

**Plan Dates: July 1, 2018 – June 30, 2019**

- ✓ Reduce your taxable income by the amounts elected into the program
- ✓ The accounts allow eligible employees to be reimbursed for qualified expenses on a pre-tax basis
- ✓ Each annual enrollment period, you indicate the amount you want to contribute to the account for the following year
- ✓ Your contributions will be deducted from each paycheck, before taxes are deducted, in equal installments throughout the year

### Your plan information on the go! Download the Mobile App - Search Stirling Benefits from your mobile device

View account balances and transactions; upload claims; review reimbursement method and opt in or out of plan communications via email or text

#### Health Care

Your Plan includes the 2.5 month grace period:

Expenses incurred July 1, 2018 – September 15, 2019 must be submitted to the Stirling Benefits office no later than September 30, 2019

The minimum you can contribute to the account on an annual basis is \$100; the maximum you can contribute is **\$2,650**

Plan reimburses out-of-pocket "for medical care" expenses - not considered cosmetic in nature. Generally, any health or medical expenses considered to be tax deductible by the IRS under IRC 213(d) can be reimbursed through the Health Care Flexible Spending Account. However, you cannot take a tax deduction on your tax return and use the Health Care Account for the same expense.

View a list of Health Care FSA qualifying Expenses at: [www.stirlingbenefits.com/files/9114/2194/7715/2\\_FSA\\_Eligible\\_expenses.pdf](http://www.stirlingbenefits.com/files/9114/2194/7715/2_FSA_Eligible_expenses.pdf)

Your Health Care Account is fully-funded day one - You will receive reimbursement for claim submitted up to your election amount for qualified expenses.

\*\*\*If you, or your employer on your behalf, contribute to an HSA account, or your spouse contributes to an HSA account, you may not participate in the Health Care FSA program\*\*\*

#### Dependent Care

Your Plan includes the 2.5 month grace period:

Expenses incurred July 1, 2018 – September 15, 2019 must be submitted to the Stirling Benefits office no later than September 30, 2019

The minimum you can contribute to the account on an annual basis is \$100; the maximum you can contribute is \$5,000

Your Dependent Care Account is payroll driven – You will receive reimbursement up to your current account balance for qualified dependent care expenses

If the care is for a child, the dependent must be under 13 years of age or physically or mentally incapable of caring for themselves and must qualify as your dependent under federal income tax rules.

Dependent Care receipts must be from the day care provider (self-substantiation is not allowed) and must include the child(ren)s name, age, dates of service, the charge for the dates of service, provider's name, address and social security number or Federal Tax ID#.

The Dependent Care Reimbursement Account may be used for the following expenses:

- Day care or nursery school if the primary purpose is for childcare
- Before and after school care for school age children
- Summer day camp
- Adult day care to care for your IRS determined dependent so that you can work

If you are single, you may contribute an amount equal to your earned income up to \$5,000 per year

If you are married, you and your spouse may contribute up to the lesser of you or your spouse's earned income but no more than \$5,000 per year (\$2,500 if married filing separately) to the dependent care flexible spending account

This summary is intended to provide an overview of the benefit offered by your Employer and should be used for information purposes only.

The exact provisions of the Plan are in the Plan Document maintained by the Plan Sponsor. We urge you to consider the accounts and the tax alternatives, and to consult a tax advisor to determine what alternative is best for your particular situation.

For those who choose to participate in the Health and Dependent Care Flexible Spending Accounts, please remember that once you have enrolled in the account, your election cannot increase, decrease or stop unless you have a change in family status.

Additionally, IRS regulations require that any monies left in the account at the end of the Plan Year must be forfeited.

For more information about FSA program and how it can benefit you, view **FSA Resources** on our Participant Portal at: <https://www.mywealthcareonline.com/stirlingbenefits/>

# View Your Plan Activity and Other Plan Information via our Mobile App - Search Stirling Benefits in your App Store

Or Online at: [www.mywealthcareonline.com/stirlingbenefits](http://www.mywealthcareonline.com/stirlingbenefits)

## Communications

**Announcements, Messages & Communications**

**Communication Preferences** – Register your mobile number to receive text messages

**Contact Us**

## My Accounts

**Benefit Account Details:** View your account elections, contributions, payments and balance

Click on the Account Details tab to view Account Summary Chart and Account Dates Chart

**Transaction History**

**Reimbursement Request** – Enter your claims and upload receipts

**Reimbursement Settings** – if Direct Deposit is offered by your employer

**Pending Claims** – View your pending claims

**Announcements**

**Forms & Documents**

## My Profile

**Personal Information**

**Change Password**

## Debit Card

**Debit Card Information for all cards issued for your plan**

**View Debit Card PIN**

**Report a lost or Stolen Card, request new card**

## Resources

**Videos, Calculators and FAQs**

## Instructions to Register and Create an Account

Log into the WealthCare Portal at [www.mywealthcareonline.com/stirlingbenefits](http://www.mywealthcareonline.com/stirlingbenefits) (Save to your 'Favorites' for future visits)

1. Enter User Name, and then click "continue." Enter Password and click "Sign In."  
OR
2. If this is the first time accessing this information, select "click here" under New User to create an account

## To Create an Account:

User Name - chosen by you (must contain at least six alphanumeric characters)

First Name

Last Name

Email address

Password (to be chosen by you – (8-16 characters)

### **\*\*Password Complexity rules**

Your password cannot contain your username, a space, or repeating character i.e., aaa 111

Your password MUST contain at least three (3) of the following:

- An upper case character (A)
- A lower case character (a)
- A special character (\$, @, %, \*, !, +, =, #)
- A number (9)
- No spaces are allowed

**Employee ID – SSN without spaces or dashes**

**Registration ID – Click on Debit Card Number and enter employee's debit card number without spaces or dashes**

Accept Terms of Service ✓

Select Picture and Passphrase

Select Security Questions and Answers

Register Computer, confirm information

**Direct Deposit (if offered by your employer)**

- Click on My Account, and then Reimbursement Settings to enter your bank account information

**Participant Claim Entry:**

- Click on My Account, then Reimbursement Request to enter your claims and upload your receipts

**If you have any questions or need assistance, please contact Stirling Benefits, Inc. at 203-876-1660.**