

EMPLOYEES
SAVE up to
\$1,040
 with **Core FSA**

Cover out-of-pocket medical expenses with big tax savings

The Health Flexible Spending Arrangement (FSA) allows employees to use pre-tax dollars to pay for out-of-pocket medical, dental, and vision care expenses not covered by other insurance.

Core Documents provides employers with everything they need to establish an IRS- and DOL-compliant health FSA employee benefit in the Core FSA plan document package for just \$149 (.pdf format). This cost reflects a one-time setup fee, not an annual charge.

Employer Benefits

- Eliminate payroll tax on employee contributions;
- Lessen the impact of employees' deductibles, co-pays, and coinsurance gaps in health insurance.

Employee Benefits

- Eliminate taxes on contributions;
- Increase take-home pay;
- Plan ahead for out-of-pocket medical expenses.

More Features

- A Health FSA can be funded entirely by the employee (employer contributions optional);
- Employees choose how much to contribute;
- Full annual contribution amount is available the first day;
- Core FSA package pays for itself with employer tax savings.

Big savings all around

A health FSA reduces payroll taxes for both the employer and the employee, making it a popular benefit option.

The employee does away with income and payroll tax on health FSA contributions while the employer saves 8% to 10% in matching payroll taxes:

Employee Annual Contribution	Employee Savings		Employer Savings
	Income Tax	7.65% FICA Rate	7.65% FICA Rate
\$2,600	\$573	\$198	\$198
Core FSA	\$771 Total		Per employee/year

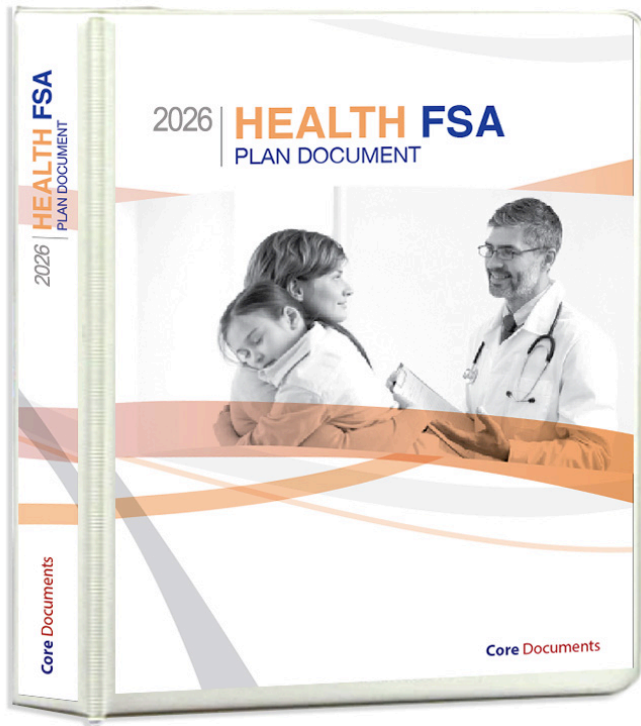
The tax benefit for the employee is like getting a huge discount on out-of-pocket medical expenses:

Per Bi-Weekly Pay Period	No FSA	With FSA
Gross Pay	\$ 1,385	\$ 1,385
Health Insurance Premium	300	300
Health FSA Contribution ¹	--	100
Federal Income Tax (20% rate)	217	197
Social Security (FICA; 7.65%)	83	75
State Income Tax (2%) ²	22	20
Out-of-Pocket Medical Expenses ³	100	--
Net Pay after Deductions & Expense	\$ 663	\$ 693
Net Savings on \$100 Medical Expense	--	\$30

1. IRS maximum contribution amount rises to \$3,400 in 2026.

2. Deductible in most states.

3. Same medical expenses paid without Health FSA, using after-tax dollars.



Qualifying Health FSA medical expenses include:

- Deductibles, co-pays, and coinsurance
- Vision expenses, including LASIK, glasses, and contacts
- Dental and orthodontic procedures
- Prescription drugs
- Chiropractic services
- Diagnostic procedures
- Hearing aids
- Ambulance service
- Back, wrist, and knee supports
- Crutches and slings
- Bandages
- Artificial limbs
- Blood pressure monitors
- CPAP supplies
- Diabetic testing monitors and strips
- Flu shots
- Pregnancy test kits
- Lactation aids
- Fertility treatments
- Diabetic supplies
- Special education for learning disabilities*
- Smoking cessation programs
- Weight--loss programs*
- Telephone equipment for the deaf, hard of hearing, or speech impaired
- Service animals
- Wheelchairs
- Psychiatric care
- Drug addiction treatment programs (inpatient)
- Alcoholism treatment (inpatient)
- Wigs*
- Long-term care
- Nursing home
- Nursing services
- Oxygen
- Transportation
- Lodging
- Menstrual care products
- OTC medications from antacids to zinc supplements;
- And much, much more**

*When prescribed by a physician.

**For a complete list, see IRS Pub. 502.

Set up a Health FSA in 3 easy steps

Design your plan:

- Choose your plan year according to the calendar (Jan-Dec) or your tax year (Jul-Jun, for example) -- a short plan year is available for the first year.
- Determine the rules and limits for your plan -- our order form takes you through it step-by-step.

Order your plan:

- Place your order for the Core FSA plan document package.
- Your personalized plan document package arrives at your inbox, usually* the same day.

Start your plan:

- Print, review, and sign the plan document where indicated;
- Give a copy of the participant packet to each eligible employee; and then,
- Keep the Core FSA plan document on file with other personnel paperwork -- there is no requirement to file the plan document with any agency.

*Most orders placed by 3 PM will be emailed out the same day, Monday through Friday. Orders placed on weekends are emailed out Monday morning.

Visit us online today

Order your Core FSA plan document package today at www.corefsa.com.

To see all of our products and services, visit us at www.coredocuments.com.

Ordering Information Worksheet

This form is provided for your convenience while gathering information for the Core FSA plan document package. It is a fillable PDF form. Click on the line next to "First Name" to begin and then tab from field to field. You may also print a blank form and write in the information. [When the form is complete, go to www.corefsa.com to order your package online.](http://www.corefsa.com)

Purchaser Information (Person buying document for Employer listed below, i.e. Agent, CPA, payroll co., etc.;
"N/A" in "First Name" if not applicable.)

First Name _____ Last Name _____
Company _____
Address _____
City _____ State _____ Zip Code _____
Phone _____ Fax _____
Email _____
Ship Document to: Purchaser Employer

Employer Information for Plan Documents – Exactly as it should appear in the plan document. Print clearly.

First Name _____ Last Name _____ (owner/controller, document signer)

Company Name _____
Address _____
City _____ State _____ Zip Code _____
Phone _____ Fax _____
Email _____

Form of Business: S Corporation C Corporation LLC Partnership Sole Proprietorship
 Government Non-Profit 501(c)(3)

Employer Federal ID#: _____ **State of Inc.:** _____ **Number of Employees:** _____

Legal Name(s) of **Affiliated Company(ies)** that will be covered by the Plan (if any):

1) _____
2) _____
3) _____

Name of Plan Administrator: (Employer unless otherwise listed)

Name _____
Address _____
City _____ State _____ Zip Code _____
Phone _____ Fax _____

Health FSA Annual Plan Limit: The IRS limits Health FSA plans to \$3,400 in employee contributions. Choose the standard \$3,300 option or designate a lower employee contribution limit here. \$3,400 **OR** Other _____

Choose year end carryover provision for unused funds: \$680 Carryover, **OR** 2.5 Month Grace Period

Protected Health Information (PHI) Designee Name: _____

Effective Date will be:

a) a new plan effective date as of (date) _____
 b) Amend and restate an existing Health FSA plan as of (new date for this updated plan): _____
If this is an amended and restated plan, state the (old) original effective date: _____

Plan Year - The first plan year will be:

a) a 12 consecutive month period beginning (date) _____ and ending (date) _____
 b) a short plan year beginning (date) _____ and ending (date) _____

Waiting Period: Employees can participate the 1st day of employment, or 1st day following, or 1st day of month following _____ days of employment.

Eligibility Requirements: All employees who work _____ or more hours per week.

Please tell us how you found Core Documents: Search Engine Agent Google Ad Other _____

Employer: _____

Choose either the Health FSA 'Deluxe Binder Option' or the 'Basic PDF Option':



- Deluxe Binder – New Core Health FSA Plan Document** **\$199.00**
 In email PDF version processed ASAP, AND Printed in 3-ring binder, with 5 Section tabbed index, shipped via Priority Mail.

OR



- Basic PDF Option - New Core Health FSA Plan Document** **\$149.00**
 PDF Document Processed Quickly and Sent Via E-Mail

Options that can be added to the Health FSA Deluxe Binder or the Basic PDF Option:

- Plan Document on USB Drive Mailed - in addition to PDF email and/or mailed binder** **\$25.00**
 Documents provided in PDF format only. Forms in MS Word format. Always have a safe backup copy of your plan document on USB drive.
- Rush Order - Your order automatically queued for immediate processing** **\$25.00**

Combine the Health FSA with these options at a discount:

- Premium Only Plan – pre-tax insurance premium - Save 33% when added to the Health FSA** **\$100.00**
 Eliminate income tax on group premium. Employee saves up to 35% average, and the Employer saves matching FICA at 7.65%+. This benefit pays dividends.
Name of Benefit Programs To Be Offered:
 Health Insurance Dental Insurance Vision Care Group Term Life to \$50,000
 Accident Insurance Cancer Insurance Other _____
- HSA Module - pretax HSA savings for additional 7.65% tax savings** **\$30.00**
 Allows employees to pre-tax Health Savings Account dollars for an additional 7.65% FICA savings (Employer saves matching 7.65% FICA) not available if itemized at year end.
- Dependent Care Assistance Plan (FSA) Pretax childcare - Save 33% when added to Health FSA** **\$100.00**
 Save 33% off normal \$149 DCAP FSA price when added to the Health FSA. DCAP employee contributions set at \$7,500 by the IRS. Delivered via email in PDF format unless the binder option is chosen above.

Update and Amend a plan document originally produced by Core Documents:

- Update/Amend a Premium Only Plan Document - Save 15%** **\$129.00**
- Update/Amend a Health FSA Plan Document - Save 15%** **\$129.00**
- Update/Amend a Dependent Care FSA Plan Document - Save 15%** **\$129.00**
- Update/Amend any 2 plan combination Document - Save 15%** **\$259.00**
- Update/Amend a full 3 plan Cafeteria Document - Save 17%** **\$299.00**

All Updated/Amended documents delivered via email in PDF format.

TOTAL _____

\$ TOTAL



Invoice me via email, please complete the following:

Company Name: _____ Contact: _____

Email Address for Invoice: _____

If paying by check, please complete the following:

Your order can be processed with the following checking account information and authorization.

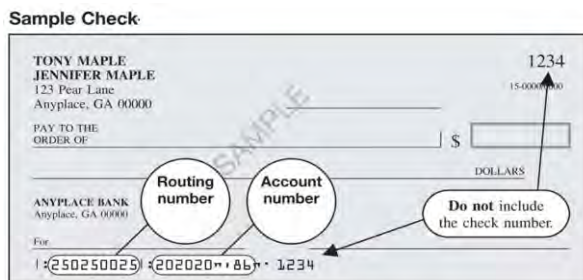
Name as it appears on the check:

Bank Name: _____

Bank Routing Number: _____

Bank Account Number: _____

Total amount to be charged: \$ _____



The routing and account numbers may be in different places on your check.

X _____
Signature

Date: _____



If paying by credit card, please complete the following:

Card Number: _____

Expiration Date: ____ / ____

Total amount to be charged: \$ _____

Name as it appears on card: _____

X _____
Signature

Date: _____

Refund Policy: Purchaser understands that goods and services provided by Core Documents, Inc. are non-refundable. Orders cancelled prior to sending/shipping are subject to cancellation fees applied to the cost of goods and services provided during the review, draft, and preparation of your order.

Please sign and fax completed form to (941)795-4802. Attach additional pages of plan design information if needed.

Mail: Core Documents, Inc. P.O. Box 14538, Bradenton, FL 34280

Scan and Email: CoreService@CoreDocuments.com

Toll Free Voice: 888-755-3373 Fax: 941-795-4802