

**Pinnacle**<sup>SM</sup>

Health & Benefits

# WELCOME KIT

*2022 - 2023*



Welcome to Pinnacle | Health & Benefits. We are glad to be your partner, providing distinctive service and effective advice for tax-advantaged accounts for healthcare and dependent care.

This kit has basic information to get you started, in sections arranged by type of account. After you have logged in to our consumer portal for the first time at [pnfp.com/hblogin](https://pnfp.com/hblogin) (see instructions in this kit), check out the Pinnacle | Health & Benefits Consumer Guide in the portal's Tools & Resources section for more detailed instructions on how to manage your account.

Our Client Service Center for Health & Benefits is also available to you for any questions you may have.

**Client Service Center for Health & Benefits**

7 a.m. - 7 p.m. CT Monday - Friday

888-282-2605

We look forward to helping you achieve your financial goals for healthcare saving and beyond. To speak with someone about other banking needs, please visit [pnfp.com/locations](https://pnfp.com/locations) to find an office near you.

Sincerely,



**Adam Hewitt**  
Manager  
Pinnacle | Health & Benefits

# PINNACLE FIRST TIME LOGIN INSTRUCTIONS

## ONLINE

Online Banking

Access ID

Password

LOG IN

[Forgot Password](#) ▶ Enroll: [Personal](#) | [Business](#) ▶

SIGN INTO OTHER SYSTEMS

- ACH/Remote Deposit - Tennessee
- Credit Cards
- Dealer Floor Plan
- Elan Credit Card
- Electronic Receivables
- Employer Portal for Health & Benefits
- eStatements
- Grizzlies Credit Card
- Health & Benefits

## STEP 1

Click this link to access your online account:  
[pnfp.com/hblogin](https://pnfp.com/hblogin)

Or go to [www.pnfp.com](https://www.pnfp.com) Under Online Banking, select Sign In to Other Systems and choose Health & Benefits

## STEP 2

Click “Create your new username and password” under **New User**.

## MOBILE



App Icon

## STEP 1

Download the app from the App Store for iPhone or Android. (Search Pinnacle Health & Benefits)

Pinnacle Health & Benefits

Username

Password

LOGIN

Save Username

LOGIN WITH FACE ID

FORGOT USERNAME OR PASSWORD?

New User? Set up your account

## STEP 2

Open the app and click on “New User? Set up your account”

**Pinnacle** | Health & Benefits

User Identification

Complete the information below to verify your identity. \*Required

First Name\*

Last Name\*

Zip Code\*  
*Please enter your 5 digit zip code*

SSN\*  
 -  -

## STEP 3

Enter requested information. Hit **NEXT**.

### Troubleshooting

#### **Try legal name**

e.g., Use Robert not Bob

John Smith Jr would be entered as:

First name: John

Last name: Smith Jr

(no period after Jr)

#### **Mark sure zip code is correct.**

Have you moved? Try previous zip code.

## STEP 4

**Please select username and password.**

This username and password will be the same whether you log in online or via the mobile app.

## STEP 5

**Set up security questions. If you have an HSA, you will be prompted to accept Terms & Conditions.**

This will only need to be done once. The next time you will log in as an Existing User.

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## CLIENT SERVICE CENTER FOR HEALTH & BENEFITS

Email: [info@health.pnfp.com](mailto:info@health.pnfp.com)

Phone: 888-282-2605 Monday-Friday, 7 a.m.-7 p.m. CT

# USING YOUR HEALTH & BENEFITS DEBIT CARD

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- Before you use your new Pinnacle Health & Benefits card, you must activate your account online. Please see First-Time Login.
- The Pinnacle Health & Benefits card can be used to pay for qualified medical products and services. The card is designed to only work for qualified purchases. Most merchants that offer FSA eligible items are a part of the “IIAS” network or meet the IRS’ 90% rule (where 90% of gross sales meet eligibility requirements).
  - To search for a store or download an updated list of the 90% merchants visit the Special Interest Group for IIAS Standards’ website: <https://www.sig-is.org/>
- When you activate your card, please make sure to stay on the line until the end of the call to setup your PIN. If you skip this step, the card might not work even if you try to run it as credit. Also, some merchants like Walmart require you to use the PIN number to complete a purchase.
  - The activation number is 1-866-898-9795 in the event that you need to setup your PIN after you have already activated your card.
- Always try to run the card as “Credit” if given the option. This allows the card to work as intended with a merchant in the “IIAS” program.
- Through the online portal at [pnfp.com/hblogin](https://pnfp.com/hblogin), you can log into your account and order additional cards for any dependents you might have.
- The card is “stacked,” which means you can use the same card to access money from your FSA and Dependent Care accounts. For example, if you have both an FSA and a Dependent Care account, your one debit card can be used to pay for both expenses. The funds will be drawn from each account based on the type of expense. Health care expenses will come from the FSA account, while child care expenses will come from the Dependent Care account.
- Make sure you download the Pinnacle Health & Benefits Mobile App to manage your account.
  - Under the “Profile” button you can click “Manage Debit Cards” to always see the status of the card.
  - You can also report the card “Lost/Stolen” in the app.
- If you have any issues using your card we encourage you to contact us below

Call: (888) 282-2605

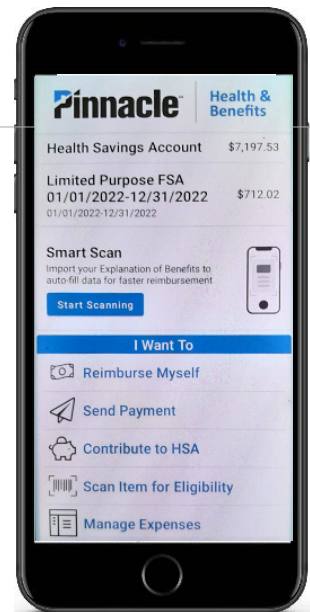
Email: [info@health.pnfp.com](mailto:info@health.pnfp.com)

# HEALTH & BENEFITS MOBILE APP

The Pinnacle | Health & Benefits mobile app lets you securely access your health benefit accounts using a smartphone. Designed so you can quickly find what you need most, it provides easy, on-the-go access to all your health accounts.

## Stay up to speed

- Real-time access, intuitive app design and navigation
- Fingerprint or face ID log-in from smartphones that support it
- Available balances and details for your FSA and Dependent Care accounts
- In-app messages and text alerts with notifications about your account(s)
- Link to the FSA Store to obtain helpful information such as a list of eligible expenses
- Retrieve a lost username or password
- Use your device of choice – including Apple® and Android™ powered smartphones



## Tap to take action

Make a payment, capture a receipt or take any number of actions – whether you're on the couch or waiting in line.

- Submit claims for medical and dependent care expenses
- Snap a photo of a receipt and submit with a new or existing claim, or store in your camera roll for claim filing
- Scan items to determine if they're qualified medical expenses before you get to the checkout lane
- Access your account funds to pay yourself or someone else, such as doctor
- Add and store information on new payees
- Enter and view expense information and receipts
- Report a debit card as lost or stolen

**Download the Pinnacle | Health & Benefits mobile app** for your chosen device from the Apple App Store or Google Play and log in using the username and password you use to access the Health & Benefits consumer portal.

\* Some functionality listed may require additional products and services elected before investing.

# FLEXIBLE SPENDING ACCOUNT



# FLEXIBLE SPENDING ACCOUNT (FSA)

## What is a Flexible Spending Account?

A flexible spending account (FSA) allows employees to put aside pre-tax dollars for qualified healthcare expenses.

Funds do not roll over year to year, with the exception of an annual carryover amount or a grace period to incur eligible expenses if your employer offers one of these options.

## Types of FSA include:

- A healthcare FSA for qualifying out-of-pocket medical expenses
- A dependent care FSA allows pre-tax reimbursement of dependent care expenses, such as daycare, incurred by eligible dependents.

## What is included with Pinnacle’s FSA?

- Debit card access
- Secure online consumer portal access
- Pinnacle | Health & Benefits mobile app with eligible expense scanner and electronic shoebox for receipts

The Pinnacle | Health & Benefits debit card is “stacked.” When you have more than one type of account (FSA, dependent care), the card “knows” which account to pull from for each transaction.

FSA account holders may be prompted to provide a copy of the receipt for certain transactions in accordance with IRS regulations.

## What are the 2022/2023 FSA contribution limits?\*

Health FSA	2022	2023
Maximum Annual Contribution Limit	\$2,850	\$3,050
Dependent Care FSA	2022	2023
Maximum Annual Contribution Limit; married and filing jointly or single parent	\$5,000**	\$5,000**
Maximum Annual Contribution Limit; married and filing separate	\$2,500**	\$2,500**

\* Source: IRS.gov

\*\* Your maximum annual contribution to a DCFSA may be subject to limitations based on factors such as you or your spouse’s earned income or your employer’s plan limit. Please consult your tax advisor for details.



# FLEXIBLE SPENDING ACCOUNT SUBSTANTIATION

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## Why do I need to provide a receipt for my Health Flexible Spending Account (FSA) card when it's my money?

The IRS categorizes a Health FSA as a "tax-advantaged account." Like any tax advantages you may claim on your Federal or State taxes (e.g., mortgage interest or student loan interest), the IRS requires documentation to confirm that you are eligible to receive those tax exemptions.

## What information does the IRS require on a receipt?

- Patient or dependent's name
- Provider(s)' information (doctor name, hospital, pharmacy, daycare, etc.)
- Date of service
- Description of service or item purchased
- Your out-of-pocket cost

Health insurance carrier Explanation of Benefits (EOBs) are excellent receipts! You can download these from your carrier's website, and our Health & Benefits mobile app has an EOB Scanner that can recognize printed EOBs from a variety of carriers.

## What happens if I cannot provide a receipt?

We understand that sometimes it might be difficult to get a receipt from a provider or pharmacy. We provide 60 days for you to submit your required documentation. We will send written reminders to you via email from [donotreply@health.pnfp.com](mailto:donotreply@health.pnfp.com).

If we do not receive the required documentation after 60 days, or your claim is denied, we follow the IRS' rules.

We may:

- Put a temporary hold on your debit card
- Request repayment

Your employer may report unsubstantiated amounts as taxable income on your form W-2.

## How can I submit my receipts?

With your Pinnacle | Health & Benefits FSA, you can:

- Scan and upload receipts via our mobile app (download at the Apple App Store or Google Play Store, search Pinnacle Health and Benefits)
- Use the EOB Smart Scanner in the mobile app on a printed EOB.
- Upload receipts via our online consumer portal at [pnfp.com/hblogin](https://pnfp.com/hblogin)
- Mailing or faxing a receipt? Please contact us for assistance!

## Pinnacle | Health & Benefits Client Service Center:

(888) 282-2605 (M-F, 7 a.m.-7 p.m. CT)

Fax: 855-810-8224

P.O. Box 2863, Fargo, ND 58108-2863

*Pinnacle Financial Partners does not offer tax or legal advice. Please consult your personal tax or legal advisor regarding your individual situation.*

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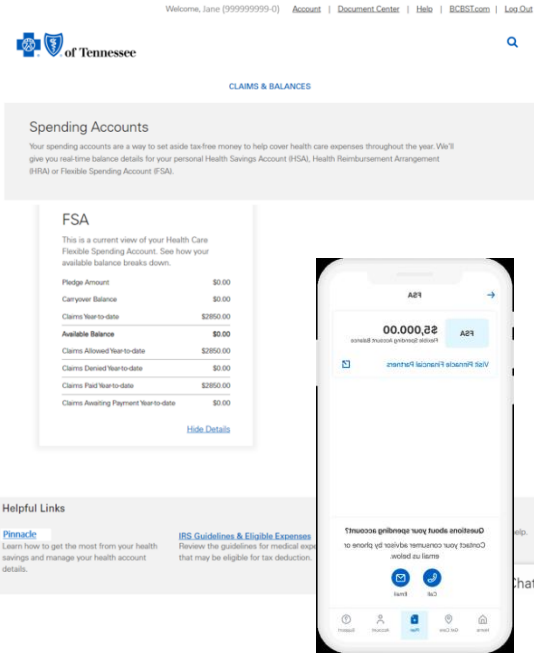
*Pinnacle Financial Partners does not offer tax or legal advice. Please consult your personal tax or legal advisor regarding your individual situation.*

# BlueCross BlueShield Claims Integration

Your Pinnacle FSA is integrated with BlueCross BlueShield of Tennessee, which means your claim information will be sent securely to Pinnacle and you will be able to view claims in your Pinnacle FSA account.

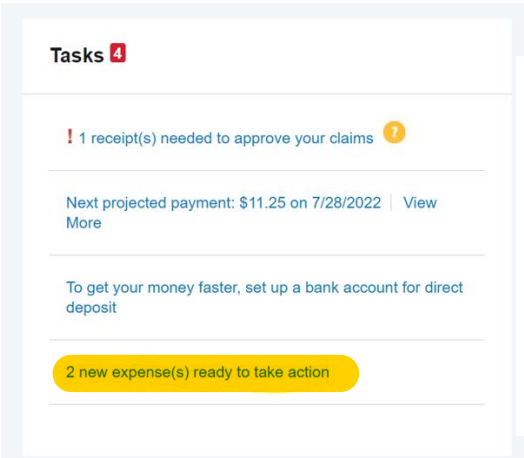
## BlueCross BlueShield Member Portal

- View balances, contributions and payments from your BlueCross BlueShield member portal or mobile app
- Direct link to Pinnacle’s member portal



## Pinnacle Online and Mobile App

- Notification of new claims will appear in the Tasks section of your Pinnacle FSA
- Payments made for claims on file do not require an additional receipt
- Pay a provider directly or reimburse yourself if paid out-of-pocket



DATE	EXPENSE	RECIPIENT/PATIENT	MERCHANT/PROVIDER	SUBMITTED AMOUNT	STATUS	
7/19/2022	Undefined	Xerxes Gilmore	Paradise Valley General H...	\$18.52	\$	Pay
7/14/2022	Undefined	Xerxes Gilmore	Smile Care Dental	\$23.41	\$	Pay
7/6/2022	Pharmacy	Clinton Gilmore	HealthNow Pharmacy	\$16.07	\$	Pay
7/2/2022	Medical	Clinton Gilmore	Valley Creek Clinic	\$15.87	\$	
9/1/2021	Pharmacy	Clinton Gilmore	HealthNow Pharmacy	\$15.62	\$	Pay
9/22/2020	Vision	Xerxes Gilmore	Elevated Eyecare	\$23.84	\$	Pay
7/12/2020	Pharmacy	Clinton Gilmore	HealthNow Pharmacy	\$13.54	\$	Pay

# QUALIFIED MEDICAL EXPENSES

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**The following is a summary of qualified medical expenses.** This list is intended as a guide and is not all inclusive.

If you have an HRA or FSA, your employer's plan may only reimburse certain expenses. Please refer to your Plan Document for confirmation of reimbursable expenses under your plan.

Items listed with an asterisk may qualify as Limited Purpose FSA dental and vision items.

For more information on IRS-qualified medical expenses, visit <https://www.irs.gov/forms-pubs/about-publication-502>.

## Common IRS-Qualified Medical Expenses

- Acupuncture
- Ambulance
- Artificial limbs
- Artificial teeth\*
- Bandages, wraps
- Birth classes\*
- Birth control treatment
- Blood pressure monitor
- Blood sugar test kits/strips for diabetics
- Breast pumps and related products
- Chiropractic Care
- Contact lenses and solutions\*
- Crutches
- Dental treatments
- Doctor's office visits and co-pays
- Drug addiction treatment
- Drug prescriptions
- Electronic body scans
- Eyeglasses Exam and glasses\*
- Fluoride treatments\*
- Feminine hygiene products
- Fertility treatment
- Flu shots
- Guide dogs
- Hearing aids and batteries
- Infertility treatment
- Inpatient alcoholism treatment
- Insulin and diabetic supplies
- Laboratory fees
- Laser eye surgery\*
- Medical alert bracelet
- Medical records charges
- Medical testing devices
- Menstrual care products
- Midwife
- Nasal strips
- Occlusal guards to prevent teeth grinding
- Orthodontics\*
- Orthotic Inserts
- Over-the-counter medicines and drugs (see below)
- Oxygen
- Physical therapy
- Pregnancy test kits
- Psychological care
- Special education services for learning disabilities (recommended by a doctor)
- Speech therapy
- Stop-smoking programs (including nicotine gum or patches, if prescribed)
- Sunscreen SPF 30+
- Surgery, excluding cosmetic
- Telephone or TV equipment for hearing or visual impairment
- Vaccines
- Vasectomy
- Wheelchair
- Vision exam\*
- Walker, cane
- Wrist supports

*This list is not comprehensive. The information provided is not intended to provide tax advice and does not guarantee reimbursement. For more detailed information, consult the official IRS Publication 502.*

# QUALIFIED MEDICAL EXPENSES

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## Common Over-the-Counter (OTC) Medicines

Examples include, but are not limited to:

- Acid controllers
- Acne medicine
- Aids for indigestion
- Allergy and sinus medicine
- Anti-diarrheal medicine
- Baby rash ointment
- Cold and flu medicine
- Eye drops\*
- Feminine antifungal or anti-itch products
- Hydrogen peroxide or rubbing alcohol
- Hemorrhoid treatment
- Laxatives or stool softeners
- Lice treatments
- Motion sickness medicines
- Nasal sprays or drops
- Nicotine patches
- Ointments for cuts, burns or rashes
- Pain relievers, such as aspirin or ibuprofen
- Sleep aids
- Stomach remedies

## Services That May Be Eligible with a Letter of Medical Necessity Completed

This list is not all-inclusive:

- Weight-loss program only if it is a treatment for a specific disease diagnosed by a physician (e.g., obesity, hypertension, heart disease)
- Compression hosiery/socks, antiembolism socks or hose
- Massage treatment for specific ailment or diagnosis
- CPR classes for adult or child
- Improvements or special equipment added to a home or other capital expenditures for a physically handicapped person

## Ineligible Expenses

Listed below are some services and expenses that are generally not eligible for reimbursement.

This list is not all-inclusive:

- Aromatherapy
- Baby bottles and cups
- Baby oil
- Baby wipes
- Breast enhancement
- Cosmetics and cosmetic surgeries
- Dental floss
- Deodorants
- Exercise equipment
- Hair re-growth supplies and/or services
- Health club membership dues
- Humidifier
- Lotion
- Low-calorie foods
- Mouthwash
- Petroleum jelly
- Shampoo and conditioner
- Spa salts
- Teeth whitening

*This list is not comprehensive. The information provided is not intended to provide tax advice and does not guarantee reimbursement. For more detailed information, consult the official IRS Publication 502.*

This form is to be completed for any consumer who 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.

### Step 1: Consumer Information

\*Required Fields

*Consumer Name (First, MI, Last)	*Employer Name		
*Birth Date (MM/DD/YYYY)	*Social Security Number		
*Permanent Address	Email Address		
*City	*State	*Zip Code	

### Step 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.

<b>A.</b>	<b>B.</b>
*Start date of treatment (mm/dd/yyyy)	*End date of treatment (mm/dd/yyyy)

*Person receiving orthodontic services/treatment	*Monthly Cost of Treatment
	\$

\*Please select only one

	<b>Contract Attached:</b> I have attached a copy of the contract or payment plan for each qualifying dependent for which orthodontic services are being provided. <b>Please skip Step 2b.</b>
	<b>Orthodontist Signature:</b> My orthodontist has completed and signed <b>Step 2b.</b>
	<b>Stop Automatic Orthodontia:</b> I have previously enrolled in automatic reimbursement and request that it be stopped, effective _____ (mm/dd/yyyy).

### Step 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

### Step 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 **Pinnacle Financial Partners**, including its agents and employees, will not be held liable if I submit ineligible expenses for reimbursement. 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. You acknowledge that this form may be electronically signed and I agree that the electronic signature(s) appearing on this document are the same as handwritten signatures for the purpose of validity, enforceability, and admissibility.

*Consumer Signature	*Date

**Return the completed form and supporting documentation to: Pinnacle | Health & Benefits, P.O. Box 2863, Fargo, ND 58108-2863. You may also fax 855-810-8224. Please call our Client Service Center for Health & Benefits at 888-282-2605 with questions.**

# FLEXIBLE SPENDING ACCOUNT FAQs

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## When can I access my FSA funds?

Your funds will be available to you on the first day of the plan year. If you join the plan in the middle of a plan year, your funds are available on the first day you are actively enrolled. You will be able to utilize your entire FSA balance on day one.

## How do I unfreeze my card?

If your card has been frozen, (e.g., a temporary hold has been placed on it), one of your prior FSA claims may require a receipt or a receipt you submitted may be missing required information. We suggest logging onto your consumer portal or contacting us for assistance.

## Why was my card declined at a provider's office?

This can happen for a few reasons. Your card may have a temporary hold due to a past-due receipt. You may have tried to purchase an ineligible item. Your provider may have a terminal coding issue within their card machine. Please contact us if this occurs, and we can help determine the cause, as well as walk through next steps.

## Why do I have to submit receipts?

The IRS requires that FSA claims and debit card swipes be substantiated by a third party (that's us) in order to confirm that the expense was eligible. If your provider gives you a completed statement of work, including dates of service and out of pocket cost, this is generally an acceptable receipt. You can also use a carrier explanation of benefits (EOB) as a receipt. Check out the section in this guide on 'Substantiation' for more information.

## What does it mean to incur expenses?

The IRS considers expenses to be "incurred" at the time you receive medical care or dependent care – not when you are formally billed or actually pay for services. Only eligible expenses you incur within the plan year, including any employer-allowed grace period, are eligible for reimbursement.

## Who qualifies as an eligible dependent?

An eligible dependent is any dependent for which an employee pays a provider to care for him/her while they are at work or looking for work. The dependent must be under the age of 13 or incapable of taking care of themselves and live in the employee's home for more than half of the year.

## How often can I request reimbursements?

Reimbursements can be requested as often as qualified expenses are incurred. Expenses must be incurred during the plan year and the reimbursement must be requested before the end of the run-out period (or grace period if applicable).

## What happens if I have money remaining in my account at the end of the year?

It is possible that your employer offers a carryover or "rollover" amount. Or your employer may offer a grace period for you to continue to spend your funds. If your employer doesn't offer these options, your unused funds would be forfeited at the end of the plan year or runout period for filing claims, if offered by your employer.

## Can I change my election or stop contributing money to my FSA at any time during the plan year?

Though the Consolidated Appropriations Act allowed employers to offer participants the opportunity to change or stop their FSA contributions in plan years ending 2020 and 2021, federal regulations state that once you have enrolled in an FSA, you cannot change your election amount unless you have a qualifying life event. Your employer can give you a list of permitted change events.

## Can I have an HSA if I have an FSA?

The IRS prohibits pairing an HSA with a healthcare FSA, but you can pair an HSA with a limited purpose FSA (LPFSA) to be used only for dental and vision expenses if your employer offers them. If your employer offers a rollover amount for your healthcare FSA and you decide to enroll in a high deductible health plan with HSA, you may be able to convert the rolled over healthcare FSA funds into a LPFSA if your employer offers it.

# DEPENDENT CARE ACCOUNT





# DEPENDENT CARE FSA

## What is a Dependent Care FSA?

Child and dependent care is a significant expense for many American families. Contributing to a dependent care flexible spending account (DCFSA) allows you to pay for eligible dependent care expenses with pre-tax income. Doing so reduces your taxable income for the year. You authorize your employer to withhold a specified amount from your paycheck each pay period and deposit the money into a DCFSA. When you pay for dependent care, submit the receipt for reimbursement from your DCFSA.

### Benefits:

IRS qualified dependent care expenses include:

- Babysitting (work-related)
- Before- or after-school programs
- Licensed nursery schools
- Qualified childcare centers
- Custodial elder care (work-related)
- Elder care (while you work, to enable you to work, or to look for work)
- Sick childcare
- Summer camps for dependent children under age 13
- Preschool tuition

This list is not meant to be all-inclusive. For a complete list of qualified dependent care expenses, see [IRS Publication 503](#).

## What is included with Pinnacle's DCFSA?

- Debit card access
- Secure online consumer portal access
- Pinnacle | Health & Benefits mobile app with eligible expense scanner and electronic shoebox for receipts

The Pinnacle | Health & Benefits debit card is “stacked.” When you have more than one type of account (HSA, FSA, dependent care, qualified transit), the card “knows” which account to pull from for each transaction.

FSA account holders may be prompted to provide a copy of the receipt for certain transactions in accordance with IRS regulations.

The IRS sets the annual contribution limits for DCFSAs. You can contribute up to the maximums listed below:

## What are the 2022/2023 DCFSA contribution limits?\*

DCFSA	2022	2023
<b>Maximum Annual Contribution Limit; married and filing jointly or single parent</b>	\$5,000**	\$5,000**
<b>Maximum Annual Contribution Limit; married and filing separate</b>	\$2,500**	\$2,500**

\* Source: IRS.gov

### Note:

- FSAs are use-it-or-lose-it accounts. The funds you contribute don't roll over from year to year. Contribute what you know you will spend on eligible dependent care. If you think your dependent care plans may change, contribute conservatively.
- Dependent Care FSA funds are not available in advance. Reimbursements may not exceed the funds available in the account.
- You'll need to make sure all of your expenses qualify. This means tracking receipts, reimbursements, and other qualifying costs associated with your childcare and making sure that all childcare services you use are eligible for the funds in a dependent care FSA.

\*\* Your maximum annual contribution to a DCFSA may be subject to limitations based on factors such as you or you spouse's earned income or your employer's plan limit. Please consult your tax advisor for details.

# Dependent Care Payment Options

This account is for eligible child and adult care expenses, including preschool, nursery school, day care, before- and after-school care and summer day camp, needed while you're at work or looking for work. The care must be for a qualifying child who is your dependent and who was under age 13 when the care was provided or an adult dependent who is not physically or mentally able to care for themselves and lived with you for more than half the year. For a complete list of qualified dependent care expenses, see [IRS Publication 503](#). Dependent Care FSA funds are not available in advance. Reimbursements may not exceed the funds available in the account. **There are three ways to access your funds:**

## 1. Debit Card

Use your Pinnacle Health & Benefits card to pay for qualified dependent care expenses at providers that accept cards. Ask for a receipt that lists the dependent's name, the provider, dates of service and amount paid, as it is required. For expenses that repeat regularly, you can submit a recurring reimbursement form.

## 2. Recurring Reimbursement Form

Complete this **one-time** each plan year and get reimbursed for expenses each time you get paid. Link a personal bank account to your Dependent Care account to have funds direct deposited into your personal checking or savings account to receive your dependent care funds automatically, within three business days of each payroll posting to your dependent care account. This is a great option, if you have regular payments to a daycare provider and want immediate access to your dependent care funds. The Recurring Reimbursement Form can be found on the Tools & Support tab of your online account. [www.pnfp.com/HBlogin](http://www.pnfp.com/HBlogin)

## 3. File a Claim Online or in the Mobile App

You have the option to file claims individually, as they are incurred, by accessing your account online or through the mobile app. You can request a payment to a provider directly, or reimburse yourself by check or direct deposit into a personal bank account you have linked to your Dependent Care account.

- Scan and upload receipts via our mobile app (download at the Apple App Store or Google Play Store, search Pinnacle Health and Benefits)
- Upload receipts via our online consumer portal at [www.pnfp.com/HBlogin](http://www.pnfp.com/HBlogin)

With dependent care accounts instead of having to provide a receipt you also have the option of filing a manual claim with your provider's signature and the dates and cost of service included.

### How do I add a bank account for direct deposit?

- Sign in online at [www.pnfp.com/HBlogin](http://www.pnfp.com/HBlogin)
- Hover over "Accounts" directly underneath the Pinnacle | Health & Benefits Logo at the top
- Click on Banking/Cards under profile
- Click on the hyperlink for "Add Bank Account" in the Bank Accounts section on the left
- Follow instructions to add routing number, account number, and bank name and address, and click submit

After this is complete, we will check to see if your account add can be verified by your bank in real-time, if not we will let you know a micro-deposit between .01-.99 will be sent to your account within 1-3 business days that once received you can then sign back into your Pinnacle online access and verify the deposit to approve the account.

### Still have questions? Let us know how we can help!

Pinnacle | Health & Benefits Client Service Center:  
(888) 282-2605 (M-F, 7 a.m.-7 p.m. CT); Fax: 855-810-8224  
P.O. Box 2863, Fargo, ND 58108-2863

**Pinnacle Financial Partners does not offer tax or legal advice. Please consult your personal tax or legal advisor regarding your individual situation.**

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 Pinnacle Financial Partners when requested to do so. Receipts can be uploaded through the participant portal or faxed to 855-810-8224. If any information on this request form changes during the plan year, you must submit an updated Recurring Dependent Care Request Form.

### Step 1: Consumer Information

\*Required Fields

<input type="text"/>			<input type="text"/>		
*Consumer Name (First, MI, Last)			*Employer Name		
<input type="text"/>	<input type="text"/>	-	<input type="text"/>	-	<input type="text"/>
*Birth Date (MM/DD/YYYY)	*Social Security Number			*Day Telephone	
<input type="text"/>			<input type="text"/>		
*Permanent Address			Email Address		
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
*City	*State	*Zip Code			

Updates or changes to your information can be made by logging into your account at <https://pnfp.com/hblogin>

### Step 2: Auto-Dependent Care (DCA) Information

#### 2a) Recurrence Status

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

<input type="checkbox"/>	<b>Start Recurring DCA:</b> Please begin recurring reimbursement of my dependent care expenses. I understand Pinnacle Bank will request receipts as proof that expenses have been incurred.	<b>Effective Date (mm/dd/yyyy)</b>
<input type="checkbox"/>	<b>Change Recurring DCA Information:</b> Please update my recurring reimbursement information with the provided information effective by the date specified in box A.	<b>A.</b>
<input type="checkbox"/>	<b>Stop Recurring DCA:</b> Please stop recurring reimbursement of my dependent care expenses effective by the date specified in box B.	<b>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)
					<input type="checkbox"/> Child Care <input type="checkbox"/> Adult Care**
					<input type="checkbox"/> Child Care <input type="checkbox"/> 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 selfcare.



## Health & Benefits

### Step 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.

<input type="text"/>	\$ <input type="text"/> per <input type="checkbox"/> month <input type="checkbox"/> week	<input type="text"/>
*Provider's Name	*Cost per month/week (check one)	*Provider's Signature
<input type="text"/>	\$ <input type="text"/> per <input type="checkbox"/> month <input type="checkbox"/> week	<input type="text"/>
*Provider's Name	*Cost per month/week (check one)	*Provider's Signature

### Step 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 Pinnacle Financial Partners, including its agents and employees, will not 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 Pinnacle. I understand that I should retain a copy of all submitted documentation in the event of an IRS audit. You acknowledge that this form may be electronically signed and I agree that the electronic signature(s) appearing on this document are the same as handwritten signatures for the purpose of validity, enforceability, and admissibility.

By submitting this form, I certify the above.

<input type="text"/>	<input type="text"/>
*Consumer Signature	*Date

Return the completed form to: Pinnacle | Health & Benefits, P.O. Box 2863, Fargo, ND 58108-2863. You may also fax 855-810-8224. Please call our Client Service Center for Health & Benefits at 888-282-2605 with questions.