FLEXIBLE HEALTH CARE AND DEPENDENT CARE REIMBURSEMENT ACCOUNTS
Frequently Asked Questions and Answers

Q. What is an FSA?
A. A Flexible Spending Account is an account funded by employee salary deferral elections and, in some cases, employer contributions, for the purpose of reimbursing expenses on a pre-tax basis. Most plans offer two types of accounts: Medical (also called Health Care) for reimbursement of eligible medical, dental, vision, prescription and over-the-counter drug expenses; and Dependent Care for reimbursement of day care expenses. Your employer will set a maximum contribution amount at the beginning of each plan year. Participants may elect to contribute an amount each plan year up to that maximum.

Q. How much can I contribute to the FSA.
A. Health Care FSA Account: $200 minimum and $2600 maximum per calendar year.
   Dependent Care FSA Account: $200 minimum and $5000* maximum per calendar year.
   * $5,000 if filing taxes as single or married filing jointly or $2,500 if married filing taxes separately.

Q. I have questions regarding eligibility of specific expenses, what should I do?
A. For questions regarding eligibility of specific expenses please contact Crosby Benefits directly at 800-462-2235 or visit www.mycrosbybenefits.com and select FAQ's.

Q. How do I register/set up an account with Crosby Benefits?
A. Once you’ve submitted your Flexible Spending Account enrollment form to the Office of Human Resources, you are ready to set up your My Crosby Benefits Account.
   If you are a new user, complete the New User Registration process by entering the following information:

   Email Address: Brandeis Email
   Date of Birth: your date of birth
   5-Digit Zip Code: your home zip code

   Social Security Number: Not applicable for Brandeis employees
   Employee ID/Pin: your Brandeis employee ID* preceded by a zero (ex: 0100xxxxx)
   *Your Brandeis Employee ID (an 8 digit # beginning with “1”) can be found in BUSS under View Paycheck.

Q. How do I submit a claim for reimbursement?
A. To submit a request for reimbursement, please send proof of an incurred expense(s) (i.e. an itemized bill or receipt along with a completed Reimbursement Request Form found here).
   Receipts must include: name of the person who received service, name and address of the service provider, nature of the service or supplies (drug name if submitting a prescription or over-the-counter medication), amount of the reimbursable expense and the date(s) of service(s).
   Please create a new claim and upload your receipts through your www.mycrosbybenefits.com Reimbursement Portal.
   Or,
   Please submit Reimbursement Request and supporting documentation to Crosby Benefit Systems via:

   Email: servicecenter@crosbybenefits.com
   Fax: 978-367-9626
   Mail: Crosby Benefit Systems
   PO Box 25172
   Lehigh Valley, PA 18002-5172

Please Note:
1. Expenses must be incurred during the current plan year and during your dates of participation
2. Reimbursement checks/direct deposits are sent according to a pre-determined processing schedule.
3. A “run out period” will immediately follow the plan year during which participants may submit claims for expenses incurred during the previous plan year.

Q. How can I find the balance in my flexible reimbursement account?
A. Visit www.mycrosbybenefits.com and log into your account. You may contact Crosby by phone at 1-800-462-2235. If you are a new user, please see “How do I register/set up an account with Crosby Benefits” above.

Q. How do I enroll in Direct Deposit?
A. Reimbursement Account Holders can choose to receive reimbursements directly into their preferred bank account via Direct Deposit. To enroll, log into your www.mycrosbybenefits.com Account and access your Reimbursement Account information. From your Account Profile tab (within your Reimbursement Account), click 'Edit' within the Direct Deposit Information section and when prompted, complete the online form. Submit the information once complete.

Q. How do I enroll in Electronic Communications?
A. Reimbursement Account holders may opt to “Go Paperless.” Choose to receive communications via email rather than US Mail. From your Account Profile tab (within your Reimbursement Account), click ‘Edit’ within the Profile section. Confirm or enter your email address and finally, choose Electronic from the drop down menu in the Communications field. Submit the information once complete.

Q. Does Crosby offer a Mobile App for Reimbursement Account holders?
A. Yes, Crosby’s Reimbursement Portal Mobile App is available for both iPhone and Android devices and grants you quick access to an array of reimbursement account information via your smart phone including:
- Claim Entry
- Receipt Upload Using Photo Capture
- Account-At-A-Glance (account data and available funds)
- Recent Transaction Review

Q. How can I get the Mobile App for Reimbursement Account holders?
A. Obtaining the Mobile App is simple. Download the App from your device's App store or scan a QR code found within the Mobile App section of the Reimbursement Account portal (via www.mycrosbybenefits.com).

Please Note: Users must first set their Mobile App username & password found within the Mobile App section of the Reimbursement Account portal. The Mobile App's username/password credentials will be different from those that you use for MyCrosbyBenefits.com.

Q. May I change the amount I elected for my flexible-reimbursement account?
A. You cannot change election amounts during the plan year unless you have a qualifying change in status or other permissible event. If you experience a change in status, or other permissible event, you must contact the Benefits section of the Office of Human Resources within 31 days of the event; otherwise, you must wait until the next open enrollment period.

Q. What happens if there is money remaining in my flexible reimbursement account(s) and I have no additional bills to submit for reimbursement?
A. Per IRS regulations, if you do not spend all the money in your health care and/or dependent care flexible reimbursement account(s) for the calendar year, you forfeit the amount remaining.

Q. What is the cut-off date for submitting receipts for reimbursement?
A. The cut-off date for the Health Care Flexible Spending Account is April 30 each year for prior plan-year expenses. Example: April 30, 2017, is the deadline to submit reimbursements for receipts incurred in 2016.

The cut-off date for the Dependent Flexible Spending Account is April 30 each year for prior plan-year expenses. Example: April 30, 2017, is the deadline to submit reimbursements for receipts incurred in 2016.