BenefitHelp SOLUTIONS

Know your options. Enjoy the advantages .

2026 Open Enrollment Packet

This packet includes general information and forms related to the plans that are available to you through your employer. Not all of the information, maximums or benefits and examples may be applicable to you. Please refer to your summary plan documents for benefit that are specific to plans offered through your employer.

Sign up for a Medical Expense Reimbursement Program or Dependent Care Assistance Plan – and start saving

Today, everyone is faced with rising healthcare costs and complex employee benefits. At BenefitHelp Solutions, helping you means more to us than just paying claims and answering phones quickly. It's about helping you understand your benefits and saving you money.

Did you know that there's a simple way to get your hands on additional spendable income, month after month? If you, like most people, spend a few hundred dollars or more each year in out-of-pocket healthcare costs, you can get 25 to 40 percent of that money back in your pocket when you sign up for a Medical Expense Reimbursement Program (MERP) or Dependent Care Assistance Plan (DCAP)

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How a MERP and DCAP works

With a MERP and DCAP, you determine how much out-of-pocket childcare and healthcare expenses you have each year, and then you have that amount (divided by the number of payroll periods) automatically set aside from your paycheck. The money is pulled out before taxes are deducted and held in a special account for you. When you start paying healthcare or dependent care expenses, you get reimbursed from your MERP or DCAP account — and that money never gets taxed. The bottom line: you get more spendable income for paying off credit-card debt, planning a much-needed vacation or finally getting yourself an iPhone. What will you do with the money you'll save?

Manage your medical expense reimbursement program account online

Log on to benefithelpsolutions.com 24/7 to view your account activity, submit claims, and update your profile information.

Example of Peter's annual savings	With a MERP	Without a MERP
Peter's taxable income	$30,000	$30,000
Pre-tax amount deposited into a MERP	$1,200	$0
Peter's taxable income	$28,800	$30,000
Subtract estimated Federal, State & FICA taxes	$8,060	$8,400
Take home pay spent on MERP eligible expenses	$0	$1,200
Peter's actual spendable income	$20,740	$20,400
Annual savings	$340	$0

In this example, Peter is saving $340 by simply enrolling in a MERP. Enroll in a dependent care account as well and save even more. Your savings results may vary based on your income, tax bracket and amount contributed to the MERP account.

Two account types

Medical Expense Reimbursement Program

Group maximum election: $3,300.00

A Medical Expense Reimbursement Program allows you to pay for eligible expenses not covered by your healthcare plan. Some eligible expenses include:

- ✓ Deductibles, copayments and coinsurance for medical and dental plans
- ✓ Prescription medications and approved over-the-counter healthcare products
- ✓ Eye exams, glasses, prescription sunglasses, contact lenses and solutions, and LASIK eye surgery

Dependent Care Assistance Plan

Group maximum election: $7,500.00

A Dependent Care Assistance Plan reimburses you for care provided by eligible caregivers for dependents age 12 and younger, or for a disabled spouse or other dependents whom you claim for tax purposes. A few examples of eligible dependent care expenses:

- ✓ Care provided in your home by an eligible caregiver
- ✓ Care provided outside your home at a qualified day care provider
- ✓ Care provided at a licensed day care facility
- ✓ Summer day camps
- ✓ Before- and after-school programs

Determining your MERP contribution

To help you determine how much money you should set aside for your MERP or DCAP, use this worksheet to calculate your out-of-pocket expenses for the year. For a full list of eligible MERP account expenses and eligibility requirements, visit us online at benefithelpsolutions.com/members/ resources/eligible-healthcare-expenses.

Healthcare Expenses	
Medical expenses not covered by insurance	Annual estimate
Deductibles, copays, coinsurance	
Prescription drugs	
Over-the-counter items	
Dental expenses not covered by insurance	Annual estimate
Checkups and cleanings	
Fillings, X-rays, crowns, bridges	
Dentures, inlays	
Orthodontia	
Vision and hearing expenses not covered by insurance	Annual estimate
Exams	
Prescription eyeglasses	
Contact lenses and cleaning solution	
Corrective eye surgery (LASIK, cataract, etc.)	
Hearing aids and batteries	
Total healthcare expenses	$
Dependent care expenses	**Annual estimate**
Licensed day care, nursery or pre-school	
Before and after school programs	
Summer day camps	
Total dependent expenses	$

Hassle-free Reimbursement

Payment

Benefits Card

Not all employers offer the Benefits VISA (Benefits Card) option. To find out if you are eligible for a Benefits Card, please contact your group administrator.

The Benefits Card provides direct access to your Medical Expense Reimbursement Program, allowing you to pay for eligible healthcare expenses at qualified locations wherever VISA is accepted. When you use your Benefits Card, you no longer have to wait for reimbursement because the money is deducted directly from your MERP account at the time of purchase. However, in many instances, you will still have to submit supporting documentation for your purchases. Your Benefits Card can be used at participating grocery stores, pharmacies and wholesale clubs with vision and pharmacy services (most of these stores have elected to participate in the IRS Benefits Card program); or at hospitals, and medical, dental and vision provider offices.

When you're at the grocery store or pharmacy and it's time to pay, swipe your Benefits Card and select "Credit," if asked. The Benefits Card automatically approves your eligible items and debits the money from your MERP account. If you are also buying non-eligible items, the terminal or clerk will ask you for another form of payment. Then just pay the remainder with another card, cash, or check as you'd normally do.

When paying for services provided by a medical, dental or vision care provider, the Benefits Card can automatically approve services that match a set copay or a multiple of that copay (not coinsurance) from your group health plan(s). Supporting documentation for these services is not needed; however, if the provider's charge is an amount other than the copay, you can still use the Benefits Card to have the expense directly deducted from your account. You will just need to submit supporting documentation to BenefitHelp Solutions when you receive the letter requesting it. **The Benefits Card should only be used to pay for expenses incurred in the current plan year. If it is used for prior plan year expenses, you will be required to refund your account.**

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Reimbursement

Direct deposit

By having your Medical Expense Reimbursement Program reimbursement directly deposited into your bank account, you eliminate the hassle of having to go to the bank each time you receive a check. Instead of receiving a reimbursement check in the mail, you will receive a Direct Deposit Remittance Advice. The Remittance Advice will provide a full explanation of what was paid. All direct deposits will be initiated on the same day as the normal check reimbursement date.

Check

This is the default reimbursement method for claim reimbursement if you are not enrolled in direct deposit. You may receive a live check from BenefitHelp Solutions through the mail. Checks are issued daily.

Contact us

benefithelpsolutions.com

phone: 855-378-0197

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Medical Expense Reimbursement Program Carryover

A carryover allows you to transfer up to the IRS carryover maximum of $660 (or your plan's carryover maximum amount if different) of your remaining balance at the end of the plan year into the following year. Think of it like a safety net for your MERP. If you end up spending less than you anticipate when making your elections during open enrollment, you can tap into those funds next year.

- ✓ Carryover funds become available to you on the first day of the new plan year. They can be used for both prior plan year and current plan year expenses through the run-out (claim filing) period. After the runout period the carryover funds can only be used for current plan year expenses.
- ✓ You are able to carry over up to $660 while still electing the full maximum annual election in the new plan year.
- ✓ If you have the payment card, it will continue to work as normal, using your carryover funds first.

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Eligible medical care expenses

Commonly asked questions about over the counter medications and items, adult children and the coordination of multiple accounts.

Medical care expenses for you, your spouse and your dependents are all available for reimbursement or purchase with your healthcare Medical Expense Reimbursement Program (MERP). Eligible medical care expenses include many over the counter items that you purchase without the involvement of your physician or insurance.

Over the counter items

Over the counter items that have an established medical function are available for purchase using your account without involvement from your healthcare provider. This includes things like:

- Band aids
- Braces and supports
- Catheters
- Contact lens supplies and solutions
- Denture adhesive
- Diagnostic tests and monitors
- Elastic bandages and wraps
- Insulin and diabetic supplies
- Ostomy products
- Reading glasses
- Wheelchairs, walkers and canes

Stockpiling is not permitted. Only reasonable quantities to be used in the plan year of the same over the counter item can be reimbursed. BenefitHelp Solutions interprets reasonable to be no more than three of the same over the counter product purchased in a single month. If there is a medical condition requiring more than what BenefitHelp Solutions considers reasonable, you may submit a letter of medical necessity.

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Adult dependents

The definition of dependents under federal guidance has been expanded to include adult children up to the age of 26. This means your MERP may pay for eligible medical care expenses of your dependent through the age of 26.

Does my adult dependent have to be a tax dependent?

No. Your adult dependent does not have to be your tax dependent, living with you or attending school. However, any dependents of your dependent will not be eligible unless they are your tax dependent.

If my dependent will be 27 in June and my plan year ends in December, can I claim their expenses through May?

No. The IRS allows you to use your account for dependent claims only if that dependent will not be 27 during the tax year, January to December.

If my 24-year-old child has insurance through their employer, does the employer plan have to pay or deny eligible medical care expenses before I can use my account to pay the medical expenses?

Yes.

Understanding the limit for your MERP

An employee of a specific (or related) employer can have just one MERP and the election for that MERP cannot exceed the IRS limit.

What if I have a second job and my second job offers a MERP?

You may elect to participate in the second MERP and make the full IRS allowed election amount.

My spouse also has access to a MERP. Are there any restrictions on their election?

Your spouse, regardless of whether they have the same employer, can make an independent election of up to the IRS maximum.

How do I submit claims for reimbursement from my MERP when I have more than one insurance plan covering me?

When you have more than one insurance plan, the expense must be processed by all of your insurance carriers before you submit your claim for reimbursement or use your benefits card to pay for the final cost.

My spouse and I both have a MERP; how do we submit claims using both accounts?

You may use both accounts as you normally would, just be careful to not submit the same expense to each account.

Questions?

Contact a BenefitHelp Solutions customer service representative at 855-378-0197 for more information.

Transportation Reimbursement Plan (TRP)

The Transportation Reimbursement Plan (TRP) is permitted under Internal Revenue Section 132 and allows you to pay for your qualified commuting costs with pretax dollars.

When do I enroll?

You may make an election at any time; it will be effective on the first of the month following your election (unless an applicable change in status allows a mid-month change). Your employer will provide an election form once each year during open enrollment, this election will be effective the first day of the plan year. Your election will carry over from month to month for the plan year. You may cease your election at the end of any month. If you want to continue participating after the plan year, you will need to reelect your benefit during the open enrollment period.

How do I contribute to my account?

Your total election will be divided up based on the remaining pay periods in the plan year. An equal amount will be withheld from each paycheck and contributed to your TRP.

What happens to funds not used during the plan year?

Your funds will be carried over from month to month and year to year provided you are still an active employee of the employer sponsoring the plan and eligible to participate. Some plans may require employees to have an active election and to be making contributions for funds to rollover.

Can I transfer my account balance from parking to transit and vanpool and vice versa?

Yes, you'll need to fill out an election form with your employer and complete Section 4 Modify your election.

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Transportation Reimbursement Plan

Parking maximum election: $340.00

Transit maximum election: $240.00

How do I receive reimbursement for my commuting costs?

Transit expenses must be paid using the Debit Card. Due to IRS regulations, online or paper claim reimbursement requests are not permissible.

Parking expenses can also be paid for with the Debit Card (if available) or by paying for your qualified parking costs and then submitting a claim for reimbursement.

Your claim form will ask you to identify the paid date or the dates the parking cost or transit pass is good for, either can be used for the service dates. Once the service date has ended, your expense is eligible for reimbursement and your claim form will be processed.

The amount of your reimbursement will be limited to the amounts available in your account and the maximum permitted by the IRS. BenefitHelp Solutions will issue you a check for the amount available or, if elected, deposit your reimbursement directly to your bank account. *

*In January 2016, IRS Rev. Rul. 2014-32 (https://www.irs.gov/pub/irs-drop/rr-14-32.pdf) went into effect ruling that employers may no longer provide cash reimbursements for Transit Passes if Terminal Debit Cards are readily available. Only BHS VISA Debit Card transactions will be accepted to purchase Transit Passes.

Requesting reimbursement within the run-out period

You must submit your request for reimbursement within 180 days following the end of the service date, or the plan year's run-out date, whichever comes sooner.

What documentation will I need for my reimbursement request?

If your vendors provide a receipt for your purchase, you will need to include it with your request for reimbursement, this called third-party documentation. If your vendor does not provide a receipt during the everyday course of their business, you will need to supply any additional documentation, this is called self-substantiation. If it is discovered that you falsely self-substantiated a claim, you will the ability to self-substantiate claims in the future and your claim will be denied.

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Questions?

Contact a BenefitHelp Solutions customer service representative at 855-378-0197 for more information.

How do I submit a claim?

Like your Medical Expense Reimbursement Program administered through BenefitHelp Solutions, you may use the online participant portal at bhsconsumer.lh1ondemand.com. You can also fill out a claim form and submit via mail or fax.

Submit your claim by mail:

BenefitHelp Solutions Medical Expense Reimbursement Program Department PO Box 2823 Fargo, ND 58108

Submit your claim by fax:

855-778-9837

What if I terminate my employment or otherwise cease participation during the plan year?

When you cease to participate in your TRP, contributions will end as of your termination date. You may claim reimbursement for any Transportation Expenses incurred or paid during a Period of Coverage prior to your termination, provided such claims are submitted within the applicable run out period. Please review the Summary Plan Description provided by your employer for more details on reimbursements following your termination of participation in the TRP. Unused amounts in your TRP account shall be forfeited to your employer.

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Why pay tax on the items you need?

With a Medical Expense Reimbursement Program (MERP) you can use tax-free funds to take your health to the next level from out-of-pocket medical costs to eligible health products that help you feel your best.

- **The largest selection** of guaranteed MERP eligible products
- **Shop with your MERP card** or any major credit card
- Check what's eligible in our **expansive eligibility list**
- **Get money-saving tips** from our Learning Center
- Questions? **Access 24/7 support** (call or chat)

$5
Off your purchase
One use per customer
Expires 06/30/26

Visit **fsastore.com/BenefitHelpOE** for the largest selection of exclusively MERP eligible products with zero guesswork.

Use code **OETAKE5** at checkout.



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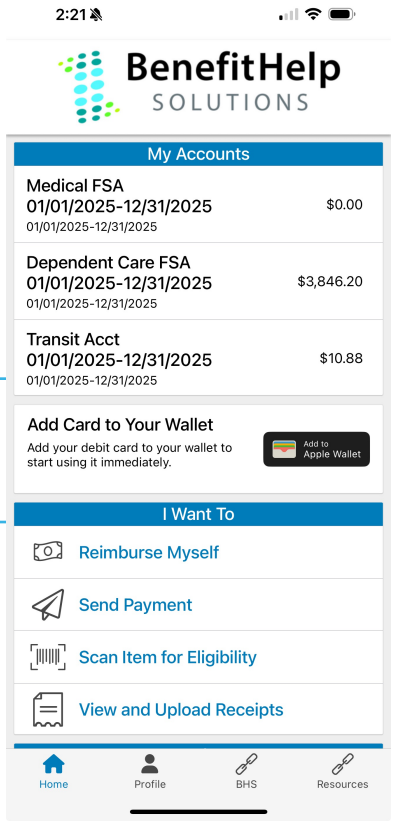
Manage your benefits *on the go.*

Want an easy way to check your account balances and submit receipts from anywhere? The BenefitHelp Solutions Mobile App lets you access your accounts with a touch of a finger. Designed to help you quickly find what you need, our Mobile App provides secure, on-the-go access to all your accounts.



View balance information for your account(s) right away

Use the "I Want To" section to make payments and scan items for eligibility

Stay up to speed

Wondering whether you have enough money to pay a bill or make a purchase? The BenefitHelp Solutions Mobile App puts the answers at your fingertips*:

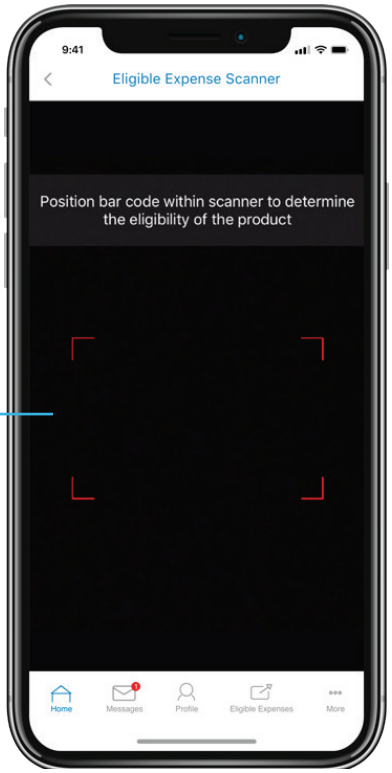
- Enjoy real-time access including an intuitive app design and navigation
- Log in to your account(s) using your fingerprint
- Quickly check account details for medical and dependent care
- View account summary
- View in-app messages and text alerts that provide instant notifications about your account(s)
- Access a list of eligible expenses
- Retrieve a lost username or password
- Use app with Apple® or Android™ smartphone

Tap to take action

Whether you're on the couch, waiting in line, or at your desk, you can use the BenefitHelp Solutions Mobile App to take action quickly.*

- Submit claims for Medical Expense Reimbursement Program, Dependent Care Spending Account, and Transportation Reimbursement Plan
- Snap a photo of a receipt to submit now or store for later
- Use the Eligible Expense Scanner to determine if a product qualifies as a medical expense
- Pay yourself or your care provider
- Add and store information on new payees
- Enter and view expense information and receipts
- Report a debit card as lost or stolen

Imagine what you can do with The BenefitHelp Solutions Mobile App



Check balances

Wondering if you can pay for an elective procedure? No need to wait for an answer — your account balance is right at your fingertips.

Scan expenses

Scan a product bar code to find out if it qualifies as a medical expense.

With a quick barcode scan, you'll know in an instant whether an item qualifies as an eligible expense

Make payments quickly

Capture receipts and record eligible expenses when they happen. Add payees and pay bills from any account.

Get started with the BenefitHelp Solutions Mobile App in minutes.

Download on the App Store

ANDROID APP ON Google Play

Download the BenefitHelp Solutions app for your chosen device from the Apple App Store or Google Play and log in using the password you use to access the BenefitHelp Solutions consumer portal.

** Some functionality listed may require additional products and services*

Mobile payments and digital provisioning

A faster, convenient, more secure way to pay. A contactless payment solution from BenefitHelp Solutions.

Take advantage of contactless payments

Mobile payments are the future! They make purchases faster, reduce contact with germs and offer better security. Digital provisioning eliminates the need for a physical card, giving you access to your benefits faster than ever before.

Add your benefits debit card to your mobile wallet

Whether you use Google Pay, Apple Pay, or Samsung Pay, you can quickly add your benefits debit card to your mobile wallet with just a few taps.

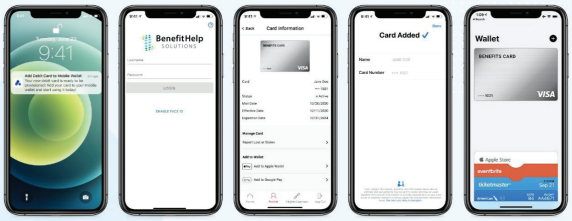
Use your mobile wallet to pay for eligible expenses

No need to carry your benefits debit card when paying for eligible expenses. Just use your mobile wallet at checkout, like you would with any other card.

Ready to get started with mobile payments?

Once enrolled, you will receive a notification to add your debit card to your mobile wallet. Simply log in to the BenefitHelp Solutions mobile app and follow the prompts to add your card.

Note: This feature is not available for dependent cards.



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Doing business as BenefitHelp Solutions, Inc. Administrators in California. 3402 (02/25)

Get help anytime!

BenefitHelper is available 24/7/365 to help you with your account, debit card, claims, receipts and much more.

Need to know your account balance? Want to view a claims status? No problem. Simply access our new automated chat tool, BenefitHelper, 24 hours a day, seven days a week, 365 days of the year, to get the answers you need, when you need them.

With BenefitHelper, you can get quick answers to your most frequently asked questions about your account, debit card, claims, receipts and much more.

Account

- Account balances
- Eligible expenses

Debit card

- Debit card status
- Debit card replacement
- Report lost/stolen card

Claims

- Claims status
- Denied claims

Receipts

- Upload and view receipts
- Receipt validation/documentation help

Continued on back **>**

BenefitHelp SOLUTIONS

How to access BenefitHelper

Just follow these easy steps to access BenefitHelper.

1. Log in to your Benefithelp Solutions member portal at bhsconsumer.lh1ondemand.com.
2. Select the “Need Help” icon to get started.

Don’t have a member portal account?

To create a new account, visit **bhsconsumer.lh1ondemand.com**. Select “Get Started” and complete the information to verify your identity.

Questions?

We’re here to help. Please call BenefitHelp Solutions at 855-378-0197.

BenefitHelp SOLUTIONS

Reimbursement Request Form

1893 (10/25)

BenefitHelp SOLUTIONS

PLEASE PRINT CLEARLY

***This information is mandatory.** Form processing may be delayed if fields with an asterisk are not filled out.

Completion guide

This form is for the reimbursement of any out-of-pocket expenses. Documentation to substantiate purchases made with your debit card must be submitted with a copy of a Receipt Reminder. Please be advised that missing information may result in the denial or delay of your request. Do not highlight documentation, as highlighted sections become unreadable in our imaging software.

Step 1: Accountholder information

- Complete required fields with account holder information and follow the steps below.

Step 2a: Reimbursement information

- **Plan type:** Enter the three/four letter code (located below the claim table) to identify the account from which you are requesting reimbursement.
- **Did you file online:** If a claim was filed online at bhsconsumer.lh1ondemand.com, mark "Y" for yes; if not, mark "N" for no.
- **Date(s) expense(s) incurred:** Provide the date or range of dates the expenses were incurred.
- **Merchant/provider name:** Provide the name of the merchant or facility where the expense was incurred.
- **Name of person receiving product/service:** Provide your name or the name of the tax dependent for which the service was provided or the product was purchased.
- **Claim amount:** Provide the total amount requested for the specified expense.
- **Total reimbursement requested:** Total the amounts in the "Claim Amount" boxes.

Step 2b: Dependent care provider signature and certification

- Should the daycare provider be unable to provide a receipt, a signature is required in order for your Dependent Care Account (DCA) claim(s) to be paid.

Step 3: Participant certification

- Sign and date the form after reading the Participant Certification.

Documentation requirements

Documentation for medical expenses required by the IRS includes a third-party receipt containing the following information:

- Date service was received or purchase made
- Description of service or item purchased
- Dollar amount (after insurance, if applicable)

Documentation for dependent care expenses required by the IRS includes a third-party receipt containing the following information (Please be advised: if a receipt is unavailable, a signature from the provider is sufficient):

- Incurred dates of service
- Dollar amount
- Name of day care provider
- For Adult Care Services, a letter from the doctor or a Medical Necessity form is required to identify that the dependent is physically or mentally disabled and unable to self-care.

Unacceptable forms of documentation include the following:

- Provider statements that only indicate the amount paid, balance forward or previous balance
- Credit card receipts that only reflect a payment
- Bills for prepaid dependent care/medical expenses where services have not yet occurred

When submitting a receipt for a copayment amount, please be sure the copayment description is on the receipt. In some cases, you will need to ask for a receipt at the point of service. If "copayment" is not clearly identified, have the provider write "copayment" on the receipt and sign it.

Instructions

1. Complete all sections of this form.
2. Securely email, mail or fax completed form and supporting documentation (see below) to:

   Secure Email: BenefitHelpSolutionsCDHSupport@healthaccountservices.com

   Address: BenefitHelp Solutions, P.O. Box 2823, Fargo, ND 58108

   Fax: 855-778-9837

3. If you have any questions about completing this form, please contact BenefitHelp Solutions Consumer Services at (855) 378-0197. We have representatives available Monday-Friday, 7:00am to 7:00pm CST.

Reimbursement Request Form

1893 (10/25)

BenefitHelp SOLUTIONS

PLEASE PRINT CLEARLY

***This information is mandatory.** Form processing may be delayed if fields with an asterisk are not filled out.

Section 1 Account holder information

* First name	M.I.	* Last name	* Date of birth _____ / _____ / _____	* Social Security number

* Mailing address	* City	* State	* ZIP
* Physical address	* City	* State	* ZIP

* Email address	* Contact phone number

* Employer
Multnomah County

Section 2 Reimbursement information

2a) Claim information

**Please select only one to start, change, or stop reimbursement.*

* Plan type[1]	* Did you file online (Y or N)	* Date(s) expense(s) incurred	* Merchant/provider name	* Name of person receiving product/service	* Claim amount
					$
					$
					$
					$
				* Total reimbursement requested	= 0.00

[1] Plan types: MERP: Medical Expense Reimbursement Program;
TRN TRP: Transit Transportation Reimbursement Plan;
PKG TRP: Parking Transportation Reimbursement Plan;
DCA: Dependent Care Assistance Plan

2b) Dependent care provider signature and certification (dependent care claims only)

If you are unable to provide a receipt for any claim(s) submitted for your Dependent Care Account, your daycare provider must complete this step. If you would prefer to file only one claim for the plan year, please access the Recurring Dependent Care Request Form at www.BenefitHelpSolutions.com.

* Dependent's name	* Dependent's Social Security number	* Dependent's date of birth (mm/dd/yyyy)	* Service type (choose one)
		_____ / _____ / _____	☐ Child care ☐ Adult care**

** If choosing adult care as an expense, please submit a medical necessity form if you haven't already.

I certify the information provided above is accurate. I understand the purpose of my signature on this form is to eliminate the necessity for the participant to provide receipts for reimbursement purposes.

* Dependent care provider signature	* Date

Section 3 Participant certification

I certify that the reimbursement request I am submitting are eligible expenses as defined by the IRS and I have not been previously reimbursed for these expense, nor am I seeking reimbursement for these expenses from any other source. I understand BenefitHelp Solutions, its agents or employees, will not be held liable if I submit ineligible expenses for reimbursement. I certify that the reimbursement is for the purpose of a qualified expenditure for an eligible individual as defined by the Internal Revenue Service (IRS) code. By submitting this request, I certify that the information provided is complete and accurate. If there are any changes in the provided information, I understand it is my responsibility to notify BenefitHelp Solutions. I understand that I should retain a copy of all submitted documentation in the event of an IRS audit.

* Participant signature	* Date

Automatic Orthodontia Request Form

0454 (9/20)

BenefitHelp SOLUTIONS

PLEASE PRINT CLEARLY

*** This information is mandatory.** Form processing may be delayed if fields with an asterisk are not filled out.

This form is to be completed for any consumer that wants to receive automatic reimbursement for orthodontia expenses. Payments are issued at the beginning of each month for which services are still being provided. If participating in automatic reimbursement for these expenses, the benefits debit card cannot be used to pay the provider.

Instructions:

1. Complete all sections of this form.

2. Securely email, mail or fax completed form and supporting documentation (see below) to:

Secure Email: BenefitHelpSolutionsCDHSupport@healthaccountservices.com

Address: BenefitHelp Solutions, P.O. Box 2823, Fargo, ND 58108

Fax: 855-778-9837

3. If you have any questions about completing this form, please contact BenefitHelp Solutions Consumer Services at (855) 378-0197. We have representatives available Monday-Friday, 7:00am to 7:00pm CST.

Section 1 Account holder information

* First name	M.I.	* Last name	* Date of birth _____ / _____ / _____	* Social Security number
* Mailing address		* City	* State	* ZIP
* Physical address		* City	* State	* ZIP
* Email address			* Contact phone number	
* Employer Multnomah County				

Section 2a Orthodontia information

Please complete this section for the individual receiving orthodontic services/treatment. If you have multiple individuals receiving treatment, please submit each one on a separate form.

* Start date of treatment (mm/dd/yyyy): **A.** _____ / _____ / _____	* End date of treatment (mm/dd/yyyy): **B.** _____ / _____ / _____
* Person receiving orthodontic services/treatment	*Monthly cost of treatment $

Please select only one	
☐	**Contract attached:** I have attached a copy of the contract or payment plan for each qualifying dependent for which orthodontic services are being provided. **Please skip step 2b.**
☐	**Orthodontist signature:** My orthodontist has completed and signed **step 2b.**
☐	**Stop automatic orthodontia:** I have previously enrolled in automatic reimbursement and request that it be stopped, effective (mm/dd/yyyy) _____ / _____ / _____

Section 2b Orthodontist certification

I, _____, certify the information provided on this form is accurate and that services are being provided to the specified individual(s) through the dates indicated in Box A and Box B. I understand the purpose of my signature on this form is to eliminate the necessity for the participant to provide receipts for reimbursement purposes.

* Orthodontist signature	* Date

Section 3 Participant certification

To the best of my knowledge, the information provided is complete and accurate. I certify that the requests I am submitting are eligible expenses as defined by the IRS and that I have not been previously reimbursed for these expenses nor am I seeking reimbursement from any other source. I understand that BenefitHelp Solutions including its agents and employees, will not be held liable if I submit ineligible expenses for reimbursement. If submitting expenses for my Qualified Small Employer Health Reimbursement Arrangement (QSEHRA), I certify that I, or the individual for whom I am requesting reimbursement, continue to have Minimum Essential Coverage (MEC). I understand that if I fail to maintain MEC, any reimbursements made from my QSEHRA during the month in which I did not have MEC will become taxable. If submitting expenses for my Individual Coverage Health Reimbursement Arrangement (ICHRA), I certify that I, or the individual for whom I am requesting reimbursement, have (or had) individual health insurance coverage, Medicare Part A (Hospital Insurance) and B (Medical Insurance), or Medicare Part C (Medicare Advantage) during the month the expense was incurred. If there are any changes in the provided information, I understand it is my responsibility to notify BenefitHelp Solutions I understand that I should retain a copy of all submitted documentation in the event of an IRS audit and that, pending approval, reimbursement will begin the first month following the date of my submission.

* Participant signature	* Date

Recurring Dependent Care Request Form

1892 (09/21)

BenefitHelp SOLUTIONS

PLEASE PRINT CLEARLY

*** This information is mandatory.** Form processing may be delayed if fields with an asterisk are not filled out.

This form is to be completed each plan year and as changes occur when the participant wants to receive recurring reimbursement of dependent care expenses. Reimbursements will not be made prior to when the dependent care services are provided. Documentation must be retained for your records and provided to BenefitHelp Solutions upon request. Receipts can be uploaded through the participant portal or faxed to 855-778-9837. If any information on this request form changes during the plan year, you must submit an updated Recurring Dependent Care Request Form.

Instructions:

1. Complete all sections of this form.
2. Securely email, mail or fax completed form and supporting documentation (see below) to:

   Secure Email: BenefitHelpSolutionsCDHSupport@healthaccountservices.com

   Address: BenefitHelp Solutions, P.O. Box 2823, Fargo, ND 58108

   Fax: 855-778-9837
3. If you have any questions about completing this form, please contact BenefitHelp Solutions Consumer Services at (855) 378-0197. We have representatives available Monday-Friday, 7:00am to 7:00pm CST.

Section 1 Consumer Information

* Consumer first name	M.I.	* Last name	* Date of birth _____ / _____ / _____	* SSN or BHS identification number

* Mailing address	* City	* State	* ZIP
* Physical address	* City	* State	* ZIP

* Email address	* Contact phone number
* Employer Multnomah County	

Section 2 Auto-Dependent Care Assistance Plan (DCAP) information

2a) Recurrence status

Please select only **one to start, change, or stop reimbursement.*

☐	**Start recurring DCAP:** Please begin recurring reimbursement of my dependent care expenses. I understand BenefitHelp Solutions will request receipts as proof that expenses have been incurred.	**Effective date (mm/dd/yyyy)**
☐	**Change recurring DCAP information:** Please update my recurring reimbursement information with the provided information effective by the date specified in box A.	**A.** _____ / _____ / _____
☐	**Stop recurring DCAP:** Please stop recurring reimbursement of my dependent care expenses effective by the date specified in box B.	**B.** _____ / _____ / _____

2b) Dependent's information

***Dependent(s) name(s)**	*** Dependent's Social Security Number**	*** Dependent's date of birth (mm/dd/yyyy)**	*** Start date of service (must be within current plan year)**	*** End date of service (must be within current plan year)**	*** Service type (choose One)**
		_____ / _____ / _____			☐ Child care ☐ Adult care**
		_____ / _____ / _____			☐ Child care ☐ Adult care**

**If choosing Adult Care as the Service Type, you must provide a letter from a doctor or a Medical Necessity Form that identifies that the dependent is physically or mentally disabled and unable to self-care.

Recurring Dependent Care Request Form

1892 (09/21)

BenefitHelp SOLUTIONS

PLEASE PRINT CLEARLY

*** This information is mandatory.** Form processing may be delayed if fields with an asterisk are not filled out.

Section 3 Dependent care provider information and signature (to be completed by the provider)

I certify the information provided below is accurate. I understand the purpose of my signature on this form is to eliminate the necessity for the participant to provide receipts for reimbursement purposes.

* Provider's name	Cost per month/week (circle one) $_____ per month/week	* Provider's signature
* Provider's name	Cost per month/week (circle one) $_____ per month/week	* Provider's signature

Section 4 Participant Certification

To the best of my knowledge, the information provided is complete and accurate. I certify that the requests I am submitting are eligible expenses as defined by the IRS and that I have not been previously reimbursed for these expenses nor am I seeking reimbursement from any other source. I understand that BenefitHelp Solutions including its agents and employees, will be held liable if I submit ineligible expenses for reimbursement. I have obtained or made reasonable efforts to obtain the provider's Tax ID (TIN), and I will include the TIN on IRS Form 2441, which I must attach to my federal income tax return. If there are any changes in the provided information, I understand it is my responsibility to notify BenefitHelp Solutions. I understand that it's my responsibility to retain a copy of all submitted documentation in the event of an IRS audit.

By submitting this form, I certify the above.

* Participant signature	* Date