Flexible Spending Account Enrollment Form

Participant Information			
Employer Name (Do not abbreviate)			
Last Name	First Name	Initial	Social Security Number
Street Mailing Address			Mobile Number
City, State, Zip Code			Date of Birth
Email Address			Hire Date

Spouse and Dependent Information	Date of Birth	Social Security Number
Spouse Name:		
Dependent Name:		
Dependent Name:		
Dependent Name:		

Plan Election	Annual Election Amount
☐ Healthcare Flexible Spending Account	
☐ Dependent Day Care Flexible Spending Account	

My employer and I hereby agree that my cash compensation will be redirected by the amounts set forth above for each pay period during the Plan Year (or during such portion of the year that remains after the date of this agreement). I understand that if I do not return this form to my employer by my effective date, I am effectively waiving participation in the flexible spending programs offered by my Employer's Section 125 Cafeteria Plan. I understand that:

- I cannot change or revoke my election for the Flexible Spending Accounts unless I have a change in status (including marriage, divorce, death of a spouse or dependent child, birth or adoption of a child, termination or commencement of employment of a spouse, or such other qualifying events.
- The Plan Administrator may reduce or cancel my taxable compensation redirection or otherwise modify this agreement in the event it is believed that it is advisable in order to satisfy certain provisions of the Internal Revenue Code.
- This agreement is subject to the terms of the Company's Flexible Benefits Plan, as amended from time to time, which shall be governed under applicable laws, and revokes any prior election and Taxable Compensation Redirection Agreement relating to such plan(s). By signing this form, I agree to the terms and procedures listed herein.

Employee Signature _____ **Date** _____

Employer Authorization	
Benefit Effective Date:	Pay Frequency:
Employer Representative: _____ Date: _____	

FSA
USER GUIDE



WWW.THEHARRISONGROUPONLINE.COM

Welcome to The Harrison Group!

We're so happy to help you with your **FLEXIBLE SPENDING ACCOUNTS**.

This guide will explain how you can log in to see your account activity, as well as information on how to utilize your FSA.

Additional resources may be found on our website at:
www.theharrisongrouponline.com

2026-2027

Managing your accounts has never been easier!

LOGGING IN TO YOUR PARTICIPANT WEB PORTAL

- Open your browser and search **www.theharrisongrouponline.com**
- Select "I am a Participant" on the main page
- Go to "Participant Log In"
- Enter your User ID and Password

Your USER ID is the first letter of your first name, your last name, then the last four digits of your Social Security Number.

Your PASSWORD is the last four digits of your Social Security Number.

Upon logging in, you'll be prompted to create a new password. The password must have at least 6 characters including: 1 uppercase letter, 1 lowercase letter, and 1 number.

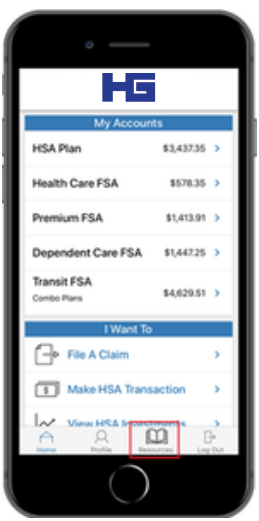
When you log in, you'll have access to several features including:

- ✓ account balance information
- ✓ reimbursement requests
- ✓ securely upload claim documentation

Save time and hassle with an easy to use convenient Mobile App.

MOBILE APP

- Open the App Store or Google Play on your mobile device.
- Search **"Harrison Group FSA HRA HSA".**
- Download the free Harrison Group app and open it.
- Enter your login information (refer to page 3).



✓check your account balance(s)
✓upload receipts and file a claims
✓scan barcodes to see if items are FSA eligible

unique to you | tested & trusted | easy navigation | user feedback

Quickly and conveniently access your funds and pay for eligible expenses with just one card.

HG ADVANTAGE CARD

How do I get a card?

We'll automatically mail you two cards to the address listed in your account the first time you enroll. Both cards will reflect the employee's name. Activate your cards by calling the toll free number on the sticker. Your spouse may sign their name on the back of the second card and present it with their ID to use it.

Additional cards?

You may request additional debit cards for your spouse or dependents on your online portal under "Accounts", then "Banking/Cards."

Lost or stolen cards?

If your debit card is lost or stolen, use your online portal or mobile app to report it under "Accounts", then "Banking/Cards." Replacement cards are free of charge.

Expiring debit card?

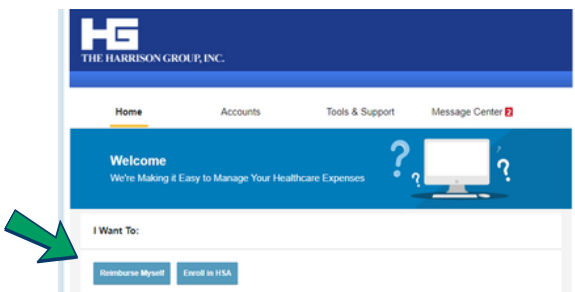
We will automatically mail you a new debit card 30 or more days prior to your expiration date.

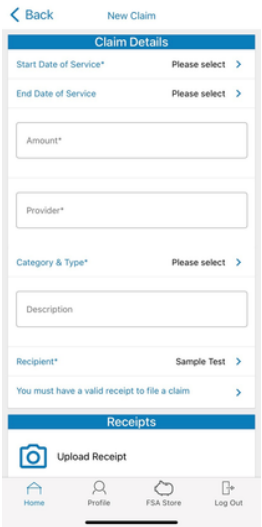


If you do not utilize your HG Advantage Card, you can submit a claim form in order to be reimbursed.

CLAIM FORM SUBMISSION

You can process an ELECTRONIC CLAIM SUBMISSION via your Online Portal or Mobile App





- Log in to your Online Portal (or) Mobile App.
- Click the button “Reimburse Myself”.
- Follow the screen prompts to submit claim information and a copy of the receipt or Explanation of Benefits (EOB).

PAPER CLAIM FORM SUBMISSION

- Complete a claim form with specific information about the expense including date of service/expense, amount, and description.
- Email, fax, mail, or electronically upload your claim form with the receipt or Explanation of Benefits (EOB).
- Claims are processed regularly.
- Reimbursements made via direct deposit or check via US mail.
- Claim forms may be downloaded here or by clicking on the picture below.



Universal Claim Reimbursement Form

Today's Date: _____ Plan year beginning for: 20_____ Number of pages: _____

☐ New Claim ☐ Resubmission of claim ☐ Response to claim denial

Employer Name (Do not abbreviate)	
Employee Full Name	Social Security No. (last 4 digits)
Employee Mailing Address	City/State/Zip
Email Address	Mobile Phone

☐ Check here if change of information above.

Reimbursement Request from Account:

___ Healthcare Flexible Spending Account
___ Dependent Daycare Flexible Spending Account
___ Health Reimbursement Account (HRA)
___ Limited Purpose Flexible Spending Account
___ Mass Transit Commuter Benefits Account
___ Parking Commuter Benefits Account

Please use a separate form when requesting reimbursement from different accounts.

Name of Person Who Incurred Expense	Amount Requested	Date(s) of Service	Type of Service
Total Amount Requested:	$ 0.00		

I certify that the expenses being submitted were incurred while covered under the Company's pre-taxable benefit accounts and have not been reimbursed by any other source. If the claim is not valid, I recognize that I will be required to repay any expense amounts that are incorrectly reimbursed. I also recognize that I cannot claim these expenses on my personal income tax return.

Employee Signature _____ Date _____

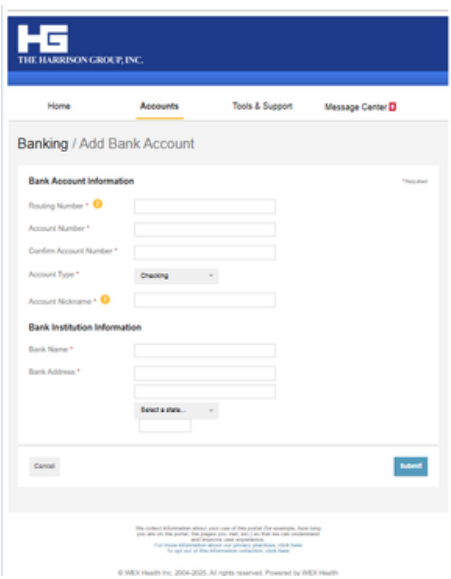
Send completed reimbursement form and attach Explanation of Benefits (EOB) and/or receipts to:

THE HARRISON GROUP, INC.
3 Raymond Drive, Suite 201 · Havertown, PA 19083
Fax 610-853-9079 · Email service@theharrisongrouponline.com

The fastest way to get your money when submitting a manual claim is to sign up online for direct deposit.

SETTING UP DIRECT DEPOSIT

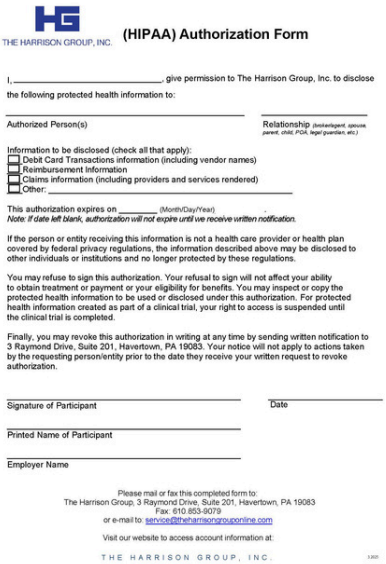
- Log in to your Participant Portal.
- From the Home Page, under the "Accounts" tab, click "Banking/Cards."
- Enter your bank account information and click Submit.
- The "Payment Method Changed" confirmation displays.
- In some cases, you will be notified on the portal to look for a small transaction or "micro-deposit" in your designated bank account in the next couple of days to enter online, which will validate your account.
- Once received, log back into the Participant Portal to validate your bank account.



Would you like for your spouse or another person to have access to your account or information?

GRANTING HIPAA PERMISSION

- Log in to your Participant Portal.
- From the Home Page, under the Tools & Support tab, navigate to the "Documents & Forms" section.
- Select the "HIPAA Authorization Form".
- Download the form to your computer and print out.
- Send the completed form to us via email, fax, or mail.
- Your HIPAA authorization will be in effect until authorization revoked in writing.



THE HARRISON GROUP, INC.

(HIPAA) Authorization Form

I, _____, give permission to The Harrison Group, Inc. to disclose the following protected health information to:

_____ _____

Authorized Person(s) Relationship *(brother/sergent, spouse, parent, child, POA, legal guardian, etc.)*

Information to be disclosed (check all that apply):
- ☐ Debit Card Transactions information (including vendor names)
- ☐ Reimbursement Information
- ☐ Claims information (including providers and services rendered)
- ☐ Other: _____

This authorization expires on _____ (Month/Day/Year)
Note: If date left blank, authorization will not expire until we receive written notification.

If the person or entity receiving this information is not a health care provider or health plan covered by federal privacy regulations, the information described above may be disclosed to other individuals or institutions and no longer protected by these regulations.

You may refuse to sign this authorization. Your refusal to sign will not affect your ability to obtain treatment or payment or your eligibility for benefits. You may inspect or copy the protected health information to be used or disclosed under this authorization. For protected health information created as part of a clinical trial, your right to access is suspended until the clinical trial is completed.

Finally, you may revoke this authorization in writing at any time by sending written notification to 3 Raymond Drive, Suite 201, Havertown, PA 19083. Your notice will not apply to actions taken by the requesting person/entity prior to the date they receive your written request to revoke authorization.

_____ _____

Signature of Participant Date

_____

Printed Name of Participant

_____

Employer Name

Please mail or fax this completed form to:
The Harrison Group, 3 Raymond Drive, Suite 201, Havertown, PA 19083
Fax: 610.853-9079
or e-mail to: service@theharrisongrouponline.com

Visit our website to access account information at:

THE HARRISON GROUP, INC.

Your FSA is a powerful way to save money on eligible expenses, but it's important to understand the rules that apply.

FSA RULES & REMINDERS

Use-It-or-Lose-It Rule

- FSAs are designed to cover expenses incurred during your plan year.
- Unused funds may be forfeited.
- Check with your Plan Administrator to find out if your Healthcare or Limited Purpose FSA includes a carryover or grace period option.

Eligible Expenses Only

- All reimbursements must be for IRS-approved medical, dental, vision, or dependent care expenses.
- ALWAYS SAVE YOUR RECEIPTS! Even when you use your HG Advantage Card, you may be asked to submit documentation.

Claim Deadlines

- Runout periods allow extra time to submit claims for expenses you incurred during the plan year.
- Claims must be submitted by your plan's runout deadline.
- You can check your plan's exact deadlines in your portal or on your employer's benefit materials.

Employment Changes

- If you leave your job or lose eligibility, your FSA ends on that date.
- You may only claim expenses incurred on or before your last day of coverage, unless you elect COBRA (if applicable).

TIPS TO MAXIMIZE YOUR FSA

- Plan ahead for routine expenses like dental visits, glasses, prescriptions, or child care.
- Schedule preventive care before your plan year ends.
- Sign up for Direct Deposit to get reimbursed faster.

Wondering what expenses are considered eligible for your FSA?

FSA ELIGIBLE EXPENSES

You can determine what you can buy with your FSA funds based on the type of FSA that you are enrolled in. Below are sample lists of potential eligible expenses under each account. NOTE: This is not a complete list but is intended to provide examples. A complete listing is available in our Resource Center on our website at https://www.theharrisongrouponline.com/fsa-store/.

HEALTHCARE FSA EXPENSES

- Acne medication
- Acupuncture
- Adult incontinence
- Alcoholism treatment
- Allergy & sinus medications
- Ambulance
- Anti-fungal medications
- Anti-itch medications
- Asthma devices and medicines
- Breast pumps
- Carpal tunnel wrist supports
- Chiropractors
- Co-insurance and co-payments
- Cold sore medications
- Cough, cold and flu medications
- CPAP devices
- Crutches
- Diabetic supplies & insulin
- Diaper rash ointments
- Durable Medical Equipment (DME)
- Ear wax removal kits
- First aid supplies
- Gastrointestinal aids and medications
- Guide dog
- Hearing aid batteries
- Heating pads, heat wraps
- Hospital Services
- Immunizations
- Insoles for shoes
- Laboratory fees
- Lactation consultant
- Medical alert bracelet or necklace
- Medical monitoring or testing devices
- Medical records charges
- Menstrual care products
- Midwife
- Motion sickness pills
- Nasal sprays for congestion
- Occlusal guards to prevent teeth grinding
- Operations/Surgeries
- Orthopedic shoe inserts
- Ovulation monitor
- Oxygen
- Pain relievers
- Physical exams
- Physical Therapy
- Pregnancy test kits
- Prescription drugs and medications
- Prosthesis and artificial limbs
- Psychiatric care
- Radial keratotomy
- Rehydration solutions
- Screening tests
- Sleeping aids
- Smoking cessation medications
- Speech therapy
- Sunscreen (SPF 15+)
- Supports/braces
- Suppositories
- Telehealth services
- Telephone equipment or television for hearing-impaired
- Thermometers
- Toothache relievers
- Topical ointments
- Transplants
- Transportation expenses for person to receive medical care
- Walkers/wheelchairs
- Wart remover medications
- X-rays
- Yeast infection creams

LIMITED PURPOSE FSA EXPENSES

- Artificial teeth
- Contact lenses
- Dental sealants
- Dental services & procedures
- Eye exams
- Eye glasses
- Fluoridation services
- LASIK or laser eye surgery
- Optometrist
- Orthodontia
- Reading glasses
- Vision correction procedures

DEPENDENT DAYCARE FSA EXPENSES

- Before & after school care
- Child care & daycare facilities
- Elder care center (for dependent)
- Nursery school or preschool
- Sick child center
- Summer day camps

QUESTIONS?

Our account managers are available to answer any questions you may have throughout the year. We strive to deliver flawless customer service to make your life easier. Whether you utilize our website, participant portal, mobile app, or call and email us, we will answer your questions promptly and with our best customer care.



610.853.9075 Phone
855.222.5727 Toll Free
Email: service@theharrisongrouponline.com
Web: www.theharrisongrouponline.com

THE HARRISON GROUP, INC.

THE HARRISON GROUP, INC.

YOUR GUIDE TO FLEXIBLE SPENDING ACCOUNTS



(855) 222-5727

WHAT IS AN FSA??

A **Flexible Spending Account** (FSA) helps you increase your take-home pay and save on taxes by using pre-tax dollars for eligible out-of-pocket expenses. You can then access these funds easily with our HG Advantage Card.

With an FSA, you elect to have your annual contribution deducted from your paycheck each pay period in equal installments throughout the year, until you reach the yearly maximum you have specified. The amount of your pay that goes into an FSA will not count as taxable income, so you will have immediate tax savings. FSA dollars can be used during the plan year to pay for qualified expenses and services.

Flexible Spending Accounts (FSAs) offer more than just healthcare savings—did you know there are two common types, each serving a unique purpose? These pre-tax benefit plans help you lower your taxable income by setting aside pre-tax dollars for essential expenses. Whether it's healthcare or dependent care, FSAs provide a smart way to manage everyday costs while saving on taxes.

Healthcare FSA: allows reimbursement of qualifying out-of-pocket medical expenses.

Dependent Daycare FSA: allows reimbursement for eligible dependent care expenses.

With both types of FSAs, you'll receive access to a secure, easy-to-use web portal where you can track your account balance, view your claims history, and submit requests for reimbursements.

FSA ELIGIBILITY

Anyone whose employer offers an FSA can participate, including employees not covered under the employer's health plan. Your employer may exclude certain types of employees such as part-time, seasonal or temporary. Ask your employer benefits team to verify eligibility. Self-employed individuals cannot participate in an FSA.

BENEFITS OF AN FSA

A Flexible Spending Account (FSA) lets you budget and manage your eligible expenses. Your FSA funds are put aside before taxes, which means more money in your pockets.



- Enjoy significant tax savings with pre-tax deductible contributions and tax-free reimbursements for eligible expenses.
- Quickly and easily access funds using our HG Advantage Card.
- Request reimbursement for claims easily online or via Mobile App, and receive reimbursements to your bank account or via check.
- Enjoy secure access to your accounts using our convenient online Employee Participant Portal, available 24/7/365.
- Manage your FSA "on the go" with our easy to use Mobile App.
- Get one-click answers to benefits questions using the many resources available on theharrisongrouponline.com website.

DID YOU KNOW?? YOU CAN USE YOUR HEALTHCARE FSA FOR OVER-THE-COUNTER PRODUCTS!

Healthcare FSAs now include many **OVER THE COUNTER** medications as eligible expenses. So those regular purchases of pain relievers, allergy and sinus medications, heartburn relief, bandages, and more can now all be purchased with your FSA funds. Also, menstrual care products are eligible!



(855) 222-5727

IS AN FSA RIGHT FOR ME??



HEALTHCARE FSA

COULD SAVE YOU MONEY IF YOU OR YOUR FAMILY MEMBERS:

- have out-of-pocket expenses like co-pays, coinsurance, or deductibles for medical, dental or vision plans, or use prescription medications
- make regular purchases of over-the-counter items like pain relievers, allergy, and cold medications, or feminine care products
- wear glasses or contact lenses, or are planning Lasik surgery
- need orthodontia care, such as braces, or have dental expenses not covered by insurance

HEALTHCARE FSA
2027 PLAN YEAR IRS LIMIT = $3,500
Your employer determines employee maximum annual contribution limit. Please check with your Plan Administrator for your specific annual limit.

DEPENDENT DAYCARE FSA

COULD SAVE YOU MONEY IF YOU (AND YOUR SPOUSE, IF MARRIED) ARE WORKING, OR IN SCHOOL, AND:

- your dependent children (under age 13) attend daycare or after-school care
- your dependent children (under age 13) attend preschool or summer day camp
- you provide care for a person (any age) whom you claim as a dependent on your federal tax return and who is mentally or physically incapable of caring for himself or herself

DEPENDENT DAYCARE FSA
2027 CALENDAR YEAR IRS LIMIT = $7,500
($3,750 for married filing separately)



PLANNING AHEAD

Before you enroll, you must first decide how much you want to contribute to your account(s). This amount is called your ANNUAL ELECTION AMOUNT. You will want to spend some time estimating your anticipated eligible medical and/or dependent daycare expenses for your plan year. We offer a handy FSA Tax Savings Calculator on our website in our Resource Library.

QUESTIONS?

Our account managers are available to answer any questions you may have throughout the year. We strive to deliver flawless customer service to make your life easier. Whether you utilize our website, participant portal, mobile app, or call and email us, we will answer your questions promptly and with our best customer care.

CONTACT US



610.853.9075 Phone
855.222.5727 Toll Free
Email: service@theharrisongrouponline.com
Web: www.theharrisongrouponline.com

THE HARRISON GROUP, INC.

Universal Claim Reimbursement Form

Today's Date: _____ Plan year beginning for: 20_____ Number of pages: _____

☐ New Claim	☐ Resubmission of claim	☐ Response to claim denial
Employer Name (Do not abbreviate)		
Employee Full Name		**Social Security No. (last 4 digits)**
Employee Mailing Address		**City/State/Zip**
Email Address		**Mobile Phone**

☐ Check here if change of information above.

Reimbursement Request from Account:

☐ Healthcare Flexible Spending Account
☐ Limited Purpose Flexible Spending Account
☐ Dependent Daycare Flexible Spending Account
☐ Mass Transit Commuter Benefits Account
☐ Health Reimbursement Account (HRA)
☐ Parking Commuter Benefits Account

Please use a separate form when requesting reimbursement from different accounts.

Name of Person Who Incurred Expense	Amount Requested	Date(s) of Service	Type of Service
Total Amount Requested:			

I certify that the expenses being submitted were incurred while covered under the Company's pre-taxable benefit accounts and have not been reimbursed by any other source. If the claim is not valid, I recognize that I will be required to repay any expense amounts that are incorrectly reimbursed. I also recognize that I cannot claim these expenses on my personal income tax return.

Employee Signature _____ Date _____

Send completed reimbursement form and attach Explanation of Benefits (EOB) and/or receipts to:

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Fax 610-853-9079 · Email service@theharrisongrouponline.com