeal to the following address: Appeals Administrator, RE: APPEAL, Statewide Benefits Office, 841 Silver Lake Boulevard, Suite 100, Dover, DE 19904. If an appeal is not made within the above referenced timeframes, all rights to appeal will be forfeited.*

## Here are a few simple rules to keep in mind:

- The FSA plan is regulated by the IRS.
- You do not have to pay federal income tax, FICA tax, and (in most cases) state income tax on pretax dollars.
- You can enroll each year, and make a new election each year during open enrollment.
- You can access up to your cash balance for dependent day care expenses.
- Qualified expenses are eligible if incurred during your period of coverage. Incurred means the service was provided that gave rise to the expense, regardless of when paid, billed or charged.
- Each FSA is separate and distinct; you cannot take money from the Health Care FSA to put into the Dependent Care FSA or vice versa.
- Your election remains in effect for the plan year. However, you may be able to change your election mid-year if you have a qualifying status change as described in the plan.
- The FSA is a year-to-year account so you should set aside only what you know you will spend on a regular and recurring basis, or planned expenses that you know you will incur during the plan year.
- Unused funds are forfeited. You can avoid forfeitures by planning carefully and setting aside enough to pay for predictable and recurring expenses.
- Submit your claims no later than October 15, 2025.

## ONLINE ACCESS

You can access your Dependent Care Flexible Spending Account online 24/7. If you have not yet set up your account, simply click the "Create an account" button and follow the instructions.

To access your account:

1. Go to [asiflex.com](https://asiflex.com) and Select "**Employee (Participant) Login.**"
2. Sign in using your User Name, Password and Security Image.

Online access allows you to manage your FSA anytime, anywhere! Register to access your Account Detail at ASIFlex.com.

- Sign up for email and text alerts
- Sign up for direct deposit reimbursements
- Access your account statement and balance
- Read secure messages sent to you from ASIFlex
- Submit claims

ASIFlex.com is an educational site as well. You can view an extensive listing of eligible expenses, read frequently asked questions, view educational videos, obtain claim and administrative forms, and access IRS forms and publications.

## ASIFLEX MOBILE APP

ASIFlex provides access to your account with its free mobile app. The app works on your mobile devices such as your smartphone or your notepad. You can download the app from either the Google Play store or the App Store for free!

Use the ASIFlex mobile app to check your balance and submit claims or backup documentation for the ASIFlex card from the palm of your hand.

Just snap a picture of your itemized statement of services and submit via the mobile app for fast reimbursement! You can do this right from your provider's office!

