

2017
PLAN
YEAR

The City of Torrance



Flexible Benefits

EMPLOYEE INFORMATION PACKET

What are “Flexible Benefits”?

Flexible Benefits started when Congress passed Section 125 of the Internal Revenue Code in 1978. Section 125 allows a certain amount, estimated for a given year, to be deducted directly from your paycheck and claimed for reimbursement when used for qualified expenses. These deductions are taken before taxes, reducing your total taxable income.

Example:

Mary is single with three children and Mary earns \$3,000.00 per month. She pays \$300.00 a month in childcare expenses and \$25.00 a month for prescriptions. The calculations below show how much Mary will save by participating in the Flexible Benefit Plan her company offers.

Mary with 125

\$3,000.00 Income
- \$325.00 Expenses
= \$2,675.00 Taxable Income
- \$ 229.12 Federal Tax
- \$81.36 State Tax
- \$207.69 Social Sec/Medicare
= \$2,156.83 Mary's Income

*Mary's savings
of \$79.69 per
month will save
her \$956.28 total
for the whole
year!*

Mary without 125

\$3,000.00 Income
- \$271.25 Federal Tax
- \$97.11 State Tax
- \$229.50 Social Sec/Medicare
= \$2,402.14 Net Income
- \$325.00 Expenses
= \$2,077.14 Mary's Income

Healthcare Reimbursement

Healthcare Reimbursement enables you to deduct medical, dental and vision expenses before taxes, up to the maximum annual amount set by your employer. A claim is then filed to receive reimbursements for the expense(s). Eligible expenses include, but are not limited to, charges for medical, dental or vision office visits, prescription drugs, x-rays, laboratory work, orthodontia, periodontics, bridges, crowns, eye exams, glasses, contacts, LASIK eye surgery, ambulance and emergency room fees, diabetic supplies and many other products and services.

**A more complete list of eligible and ineligible goods and services can be found later in this packet.*

Dependent Care Reimbursement

Dependent Care Reimbursement enables you to deduct childcare (day care), babysitting or elder care expenses before taxes, up to a maximum of \$5,000 per family or \$2,500 if married and filing separately. A claim is then filed to receive reimbursement for the expense(s). Eligible expenses include charges for before or after school care or programs (that are custodial in nature and not educational, i.e. tutoring), babysitting, day care, summer camps and elder care.

The following rules apply:

- Documentation must be provided for the expense with a receipt showing the date(s) of service, amount charged and the provider's name and federal tax ID or social security number.
- A dependent must be under the age of 13 or disabled (at any age).
- The service must be provided while you and your spouse work or attend school full-time.
- Expenses cannot exceed the lower income of either spouse.
- If using a day care center, it must be licensed.
- Babysitting services provided by a relative under the age of 19 are ineligible.
- Overnight camps and food costs for day camps are not eligible.



Procedures & Services

- All expenses for the Plan Year should be conservatively estimated. Any funds left in the account at the end of the claims run-out period for the Plan Year will be forfeited back to your employer.
- During Open Enrollment for each new Plan Year, you will be given the opportunity to participate in the Plan. **Elections are not carried over. You MUST re-enroll.**
- Your election cannot be changed during the Plan Year unless there is a change in status that is a qualifying event. All changes must be consistent with your new election choice and must be made within 30 days of the qualifying event. For a full list of events and to discuss options for a specific event, please contact your Benefits Department or Sheakley's Customer Service team.
- As the contribution amount you elected is deducted from your paycheck, it is posted to your Healthcare and/or Dependent Care Reimbursement Account(s) based on the pay schedule provided by your employer.
- To receive funds from your account(s), you must complete and submit an online claim form or complete a manual claim form and fax or email it in along with all supporting receipts/documentation for your claim. Documentation must show 1) the date of service (not date of payment), 2) the specific type of service, and 3) the amount you have paid or owe. **Cancelled checks, bank statements, and credit/debit card receipts are not considered valid documentation.**
- Once your claim is reviewed and approved, a reimbursement will be issued in the form of a check or, if applicable, a direct deposit. Checks are mailed the next business day following the date of processing. Direct deposit reimbursements may take 2-4 business days to post to your account, depending on your employer's chosen processing timeframe.
- Claims are processed for reimbursement twice per week, on Wednesday and Friday. Claims received by 5:00pm EST on Monday are processed on Wednesday. Claims received by 5:00pm EST on Wednesday are processed on Friday. These are our guaranteed processing timeframes. Claims may be processed more quickly depending on claim volume and the time of year.
- All claims must be for services incurred during your coverage period within the Plan Year. "Incurred" is defined as the date in which services are provided (not paid). "Coverage Period" is defined as the first of the month in which your first contribution is deducted and the last day of the month in which your last contribution is deducted.
- **In the event you terminate employment, the end of the month in which you made your final contribution to the Plan becomes your termination date. Services incurred after your termination date are not eligible for reimbursement.**
- Be sure to notify your employer and/or Sheakley's Customer Service team of any change in address. You can do so by updating it via the employee web portal, by completing a Change Form (available through your employer) or by emailing us at 125@sheakley.com.
- Access to your online account is available to you 24 hours a day, 7 days a week at <https://www.myrsc.com/>. Website registration instructions are included later in this packet. We strongly urge all participants to register their online account because important updates regarding the Plan, accounts status letters, claims denied/dismissed letters and other important information is posted regularly.

For specific information regarding your Plan, the grace period, yearly limits, Plan Year dates, etc., please refer to your Summary Plan Description (on file with your employer) or contact our Customer Service team. Customer Service representatives are available to assist you from 8:00am to 5:00pm EST, Monday through Friday, except on holidays.

Sheakley Flexible Benefits Division
One Sheakley Way, Cincinnati, OH 45246
Phone: 800.877.6630 or 513.326.4662
Fax: 513.326.8082
Email: 125@sheakley.com



The Healthcare F.S.A.



The Healthcare F.S.A. allows participants to set aside pre-tax dollars to pay for eligible medical, dental and vision expenses that are not covered by your insurance. Expenses for you, your spouse, your child(ren) and any other dependents you claim on your taxes are eligible for reimbursement under this plan.

The IRS considers medical expenses to be “unpredictable”, so the full annual election is available on the first day of the Plan Year. If the entire annual election is reimbursed early in the Plan Year, the remaining contributions that are made will go towards “paying back” the funds that were advanced.

A list of common eligible and ineligible expenses is included with this packet. If a specific item or service is not listed, please contact our Customer Service team to check the eligibility prior to the item’s purchase or the rendering of services.

Note to H.S.A. Owners

If you currently participate in a high-deductible health plan and have a Health Savings Account (H.S.A.), contact your employer to determine your F.S.A. eligibility. If you are eligible to participate, the Healthcare F.S.A. will be a Limited Healthcare F.S.A. and may only be used for dental and vision expenses. All medical expenses must be paid for with your H.S.A. until your deductible has been met. After that, you may submit healthcare expenses for reimbursement through your F.S.A.

Important Note Regarding Over-the-Counter Items

Please note that, due to a change in the IRS code in 2011, claims for over-the-counter (OTC) products containing any kind of medicine can only be reimbursed when accompanied by a doctor’s note stating the medical necessity.

Healthcare Claim Reimbursement

It is important to remember that healthcare claims are paid out based on the date of service, **not the date of payment**. Pre-payments for services are not eligible for reimbursement until the service has been rendered. Additionally, payments made for services where the date of service is in a previous Plan Year are ineligible for reimbursement using current Plan Year funds.

When submitting claims, third-party documentation must be provided for each expense being claimed. The documentation must provide the following three items:

1. **The Date of Service (not Date of Payment)**
2. **The Specific Type of Service**
3. **The Amount Paid or Owed**

****Credit/debit card receipts, copies of checks, online payment confirmations and bank statements are not valid forms of documentation per IRS regulations.**



Eligible Items & Services

Dental & Vision Services

Artificial Teeth
Contact Lenses
Crowns/Bridges
Dental Implants
Dental Sealants
Dental X-Rays
Dentures
Exams/Cleanings
Extractions
Fillings
Occlusal/Bite Guards
Orthodontia
Eye Exam
Glasses/Contacts
LASIK/PRK
Prescription Sunglasses

Insurance Related Items

Copay Amounts
Deductibles
Differential
Expenses (medical)
Pre-Existing Conditions
Private Hospital Room

Lab Exams/Tests

Blood Tests
Body Scan
Cardiograph
Colonoscopy
CT Scan
EKG
Endoscopy
Fluoroscopy
Laboratory Fees
Metabolism Tests
MRI
PET Scan
Sweat Tests
Ultrasound
Urine/Stool Analysis
X-Rays

Obstetric Services

Childbirth Classes (Lamaze)
Lactation Consultation
Midwife Expenses
OB/GYN Exams
Pre/Post-natal Treatment
Prepaid Maternity Fees

Other Medical Treatments

Abortion (legal)
Acupuncture
Alcoholism (inpatient treatment)
Ambulance Services
Anesthesiology
Breast Reconstruction Surgery
Cancer Screening
Clinical Trials
Counseling (Psychiatry/Psychology)
Dialysis
Drug Addiction Treatment
Gastric Bypass Surgery
Genetic Testing
Hearing Exams
Hospital Services
Infertility Treatment
In-vitro Fertilization
Norplant Insertion or Removal
Patterning Exercises
Physical Exam (if not employment related)
Physical/Occupational Therapy
Smoking Cessation Program
Speech Therapy
Sterilization Procedures
Temporary Cord Blood Storage
Temporary Egg & Sperm Storage
Transplants (including Organ Donor)
Treatment for Handicapped
Tubal Ligation
Vaccinations/Immunizations
Vasectomy
Well Baby Care

Practitioners

Allergist
Cardiologist
Chiropractor
Dermatologist
Endocrinologist
Gastroenterologist
Genetic Counselor
Homeopath (services only)
Naturopath (services only)
Nephrologist
Oncologist
Ophthalmologist/Optomestrist
Osteopath (services only)
Physician (licensed)
Physician Assistant
Psychiatrist/Psychologist

Other Equipment, Supplies & Services

Abdominal/Back Supports
Ankle/Wrist Supports
Automated External Defibrillator
Birth Control & Contraceptives
Blood Pressure Monitoring Device
Blood Sugar Test Kits & Supplies
Braille Books & Magazines
Breast Pump & Lactation Supplies
Compression Hose/Stockings
Contact Lens Equipment/Solution
Cold/Hot Packs for Injuries
Condoms
CPAP Devices and Supplies
Crutches / Walkers / Wheelchairs
Diabetic Supplies / Insulin
Ear Plugs
Elastic Bandages
Erectile Dysfunction Treatment
First Aid Kits / Bandages
Flu Shots
Glucose Monitoring Equipment
Guide Dog, Care & Training
Hearing Aids and Batteries
Heart Rate Monitor
Heating Pads
Hospice Care
Hospital Bed
Incontinence Supplies
Learning Disability Assistance
Lodging for Medical Care (limited)
Mastectomy-related Bra
Medical Alert Bracelet or Necklace
Medical Care outside the U.S. (if eligible)
Orthotics, Inserts & Supports
Ostomy, Colostomy Supplies
Ovulation Monitor
Oxygen Equipment
Pregnancy Test Kits
Prosthesis
Reading Glasses
Splints/Casts
Sunscreen (SPF 30 or higher)
Support Braces
Syringes (for medical use)
Thermometer
Transportation Expenses (essential to care)
Vaporizer/Humidifier (for medical care)

Medications

Prescription Drugs

***This is not a complete list of all eligible goods and services. If a particular item or service is not listed, please contact Sheakley Customer Service (800.877.6630 or 125@sheakley.com) to determine the eligibility prior to incurring the expense.**



Items Requiring a Note / Ineligible Items

Items Requiring a Doctor's Note or Prescription

These items and services can only be covered when accompanied by a doctor's note or prescription. Items and services must be used to treat a specific medical condition.

Acid Controllers	Equipment, Supplies & Materials related to Physical or Mental Handicap	Nasal Strips or Sprays
Acne Medications	Expectorants	Nutritionist
Allergy & Sinus Medications	Feminine Anti-Fungal Treatments	Orthopedic Shoes (you may only be reimbursed for the extra cost over buying normal, non-orthopedic shoes)
Antacids	Fever-Reducing Medications	Pain Relievers (Pills, Creams, Gels)
Analgesics	Fiber Supplements	Personal Trainer Fees
Anti-Diarrheal Medication	First Aid Creams	Prenatal Vitamins (OTC)
Anti-Gas Products	Glucosamine & Chondroitin	Probiotics
Anti-Itch & Insect Bite Creams	Gym or Health Club Membership Fees	Respiratory Treatments (OTC)
Antihistamines	Hand Sanitizer	Sleep Aids and Sedatives
Antibiotic Ointment	Headache/Migraine Medications (OTC)	Stomach Remedies
Aspirin/Ibuprofen	Hemorrhoid Preparations	Supplements (including Vitamins)
Baby Rash Ointment & Cream	Hormone Therapy	Throat Lozenges
Cosmetic Surgery – covered only when treating a congenital abnormality, a personal injury resulting from an accident, trauma or disease	Laxatives	Toothache Relievers
Cough, Cold & Flu Medicine	Lip Products, medicated	Varicose Vein Treatment
Decongestants	Marriage Counseling	Visine and other medicated Eye Drops
Dietary or Herbal Medicines	Massage Therapy	Wart Removal Medication & Kits
Digestive Aids	Medicated Shampoos & Soaps (unless prescribed by a medical practitioner for a specific scalp/skin infection/condition)	Weight Loss Drugs
Ear Wax Removal Treatments	Menstrual Pain Relievers	Wigs (for hair loss due to disease)
Eczema Treatments	Motion Sickness Medications	Yeast Infection Medications

Ineligible Items & Services

These items are not eligible for reimbursement through the F.S.A.

Baby Formula	Exercise Equipment for general health	Personal Hygiene Products
Breast Implants (cosmetic)	Feminine Hygiene Products	Prepayments for Services
Burial Expenses	Facial Creams & Cleansers	Propecia/Rogaine for cosmetic hair growth
COBRA Premiums	Financing Charges	Premiums for Health Insurance
Concierge/Boutique Practice Fees	Home Drug Testing Kits	Special Foods
Cosmetic Surgery	Hot Tubs / Jacuzzis	Sports Drinks (Gatorade, Powerade, etc.)
Cosmetics	Household Help (Maid Service)	Suntan Lotion
CPR Classes	Illegal Operations, Treatments & Medicine	Tanning Salon Fees
Dehumidifier	Items Paid by Insurance	Teeth Whitening Kits
Dental Bleaching/Whitening	Late Fees	Toiletries
Diet Foods	Maternity Clothing	Toothpaste & Toothbrushes (electric or otherwise, even if a dentist recommends them)
Dietary Supplements (for general health)	Mattresses	Ultrasound (voluntary, not ordered)
Discount Plan Expenses	Missed/Cancelled Appointment Fees	Veneers (for cosmetic reasons)
Ear Piercing	Moisturizers	Warranties (for vision/hearing equipment)
Educational Classes	Newborn Care Classes	Wig Maintenance (for styling/cleaning)
Electrolysis / Hair Removal	Nursing Pillows	
Electronic Cigarettes	Nursing Home Fees	

*This is not a complete list of all eligible goods and services. If a particular item or service is not listed, please contact Sheakley Customer Service (800.877.6630 or 125@sheakley.com) to determine the eligibility prior to incurring the expense.



The Dependent Care F.S.A.



The Dependent Care Flexible Spending Account allows participants to set aside pre-tax dollars to pay for eligible daycare, preschool, babysitting and certain care expenses for disabled or elderly parents.

The IRS considers dependent care expenses to be “predictable”, so, unlike the healthcare F.S.A., the full annual election is **not** available on the first day of the Plan Year. It’s a “pay-as-you-go” program where you can only be reimbursed the balance of your contributions at the time of your claim submission.

- **Daycare Expenses**

Childcare expenses incurred while both parents are working, actively seeking work or going to school full time are eligible for reimbursement. These expenses are covered until the child reaches the age of 13, at which time they are ineligible and the participant **MUST** cease participation in the Plan.

- **Pre-School Tuition**

Since this Plan is designed to reimburse expenses for care and not education, the IRS allows pre-school tuition to be reimbursed as it is not deemed to be educational. Once your child enters kindergarten, only before and after school programs and childcare are eligible for reimbursement.

- **Before and After School Care**

The cost of before and after school care is eligible for reimbursement as long as the care is custodial and not educational in nature.

- **Babysitting**

Care provided by a relative, friend or neighbor may be reimbursed as long as the care is work-related and not for personal/recreational reasons. The provider cannot be the participant’s child or stepchild who is under the age of 19 or someone that the participant claims on their taxes.

- **Camps**

Summer day camps are eligible to the extent that the primary purpose is custodial in nature and not educational. Programs specifically designed to tutor are not eligible for reimbursement. **Overnight camps and food costs associated with a camp are not eligible for reimbursement.**

- **Custodial and Elder Care**

These expenses may only be covered if they are **not** for medical care and the individual cared for spends at least 8 hours each day in the participant’s household.

Dependent Care Reimbursement

As indicated above, dependent care reimbursement differs from healthcare reimbursement in that it’s a “pay-as-you-go”, meaning that claims are only paid out based on the amount you’ve contributed to the Plan at the time of your submission.

Your full annual election is NOT available on the first day of the Plan Year.

Example: If you submit a claim for \$500, but have only contributed \$250 to your account thus far, you will only be reimbursed a total of \$250 right now. However, as you continue to contribute to your account, additional reimbursements will be processed until the original claim amount is paid in full.

Dependent care reimbursements are based on date of service and **not** date of payment. If your provider requires you to pre-pay for care, you will only be reimbursed after that month has passed and the service is incurred.

When submitting for reimbursement, we recommend that you break down each monthly expense into a weekly amount so that you can receive funds at the end of each week instead of the end of each month.



The Reimbursement Process



To ensure that reimbursements are processed as quickly and efficiently as possible, it's important to remember that there are certain IRS and Department of Labor guidelines regarding the F.S.A. claims process and the documentation provided with your claims.

Reimbursements are based on Date of Service, not Date of Payment

One of the biggest misconceptions is that if you pay for a service, it is eligible to be reimbursed. This isn't necessarily true. It is once a service has been rendered, regardless of whether or not payment has been made, that it becomes eligible for reimbursement.

Additionally, bills for services and items with dates in a previous Plan Year cannot be submitted for reimbursement with funds from the current Plan Year.

Please remember that all services for which you are seeking reimbursement **MUST** have been incurred while you were actively covered by the Plan. **Services incurred before or after your coverage period are ineligible for reimbursement.**

Providing correct Documentation ensures speedy Reimbursement

When submitting a claim for reimbursement, either online or manually, IRS regulations require that you provide third-party documentation for all expenses. A service invoice from the provider, a cash register receipt listing purchased items or an Explanation of Benefits (EOB) from your insurance provider are all acceptable forms of third-party documentation.

The documentation submitted with your claim **MUST** include the following:

1. **The Date of Service** (not the Date of Payment)
2. **The Specific Type of Service or Item Purchased**
3. **The Amount Paid or Owed** (proof of payment is not required)
4. **The Federal Tax ID or Social Security Number of the Provider** (Dependent Care Claims Only)

****Credit/debit card receipts, copies of checks, online payment confirmations and bank statements are not valid forms of documentation per IRS regulations.***

If a claim does not have the correct documentation, it will be denied and you will receive a notice in your online account providing the reason for the denial. You may then submit the required additional documentation for review. Please do not submit the claim again or it may be denied as a duplicate claim.

Payment Processing and Disbursement of Payments

Claims are processed for payment twice per week, on Wednesday and Friday (except for holidays).

Any claims received Monday by 5:00pm EST are processed on Wednesday. Any claims received Wednesday by 5:00pm EST are processed on Friday. This is our guaranteed processing schedule, however claims may be processed more quickly depending on claim volume and the time of year.

Check reimbursements are mailed on the next business day immediately following the date of processing (except for holidays). Direct deposit reimbursements, if applicable, take 2 or 4 business days to post to your account, depending on the schedule chosen by your employer.



The 2 ½ Month Extension



In May of 2005, IRS Notice 2005-42 provided employers the opportunity to allow more time for participants to incur expenses each Plan Year and reduce the chance for forfeitures.

Your employer has chosen to include this option in their Flexible Benefit Plan.

Participants who are unable to use all of their F.S.A. funds prior to the end of the Plan Year have an additional 2 months and 15 days to incur eligible expenses into the next Plan Year. The run-out period to submit claims will still end on the last day of the third month immediately following the end of the Plan Year.

It is essential to understand that any unused funds remaining in the F.S.A. account at the end of the run-out period will be forfeited under the "Use It or Lose It" rule.

How It Works

Let's say you miscalculated your expenses for the year and wind up with a leftover balance of \$750.00 in your account at the end of the Plan Year. With the 2 ½ Month Extension, you will have until March 15, 2018 to incur enough qualified expenses to use your remaining \$750.00 balance. The run-out period to submit claims you wish to apply to the 2017 Plan Year will still end on March 31, 2018.

Claims submitted within the claims run-out period that were incurred during the 2 ½ Month Extension will be applied as follows:

- Any unused funds from 2017 will be used first to reimburse the submitted claim.
- If the requested amount exceeds the remaining 2017 funds, 2018 funds will be applied to the claim to pay any remaining balance.

****Please note that our software automatically applies the funds as described above. No special filing is required.***

This gives you a total of 14 months and 15 days to recover funds contributed to your Flexible Spending Account and provides a much needed margin for error when determining how much to contribute to the Plan each year.

Important Note about the 2 ½ Month Extension

The 2 ½ Month Extension does not apply to terminated employees or participants who terminate their coverage during the Plan Year due to a change in status or qualifying event.



F.S.A. Enrollment Form

Section 1: Participant Data

Please write legibly using black ink.

Employee Name (First/Last)		Social Security # (REQUIRED)		
Home Address		City	State	ZIP Code
Hire Date	Birth Date	Email Address (REQUIRED)		
Employer Name The City of Torrance		Division		

Section 2: Elections

Enter the amount(s) you wish to be withheld for your Annual Election(s). Determine the Per Pay Contribution amount by dividing your Annual Election by the number of pay periods in the Plan Year. Also enter the date of the first paycheck in which a deduction will be withheld.

Plan Year: 1/1/2017 – 12/31/2017	Annual Election	# of Pay Periods	Per Pay Contribution	Eff. Paycheck Date
Healthcare Reimbursement (Annual Limit: \$2,600.00)	\$		\$	
Dependent Care Reimbursement (Annual Limit: \$5,000 per household or \$2,500 if married, filing separately)	\$		\$	

Section 3: Pre-Tax Premiums

I understand that my insurance premiums, for benefits offered by my employer only, will be deducted on a pre-tax basis unless I note otherwise, in writing, to my Human Resources Office.

Section 4: Plan Information

Please read the following regarding this enrollment. If you do not wish to participate in the Flexible Benefit Plan, sign the declination line below. If you wish to enroll in the Flexible Benefit Plan, sign the participation line.

I wish to participate in and deposit funds into a Flexible Spending Account (F.S.A.) as show above. I understand that my election may not be terminated or changed unless I have a qualifying life event as outlined by the IRS. I understand that all claims must be for services provided (not paid) during my coverage period. I further understand that the IRS requires a forfeiture of any remaining balance in my account as of the last day of the run-out period in which I am allowed to submit claims. I understand that, upon termination of my coverage (due to a qualifying life event or termination of employment), I cannot continue to incur additional expenses and that I may only submit claims for services performed prior to my effective termination date. Upon termination of my Healthcare Flexible Spending Account, I may be able to elect COBRA to continue my coverage. In order to receive reimbursement from this account, I must complete and sign a claim form and attach all necessary documentation for myself, my spouse and/or my dependent(s). I understand the plan provisions that have been outlined in the Summary Plan Description available to me from my employer.

In addition, I understand that, if I have a Health Savings Account (H.S.A.), it is my responsibility to review the F.S.A. plan information to ensure my eligibility to participate in both the H.S.A. and the F.S.A. If my plan allows for participation in both, I understand that I can only submit dental and vision expenses to my F.S.A. until my deductible has been met.

PARTICIPATION SIGNATURE: _____ **DATE:** _____

Waiver: *At this time, I wish to waive participation in the Flexible Benefit Plan.*

DECLINATION SIGNATURE: _____ **DATE:** _____

All Enrollment Forms must be submitted to your HR or Benefits Department for processing. **Do not send directly to Sheakley.**

EMPLOYER SIGNATURE: _____ **DATE:** _____



Authorization for Direct Deposit Reimbursement

To set up direct deposit for your Flexible Spending Account, please complete this form and submit it to Sheakley for processing.
If you currently have direct deposit set up with Sheakley, you do not need to submit a form for each new Plan Year.

Account Information

Employer Name The City of Torrance	Employee Name	Last 4 of SSN
Name of Bank	Routing Number (9 digits)	Account Number

This is a checking account.

This is a savings account.

If possible, please attach a voided check with this completed form.

If you do not have a check, please confirm the routing and account numbers before sending.

Acceptance of Terms

I authorize Sheakley Pension Administration to send Flexible Spending reimbursements electronically, or by any other commercially accepted method, to my account indicated above. I understand that payments may be delayed by bank closures due to national holidays.

If my banking information changes for any reason and at any time during my participation, I understand that I must provide this updated information to Sheakley. I understand that if a reimbursement is delayed due to outdated information, I will not hold Sheakley Pension Administration accountable.

PARTICIPANT SIGNATURE: _____ **DATE:** _____

Completed forms may be faxed to 513.326.8082 or emailed to 125@sheakley.com. If you have any questions, please contact us at 800.877.6630.

OFFICE USE ONLY

Date Received: _____

Entered By: _____ on _____ Verified by: _____ on _____



myRSC.com Account Registration Instructions

To: City of Torrance Flexible Benefits Participants

Below are instructions to register your Flexible Benefits account at myRSC.com once you have enrolled in the Plan. This is a password-protected website where you can keep up with various benefit news and information, including your Account Balance, Claims Submitted and Year-to-Date Payments. It is highly recommended that you register your account as soon as possible because the majority of Sheakley's communication to participants is done via this website.

To register your account and log in to myRSC for the first time, follow the steps below.

- Go to <http://www.sheakley.com/myrsc.asp>
- Click on **REGISTER**

-OR-

- Go to <https://secure.myrsc.com/index.asp>
- Click on **REGISTER** under "First Time Logging In?"
- Click on **myRSC Temporary Login ID and Employer Code**

1. Enter your Social Security Number (no dashes or spaces) in the Login ID field and click **CONTINUE**.
2. Enter **25950569** in the Employer Code field and click **CONTINUE**.
3. Enter a login ID of your choice that is at least 6, but not more than 100, characters in length.
***Note: Since Social Security Numbers are no longer used as the login ID, the login ID you create cannot be 9 characters in length.**
4. Select an existing email address or enter a new one to be used when requesting a forgotten password.
5. Enter a secret question or use a pre-defined secret question to aid in recovering a forgotten password.
6. Enter the answer to the secret question and click **SUBMIT**.
7. Enter a Password in the Password field.
8. Re-enter the password in the Confirm Password field and click **CONFIRM PASSWORD**.

You are now logged into myRSC!

If you have any questions or are unable to retrieve your login information, please call Customer Service any time Monday through Friday from 8:00am – 5:00pm EST at 800.877.6630.