

# Dependent Care FSA Frequently Asked Questions

Pre-Tax Answers You Depend On

## Planning for **Tomorrow's FSA Savings**

A Dependent Care Flexible Spending Account (FSA) is a tax-favored program that allows you to use pre-tax dollars to pay for eligible dependent care expenses. The money is taken out of your paycheck before taxes, reducing the amount of your overall taxable income and increasing the amount you take home from every paycheck. The money is set aside for you in your OneBridge Dependent Care FSA account to use for eligible health-related expenses.

You enroll through your employer and set an annual election amount, which is available as funds are withheld from your payroll throughout the plan year. The IRS annual election for the Dependent Care FSA is \$2,500 per year if you are married and file a separate tax return or \$5,000 per year if you are married and file a joint tax return or if you file as single or head of household.

Below is a listing of frequently asked questions regarding the Dependent Care FSA. Please refer to the **OneBridge Health FSA Frequently Asked Questions** resource located on the participant portal for further information regarding the Health FSA.

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### Can I make a change to my Dependent Care FSA election after the start of the plan year?

Per IRS regulations, you are only eligible to change your annual election during an open enrollment period. Once the plan year has started, you cannot change your annual election unless you have experienced a qualifying life event (QLE). A qualifying event is one of the following:

- A change in marital status, such as marriage, divorce, or death of your spouse.
- A change in the number of your dependents, such as a birth or adoption of a child, or a death of a dependent.
- A change in employment status for you, your spouse, or dependent that affects eligibility.
- An event that causes your dependent to satisfy or cease to satisfy an eligibility requirement.
- A change in the cost of a dependent's care or coverage.

*Refer to your employer benefit representative to ensure the qualifying life events listed above are eligible under your employer's plan.*

To learn more about the **OneBridge FSA** contact customer service at 888-338-4415 or [customer care@myonebridge.com](mailto:customer care@myonebridge.com)

## What expenses are eligible for reimbursement from my Dependent Care FSA account?

Eligible expenses are generally those that allow you to work. If you are married, your spouse must be employed, looking for work, or a full-time student. You can use your Dependent Care FSA to pay for a variety of child and eldercare services such as before and after school care, daycare, preschool, day camps and eldercare. The IRS requires that expenses are incurred for a dependent that lives with you and is younger than 13 years of age. A dependent that is older than 13 may be eligible if they cannot physically or mentally care for themselves and require care while you are working. Refer to our **Dependent Care FSA Expense Table** for a detailed listing of eligible expenses.

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## How do I get additional information related to my Dependent Care FSA account?

There are multiple ways to obtain information related to your Dependent Care FSA account.

If you are evaluating whether or not you should elect to participate in your employer's Dependent Care FSA program, you should contact your employer representative for further information.

If you have already enrolled in your employer's Dependent Care FSA program administered by OneBridge, we encourage you to log into your account at [myonebridge.com](http://myonebridge.com). If you have not yet registered, please refer to the **How to Register on myonebridge.com** document provided by your employer during open enrollment.

Finally, you can call customer care at **888-338-4415** and have your questions answered by our award-winning team.

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## How do I use the amount that I elected for my Dependent Care FSA?

There are a couple of ways to access and use the money that you have set aside in your Dependent Care FSA.

The first way is to use the OneBridge Visa® Benefits Card to pay your service provider for your qualified dependent care expenses. Please refer to the **OneBridge Visa® Benefits Card Frequently Asked Questions** resource located on the participant portal for further information on how to obtain and use your Benefits Card.

The second way is to personally pay your service provider for your qualified Dependent Care expenses, obtain supporting documentation for the expense, and submit that supporting documentation for reimbursement. Refer to the questions and answer below on how to do this.

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## How do I check the balance on my account and/or status of my claim?

At any time you can log into your account at [myonebridge.com](http://myonebridge.com) to check the balance of your account and view the status of your claim. You also have the ability to manage your account elections such as direct deposit.



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The OneBridge Visa® Benefits Card is issued by the Bancorp Bank pursuant to a license from Visa U.S.A. Inc. The Bancorp Bank; Member FDIC. card can be used for qualified expenses wherever Visa Debit Cards are accepted. See cardholder agreement for details.

## How do I submit supporting documentation to be reimbursed for my qualified dependent care expense?

After the plan becomes effective, you can submit claims either through the participant portal, which can be accessed at [myonebridge.com](http://myonebridge.com) website, and/or submitted through our iOS or Android **mobile application—HRAgo®**.

If you prefer, you can submit a paper claim form via regular mail as indicated on the Dependent Care FSA Reimbursement Form. The claim form is available on the participant portal under the **Resources** tab, after logging in. In addition, you can call the customer care center and request a reimbursement form.

Standard claims processing time is five to seven (5-7) business days from the day we receive your claim. If you are not enrolled in direct deposit, remember to allow adequate time to receive your paper check reimbursements in the mail. You can usually get your money back faster if you submit your claims online or through the mobile application.

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## What information is needed to get a claim approved?

IRS rules require that you include proper proof of each qualified dependent care expense. Missing, incomplete, or illegible forms of documentation are the most common reasons claims are denied. You can help avoid denied claims by making sure the supporting documentation you submit is legible and contains all the following:

- Name of dependent.
- Age or DOB of dependent.
- Date(s) of service. (Must fall within the plan year.)
- Type of service provided (ex: after school care, summer day camp, preschool, etc.).
- Name of the service provider (doctor, pharmacy, facility, etc.).
- Provider tax ID or SSN.
- Cost of service provided.

Itemized bills or invoices from childcare providers are usually sufficient forms of documentation. You do not need to show proof of payment. If your childcare provider is an individual or does not give you an itemized bill/invoice showing the above requirements, please complete the **Dependent Care FSA Reimbursement Form** to serve as your documentation.

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## What happens if I do not use all the money in my account?

According to IRS rules, Dependent Care FSA funds that are not claimed during the plan year (including the grace period) are forfeited to the employer. This is called the “use it or lose it” rule. Funds are not transferable and they are not available for other benefits.



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## What is the difference between a grace period and a carryover?

A grace period is a designated time period after the end of the plan year that allows you to incur services and be reimbursed with funds remaining in the prior plan year. The grace period cannot be greater than 2½ months after the end of the plan year but can be shorter if elected by your employer. Dependent Care FSA Plans are not required to have a grace period but rather an employer election.

A carryover does not apply to a Dependent Care FSA.

Please refer to your **Summary Plan Description** provided by your employer to determine what is applicable to your plan.



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