

YOUR PAY CHECK BEFORE AND AFTER SECTION 125

	<u>BEFORE SEC. 125</u>	<u>AFTER SEC. 125</u>
GROSS COMPENSATION	\$1000	\$1000
Less Pre-Tax Benefits (Sec. 125)		
<i>MEDICAL INSURANCE PREMIUMS</i>		\$75
<i>DEPENDENT CARE</i>		\$200
<i>UNREIMBURSED MEDICAL EXPENSES</i>		\$50
GROSS TAXABLE COMPENSATION	\$1000	\$675
Federal Income Tax	\$82	\$28
State Income Tax	\$13	\$ 4
Social Security Tax	\$77	\$52
<i>MEDICAL INSURANCE PREMIUMS</i>	\$75	
<i>DEPENDENT CARE</i>	\$200	
<i>UNREIMBURSED MEDICAL EXPENSES</i>	\$50	
NET SPENDABLE INCOME	\$503	\$591

AS YOU CAN SEE, BY CHANGING THE EXPENSES YOU ARE ALREADY INCURRING, TO A SECTION 125 PLAN, YOU CAN INCREASE YOUR SPENDABLE INCOME BY REDUCING YOUR TAXES.

Vantage Flex, LLC
 2012 10th Street
 Menominee, MI 49858
 (800) 871-9011



VANTAGE FLEX, LLC.

THE FUTURE OF
 EMPLOYEE BENEFIT ADMINISTRATION

SECTION 125

INCREASE YOUR TAKE HOME PAY BY USING
 THE POWER OF PRE-TAX PLANNING

Vantage Flex, LLC.

2012 10th Street
 Menominee, MI 49858
 Phone: (906) 864-1552
 Toll Free: (800) 871-9011
 Fax a Claim: (775) 521-7676
 Service@vantageflex.com

Section 125 is a government plan that allows employees to set aside a portion of their income pre-tax to pay for eligible Medical or Dependent Care expenses. The benefit level is determined by an annual employee elected amount. Prior to the plan year, employees estimate their Eligible Expenses* and complete a salary reduction agreement. The elected amount is then divided by the number of pay periods in the plan year and a pay period deduction is established.

When the employee incurs an expense, they complete and submit the Request for Reimbursement (sample to the right) to Vantage Flex and their money is returned to them with out taxes being taken out. So they have the advantage of paying for eligible expenses with Tax-Free money.

The result is a 28% - 40% reduction in the cost of those expenses through tax planning.

*** Below is a list of eligible expenses.**

1. PAY CHECK DEDUCTIONS:

- a. Group medical insurance
- b. Group term life insurance
- c. Group dental insurance
- d. Cancer, intensive care, accident insurance

2. DEPENDENT CARE ASSISTANCE:

If you are a single parent or your spouse works or is a full-time student, how much do you pay for dependent day care for children 13 years or younger?

3. UNREIMBURSED MEDICAL EXPENSES:

- a. Health insurance deductibles
- b. Coinsurance or Copays
- c. Vision care
- d. Routine exams
- e. Travel costs related to medical care
- f. Prescription drugs
- g. Medically required equipment
- h. Wheelchair, crutches, medical appliances
- i. Dental costs
- j. Other costs (see the list to the right)

4. INDIVIDUAL OWNED INSURANCE

- a. Major Medical
- b. Dental
- c. Vision
- d. Cancer

5. Qualified Transportation

- a. Parking
- b. Transit / Vanpooling

OTHER COSTS

- Adoption-Medical Expenses (incurred before adoption is finalized)
- Ambulance Hire
- Artificial Limb
- Artificial Teeth
- Braille-Books and Magazines (difference between material and Braille)
- Chiropractors
- Christian Science Practitioners (Payments for medical care)
- Coinsurance Amounts and Deductibles
- Contact Lenses and Solution
- Crutches
- Eye Examination and Eyeglasses
- Fee Practical Nurse
- Guide Dog or Other Animal (purchase, training, and care of animal)
- Hearing Aids
- Hospital Services
- Insulin
- Laboratory Fees
- Learning Disable Child: Special School/Teacher
- Medical Monitoring and Testing Devices (if prescribed by physician for a particular ailment)
- Medicines (if prescribed by physicians and only available by prescription)
- Operations (legal)
- Optometrist
- Orthodontia (unless for cosmetic purposes)
- Osteopath
- Oxygen
- Physical Exams (except for employment related Physicals)
- Prescription Sunglasses
- Private Hospital Room
- Psychiatric Care
- Psychologist Fee
- Radial Keratotomy
- Surgery
- Vaccines



Request for Reimbursement
2012 10th Street, Menominee MI 49858
Phone: (800) 871-9011 / (906) 863-3539

Fax Claims to: (775) 521-7676

Employee Name:	
Employee Name:	SSN:
Email Address:	
Address:	

<input type="checkbox"/> Medical Claim	<input type="checkbox"/> Parking	<input type="checkbox"/> Health Reimbursement Account
<input type="checkbox"/> Dependent Care Claim	<input type="checkbox"/> Transit / Vanpooling	<input type="checkbox"/> HRA Claim
<input type="checkbox"/> Individual Insurance Claim		

Name	Date of Service	Description	Dollar Amount
Self / Spouse / Dependent	From - To		
	-		\$
	-		\$
	-		\$
	-		\$
	-		\$
	-		\$
Total:			\$

To the best of my knowledge and belief, my statements in the requested expenses are complete and true. I am requesting reimbursements only for eligible expenses incurred during the applicable plan year for myself and my eligible dependents. I certify that these expenses have not been reimbursed and that I shall not seek reimbursement under any other employer sponsored benefit plan and will not be claimed as an income tax deduction. Also, I certify that these expenses have not been previously reimbursed under this plan. I authorize that my plan account may be reduced by the amount of the requested reimbursement.

Note

Please provide proof of expense of any requested amount. The proof must include the date of service, service provided, the amount incurred, and who the services were provided to.

Employee Signature _____ Date _____

The form to the left can be printed from the Vantage Flex web page under the Forms tab.

To receive reimbursement, complete the form, sign it and fax it with proof of your expense to 775-521-7676.

Note - the proof of expense must be from a third party (the provider of service or the insurance company) and must tell us who incurred the expense, the dates of service, the providers name, the services provided and the amount of the charge. Without the information, we will not be able to tell if a claim is reimbursable.

The Vantage Flex administration system allows employees to access their accounts via many different methods. Employees have their choice of Phone, Fax, or Online account access. Below are instructions on how to access your account.

Toll-Free (800) 871-9011
Fax: (775) 521-7676

Direct (906) 863-3539

Web Access:

Go to: www.vantageflex.com

Step 1. Click on the Client login button and then select the Employee button.

Step 2. Once you are at the login screen, enter your Social Security Number as the User Name (111-22-3333).

Step 3. Tab to the next field and enter your Password.

Note - The first time you login, your Password will be the Activation Code you will get from the Privacy Official of your employer. Once you enter your Activation Code, you will be required to enter a new password prior to entry into the system.