



## Flexible Benefits Spending Accounts Informational Sheet



### Send FSA Claims & Proof of Expense to:

866.635.1329 (FAX)

### Or mail to:

Claims Processing Center  
P.O. Box 26046  
Tampa, FL 33623

### Gilsbar Contact Information:

1-866-978-2030

[flex@gilsbar.com](mailto:flex@gilsbar.com)

### Sign Up for Online Access at:

[www.myGilsbar.com](http://www.myGilsbar.com)

(you will need your group number, found on your welcome letter, and a valid e-mail address)

\*Employees receive email confirmation when claims are received and processed.

\*24/7 access to claims information and FSA balances.

\*View account elections, account deposits, reimbursement payments, claim status details, receipt images, and denials.

### What are Eligible Expenses for the Healthcare FSA?

Below is a list of the most common, and is intended as an example. The list is not comprehensive.

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

### Using the Debit Card:

The 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. When the card is used for expenses other than office co-pays or prescriptions, you must provide supporting documentation in the form of an itemized bill or receipt, along with the claim form to Gilsbar within 30 days of the transaction. Verification should include the patient name, date of service, description of services rendered, cost and patient liability. Gilsbar will request such documentation if not submitted. Failure to submit can result in loss of card privileges. The debit card may not be used to pay for eligible Dependent Care expenses.

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### Who is an Eligible Dependent for the Dependent Care FSA?

Eligible dependents are defined as any person(s) 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.

Is your elderly parent who resides with you and is physically or mentally incapable of caring for himself or herself.

### What are Eligible Expenses for the Dependent Care FSA?

Below is a list of the most common, and is intended as an example. The list is not comprehensive.

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 From My Dependent Care FSA?

As the eligible expenses are incurred, 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. Claims must include the federal tax ID 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 dependent under the age of 19. With the 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.