



GRACE PERIOD OVERVIEW



WHAT IS THE GRACE PERIOD?

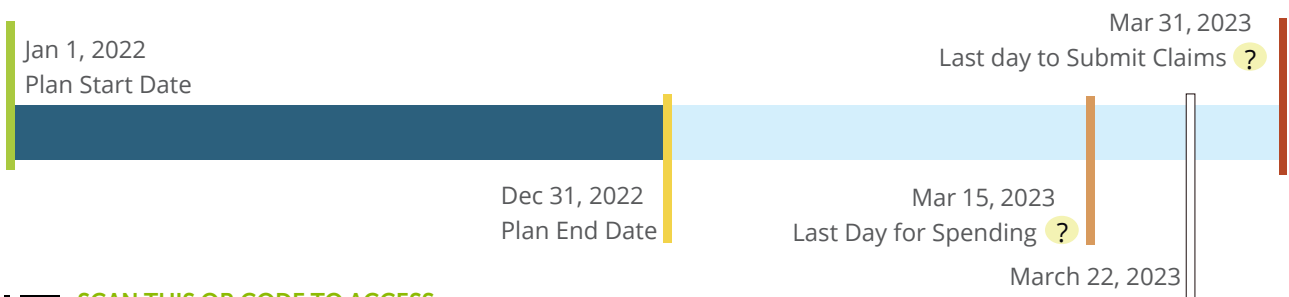
Your Health FSA and/or Dependent Care Assistance Plan may be set up to allow you some extra time to not only submit claims but to also continue to incur expenses after the plan year ends. This is called “the grace period”. Generally speaking, the grace period adds 2.5 additional months to your plan year spending timeline. Review your Summary Plan Description, Plan Highlights or online account to see if the grace period is offered for your plan/s.

HOW ARE CLAIMS PAID DURING THE GRACE PERIOD?

During the grace period, your account will be set to use the oldest dollars first. This means that when you use your Benefits Card or file a manual claim, any eligible prior year balance in your account will be used first for that payment.

If you have expenses that you incurred in the prior plan year that you would like reimbursed, please submit those manually for reimbursement as early as possible and prior to using your Benefits Card in the new year. As a reminder, to request reimbursement from your plan/s, your documentation must reflect that the expense has been incurred; the expense does not need to show as paid.

View your Summary Plan Description or your online account details for information about your spending and submission deadlines. Below is an example of a timeline from the Igoe Participant Portal:



SCAN THIS QR CODE TO ACCESS
HELPFUL TUTORIALS & RESOURCES