

# Adobe Systems Incorporated Flexible Spending Accounts

## Benefit Summary

Effective January 1, 2012 and amended and restated January 1, 2016

## Table of Contents

<b>1. Introduction .....</b>	<b>1</b>
The Flexible Spending Accounts: At a Glance.....	1
How The Flexible Spending Accounts Work.....	2
The Dependent Care FSA.....	3
The Health Care FSA.....	6
More about the FSAs .....	8

# 1. Introduction

Adobe offers a powerful method for reducing your taxes, and helping with your budgeting plans – the Health Care and Dependent Care Flexible Spending Accounts (FSAs). You are eligible to participate in the FSAs if you are eligible to participate as described in the Adobe Systems Incorporated Group Welfare Plan Summary Plan Description ([SPD](#))<sup>1</sup>.

**Note:** The Dependent Care FSA is not subject to the Employee Retirement Income Security Act of 1974, as amended (“ERISA”), but a description of the Dependent Care FSA is included in this SPD for your convenience.

This summary provides detailed information about the FSAs and is part of and meant to be read alongside the [SPD](#). Refer to the SPD for additional information pertaining to eligibility, effective dates, enrolling, and changing your elections. Please share this material with your family members.

Adobe does not make any commitment or guarantee that any amounts paid to or for your benefit under the FSAs will be excludable from your gross income for federal, state, or local income tax purposes nor does Adobe make any commitment or guarantee that participation in either of the FSAs is more advantageous than what also may be available to you under federal, state or local income tax law (for example, a dependent care tax credit may be available to you). It is your obligation to determine whether each payment is excludable from your gross income for federal, state, and local income tax purposes and to notify Adobe if you have any reason to believe that such payment is not so excludable. You are also solely responsible for determining whether participating in either FSA is more advantageous than any other tax benefit that may be available to you under federal, state or local tax law.

## The Flexible Spending Accounts (FSAs):

FSAs reimburse you for certain expenses. Normally you would pay these expenses out of your take-home pay after taxes have been deducted. With these FSAs, however, you can reduce part of your pay before paying taxes – up to a maximum amount that is determined by federal law. This money is credited into a special account. Then, when you have an eligible expense, you may receive a tax-free reimbursement from the appropriate FSA.

FSAs can help you save money:

- First, they provide a convenient way to budget for certain expenses.
- Second, they can help reduce the taxes you pay and stretch your buying power for eligible expenses!

Specifically, the:

**Health Care FSA** helps you pay for eligible health care expenses you incur on behalf of yourself or your eligible dependents (as defined under the Internal Revenue Code (“Code”)). Note: You are not eligible to participate in the Health Care FSA if you elected to participate in the high-deductible medical plan with health savings account option under the Adobe Systems Incorporated Group Welfare Plan.

**Dependent Care FSA** helps you pay for child or elder care expenses you incur on behalf of an eligible dependent, as defined under the Code, in order for you to work. And, Adobe makes a contribution to your account on your behalf to help pay for child care expenses for children under age 13 if you enroll in the Dependent Care FSA.

Using pre-tax dollars to pay for these expenses can reap significant tax savings – or additional take-home pay – as the following chart illustrates. For the purposes of this illustration, we have assumed a married employee with an annual adjusted gross income of \$100,000 who files taxes jointly and contributes \$5,000 to pay day care expenses.

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<sup>1</sup> Additional eligibility rules apply to the Dependent Care FSA as described under “Important Eligibility Information” in this document.

<b>The Flexible Spending Account Tax Advantage</b>		
	<b>With the Account</b>	<b>Without the Account</b>
Adjusted gross income	\$100,000	\$100,000
Your Dependent Care FSA contribution	<u>- \$ 5,000</u>	—
Taxable income	\$95,000	\$100,000
Taxes (Federal and FICA*)	<u>- \$28,500</u>	<u>- \$30,000</u>
After-tax pay	\$66,500	\$70,000
Reimbursements from the Dependent Care FSA	+\$5,000	—
<b>“Spendable” income</b>	<b>\$71,500</b>	<b>\$70,000</b>
<b>Savings with the Dependent Care FSA</b>	<b>\$ 1,500</b>	<b>NA</b>
* This example is based on a 30% tax rate.		

Under this example, an employee saves \$1,500 in Federal taxes by participating in the Dependent Care FSA. The IRS also offers tax credits and deductions for dependent care and health care expenses respectively.<sup>2</sup>

## How the Flexible Spending Accounts (FSAs) Work

There are basically four steps to maximizing the advantages made possible through the FSAs.

- As a new hire – and then each year during Open Enrollment – you decide if you want to participate in either or both FSAs during the coming Plan Year (January 1 – December 31). Your election rolls over automatically; you don’t have to actively enroll for each Plan Year in which you want to participate.
- Before indicating your contribution amount, you should estimate how much you think your health care and child care or elder care expenses will be for the Plan Year. Then, decide how much you want to put into the applicable pre-tax account for the Plan Year or for the remainder of the Plan Year if you are enrolling mid-year. Contribution amounts are subject to the dollar limits as described later in the Health Care FSA and Dependent Care FSA sections, respectively. If you enroll:
- As a new participant, your contributions may be used for eligible expenses incurred starting on your enrollment date through December 31<sup>st</sup> of the Plan Year. For example, if you are hired in June, you may elect FSA coverage and be reimbursed for the expenses incurred from July 1st until the end of the Plan Year which ends on December 31<sup>st</sup>. When you elect FSA coverage during Open Enrollment, your contributions may be used for expenses incurred during the next Plan Year. Requests for reimbursement must be submitted by May 31<sup>st</sup> for expenses incurred in the prior Plan Year.
- Once you enroll, your contributions will be deducted from your pay in equal installments during the Plan Year, before Federal, State and Social Security taxes are withheld. These pre-tax dollars are then credited to your FSA(s) to reimburse you for eligible expenses.
- When you incur an eligible expense, you can file a request for reimbursement or use your FSA debit card for eligible health care or dependent care expenses, where accepted.
  - If you use your FSA debit card for eligible expenses, the payment will be debited from your available FSA balance. Be sure to save your receipts in case they need to be submitted to substantiate your reimbursed expenses in the future. (For more information on the FSA debit card, refer to “*Filing for Flexible Spending.*”)

<sup>2</sup> Keep in mind that because the amount you contribute to a Flexible Spending Account will reduce the amount of Social Security taxes you pay, your contributions may slightly affect your Social Security benefits. Some employees will receive more tax advantages by taking the federal dependent care tax credit, while others will do better by contributing to the Dependent Care FSA. Because tax laws are complex and change often, and affect individuals in different ways, we encourage you to discuss your situation with a qualified tax advisor.

## Other Facts to Consider

- If you have an eligible dependent and enroll in the Dependent Care FSA, Adobe will make a contribution to your account. For details, see *“Contributions: Adobe’s and Yours.”*
- The contribution amount you elect remains in effect the entire Plan Year. Subject to the requirements of the Internal Revenue Code and its related regulations, the only time you may change your contribution amount is if you have a qualified change in status and access the [Adobe Benefits Enrollment Site](#) **within 31 days starting from the event date** to adjust your contribution amount(s) accordingly. (For more details on status changes, see the “Making Changes to your Elections” in the [SPD](#).)
- The FSAs are **“use or lose”** benefits. You have until May 31<sup>st</sup> to file claims for expenses incurred during the Plan Year. Any money left in an FSA after the close of this period will be forfeited.<sup>3</sup> It is important to estimate your expenses carefully, and to track your usage of your account(s). You can check the status of your FSA online at the FSA administrator’s website.
- Under IRS rules, you can submit a request for reimbursement for up to the total amount of your Health Care FSA annual election before the funds have accumulated in your account. For instance, let’s say you decide to make a total annual election of \$1,000 into your Health Care FSA to cover a planned surgery. If you have the surgery during the second month of the Plan Year, you can still submit a request for reimbursement for the entire \$1,000 annual amount even though you’ve only deposited less than two months worth of contributions into your Health FSA account – not to the Dependent Care FSA.

## The Dependent Care FSA

You may use the Dependent Care FSA to pay the day care or elder care expenses you incur in order for you and your spouse (or you only if you are single) to work or look for work.

### Important Eligibility Information

You are generally eligible to enroll in the Dependent Care FSA if you are eligible to participate in the health and welfare plan, as described in the [SPD](#). Current tax laws also require that you have an eligible dependent (as defined under *“Additional Eligibility Rules”* below) and that you be:

- Single and working.
- Divorced or legally separated and have custody of your child, even if your former spouse claims the child for income tax purposes.
- Legally Married and:
  - Both you and your spouse work (or are looking for work)
  - Your spouse is a full-time student for at least five months of the year
  - Your spouse is mentally or physically disabled incapable of self-care.
- In a same or opposite sex Domestic Partner relationship, civil union or other similar formal relationship that is not marriage under state law and working.

### Additional Eligibility Rules

Reimbursement for eligible expenses is available for expenses incurred to provide care for a qualifying dependent. A “qualifying dependent” may include:

- Your child (including your child, sibling, stepbrother, stepsister, or a descendant of one of them) who is:
  - Under age 13
  - Lives with you for at least one-half of the tax year\*
  - Not providing over half of his or her own support.

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<sup>3</sup> Any forfeited monies will be used by Adobe to offset the administrative cost of maintaining the plans.

\* Special rules apply for certain parents who are divorced, separated, or living apart. Consult your tax advisor for these special rules.

- Your spouse, who is physically or mentally incapable of caring for himself or herself, provided he or she lives with you for over half of the year.
- Other individuals who qualify as your dependents under the Internal Revenue Code.

### Eligible Providers

If your dependent care provider is your own child or relative, the charges are eligible for reimbursement only if:

- The child providing care is at least age 19 before the end of the calendar year in which expenses were incurred.
- You do not claim the child or relative as a dependent on your income tax return.

### Contributions: Adobe's and Yours

Generally, you may put as much as \$5,000 in pre-tax dollars into a Dependent Care FSA each Plan Year – your marital and tax-filing status determine your actual annual limit, as outlined below under “Dependent Care FSA Contribution Limits.” If you are married and file a joint tax return, you and your spouse may contribute up to a combined maximum of \$5,000 into the Adobe Dependent Care FSA or the Dependent Care FSA of another employer.

### Adobe's Contribution

If you are eligible to enroll in the Dependent Care FSA and make the election, Adobe will contribute up to \$46.16 per pay period (up to \$1,200 per Plan Year) to your account to assist you with eligible child care expenses. Adobe's contribution is automatically deposited into your Dependent Care FSA. You will see this line item reflected on your paycheck. It will be reported as a nontaxable item on your W-2 form.

You are eligible to receive this contribution if you meet all of the following criteria:

- Are regularly scheduled to work at least 24 hours a week
- Have at least one eligible dependent as defined above
- Are receiving an Adobe paycheck.

You are still eligible to receive Adobe's contribution for child care assistance, even if you do not elect to contribute to the Dependent Care FSA through pre-tax payroll deductions, as long as you meet the eligibility criteria for both the Dependent Care FSA and the Adobe contributions. Even if you elect only the Adobe contribution, you still must enroll in the Dependent Care FSA.

**If you and your spouse both work for Adobe** and you have:

- One child who qualifies as an eligible dependent under this plan, only one of you is eligible for the Adobe contribution.
- Two or more children whose expenses qualify for reimbursement under this plan, you are **both** eligible for the Adobe contribution (for a total contribution of up to \$92.32 per pay period) if you make separate Dependent Care FSA elections for the year. You may not file a request for reimbursement for the same expense. Be sure to calculate your individual annual contributions to ensure that you do not exceed the maximum allowable for the tax year as described in the table below.

The following chart summarizes the amount you may contribute – less the amount Adobe contributes. These maximums are the most you may contribute annually – regardless of how many months you actually participate. These maximums include any money you contributed during the same Plan Year to a Dependent Care FSA sponsored by a previous employer.

<b>Dependent Care FSA Contribution Limits</b>	
<b>If you are...</b>	<b>You (and Adobe) may contribute up to...</b>
Single (or have a Domestic Partnership, Civil Union or other recognized relationship that is not a marriage)	\$5,000
Married, filing a joint tax return	The lessor of:

	\$5,000; or Your or your spouse's annual "earned income" <sup>4</sup>
Married, filing separate tax returns	The lessor of: \$2,500; or Your or your spouse's annual "earned income"
Married and your spouse is physically or mentally incapable of caring for him/herself <i>or</i> is a full-time student for at least 5 calendar months per year	\$250 per month (up to \$3,000 per year) for <i>one</i> qualifying dependent; or \$500 per month (up to \$5,000 per year) for <i>two or more</i> qualifying dependents (as deemed earned income)

## Eligible and Ineligible Expenses

The box below lists the most common eligible and ineligible dependent care expenses. For additional details, refer to IRS Publication 503 ([www.irs.gov/formspubs/index.html](http://www.irs.gov/formspubs/index.html)).

<b>Eligible Dependent Care FSA Expenses*</b>	
In-home services provided by a baby-sitter, nursing aide or attendant**	Services provided by a day-care facility for children or adults (the facility must be licensed if it provides care for more than six individuals who do not normally reside there)
Services provided by a housekeeper or maid, if that person is responsible for the day-time care of an eligible dependent so long as the expenses are primarily to ensure the qualifying individual's well being and protection.	Care provided outside your home (if the eligible dependent is over age 13, he or she must be disabled and spend at least eight hours per day in your home) Transportation to or from care location if the transportation is furnished by a dependent care provider.
Practical nursing care for an adult, in or outside the home**	Any taxes you pay as the employer of a dependent care provider
* To be eligible for reimbursement, the expenses incurred must be for the care of an eligible dependent. ** Any medical expenses incurred through utilization of a nurse or nursing home facility are not eligible.	
<b>Ineligible Dependent Care FSA Expenses</b>	
Any amounts paid to provide food, clothing or education (certain exceptions may apply)	Transportation to and from the place where care is provided when transportation is by someone other than the dependent care provider.
Services outside your home at a camp where your child, disabled spouse or dependent stays overnight	Tuition expenses for dependent children in kindergarten or above
Payments made to an individual whom you could claim as a dependent on your income tax return; or, payments made to your child who is under age 19 at the end of the current tax year.	Expenses for which you claim a dependent care tax credit

## The Dependent Care Federal Tax Credit

Eligible expenses under the Dependent Care FSA are the same expenses that would permit a dependent care tax credit on your federal income tax return. It is up to you to decide which one would be more advantageous based on your personal situation. You cannot obtain a reimbursement from the Dependent Care FSA and claim a dependent care tax credit for the same expense. To help determine whether the federal child and dependent care tax credit or the Dependent Care FSA would be more advantageous to you, you may wish to consult a qualified tax advisor.

<sup>4</sup> As defined under the Internal Revenue Code.

## IRS Reporting Requirements

The IRS requires you to provide certain information about your dependent care provider on your Federal tax return.

If you do not provide this information, the money you receive from your Dependent Care FSA may become taxable income. Adobe will report the amount of your Dependent Care FSA contribution to the IRS, as required by law, and it will also appear on your W-2 Form.

## The Health Care FSA

### Important Eligibility Information

Health Care FSA reimbursement is available for the expenses of the following dependents of employees:

- Your legal spouse;
- Your (or your spouse's) children including adopted children, children placed for adoption, and children for whom you are legal guardian, if the individual is eligible under the Code to receive tax-favored health benefits as your dependent.<sup>5</sup>
- Other individuals who meet the criteria for tax-favored health benefits under the Internal Revenue Code. This could include a same or opposite sex domestic partner or civil union partner (or their children), but only if considered dependents by the Internal Revenue Service.

Generally, you may use the Health Care FSA to reimburse yourself for health care expenses the IRS considers tax deductible with a few exceptions, i.e. insurance premiums are deductible from your taxes, but not eligible for reimbursement through FSA. Eligible expenses include:

- Deductibles, co-payments and coinsurance amounts (including amounts you spend out-of-pocket on prescription drugs).
- Charges in excess of your health plan's recognized charges or plan maximums.
- Charges for many common health care services or supplies that may not be covered or fully covered by your health plans.

These expenses may be incurred on behalf of yourself, or your eligible dependents, regardless of whether you or your dependents are enrolled in health plans.

For more details on the types of expenses reimbursable through the Health Care FSA, see "*Eligible and Ineligible Expenses*" starting below.

### Your Contributions

You may contribute up to a maximum of \$2,500 each Plan Year to your Health Care FSA. There is a \$10 minimum per pay period.

### Eligible and Ineligible Expenses

To be eligible for reimbursement under the Health Care FSA, health care expenses must be within the definition of "medical care" under Section 213(d) of the Internal Revenue Code. Generally, eligible expenses are those that are for "the diagnosis, cure, mitigation, treatment or prevention" of disease. Note, however, that non-prescribed ("over-the-counter" or "OTC") drugs and medicines are not eligible for reimbursement with the exception of insulin. [For OTC drugs and medicines \(other than insulin\) to be reimbursed a prescription is required.](#)

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<sup>5</sup> See IRS Publication 502 for a discussion of the definition of a tax dependent. The publication is available at [www.irs.gov/](http://www.irs.gov/) (click on the "Find Forms and Publications" link).

Following is a partial listing of eligible and ineligible expenses. A more complete list of eligible expenses is included in IRS Publication 502, available at <http://www.irs.gov/publications/p502/>; however, there are a few expenses eligible to deduct from your taxes that are not eligible for reimbursement through an FSA.

***Please be advised that the IRS can amend the list of eligible expenses at any time, with or without notice.***

<b>Eligible Health Care Expenses*</b>	
Acupuncture	Laetrile by prescription
Alcoholism/ drug addiction treatment	Lead-based paint removal from walls to prevent lead poisoning
Artificial limbs	Orthodontia
Birth control pills/devices (if prescribed)	Orthopedic shoes
Braces (e.g. orthotic devices)	Physical examinations
Braille books and magazines	Physical therapy
Car controls for the handicapped	Physician-directed smoking cessation programs
Chiropractors' fees	Physician's recommended/monitored weight-loss program
Christian Science practitioners' fees	Prescribed drugs (including smoking-cessation medications)
Contact lenses, solutions and supplies	Prescription eyeglasses, including sunglasses
Guide dog for blind or deaf, including upkeep	Prosthetics
Hair transplants (if medically necessary)	Special communications equipment for the deaf
Hearing devices and batteries	Special education for the blind
Hospital bills unpaid by insurance	Speech therapy
Hypnosis for treatment of an illness	Tuition at special school for the disabled
Physician-prescribed infant formula**	Viagra
Insulin (with or without prescription)	Wigs (if medically appropriate)
Laboratory fees	
* For additional information, refer to IRS Publication 502.	
** Only to the extent the cost exceeds the cost of food that would otherwise be provided.	
<b>Ineligible Health Care Expenses</b>	
Advanced payments made for lifetime care paid to a retirement home	Maternity clothes
Cosmetic surgery, except when necessary to correct a congenital deformity or accidental injury	Non-prescribed over-the-counter medications (except insulin), vitamins and dietary supplements
Hair transplants or electrolysis (unless medically necessary)	Premiums or other charges for any type of health care policy or insurance*
Health club dues, unless prescribed by a physician stating the medical condition being treated	

\* Any contributions you make toward your/your dependents' health care coverage through the H&W Program are deducted on a pre-tax basis (excluding, in general, contributions for domestic partner coverage).

## More about the FSAs

The following information applies to both the Dependent Care FSA and Health Care FSA, as noted. It's important that you read this information before deciding to enroll in a FSA, and that you refer to it periodically, so that you use the accounts properly.

### FSA Rules

Health Care and Dependent Care FSAs are governed by a variety of IRC rules and restrictions. The following guidelines address some of these issues and may help you decide whether to participate.

- *“Use or Lose.”* Plan your expenses carefully. Any money left in a FSA after the end the Plan Year will be forfeited.<sup>6</sup>
- *No carry-over.* You may not carry any money over for use in the next Plan Year or receive a refund of your unused contributions.
- *Limited Period of Coverage.* You have until May 31<sup>st</sup> to file requests for reimbursement for expenses you have incurred during the prior Plan Year or prior to the date your employment with Adobe ends, if applicable.
- *No transfers between FSAs.* You may not transfer money between the two FSAs.
- *Use of funds.* You may not use funds from your Health Care FSA to pay for dependent care expenses (or vice versa).
- *No “double-dipping.”* You may not claim a tax credit or deduction for any expenses reimbursed from a FSA.
- *No mid-year election changes.* Once you enroll in an FSA, you may not generally change your election or contribution levels for the rest of the Plan Year. The only exception to this rule is if you have an applicable change in status, and you make the applicable change through the [Adobe Benefits Enrollment Site](#) within 31 days starting from the event date. For more details, see *“Making Changes To Your Elections”* in the [SPD](#) .
- *Reduction in Social Security benefits.* Because contributions to a Dependent Care FSA or Health Care FSA reduce your taxable income, your payroll taxes – and Social Security – contributions will be reduced. Consequently, your future Social Security benefits will be slightly reduced.
- *Fund availability.* You will be paid or reimbursed for only those services actually incurred during the Plan Year. Expenses are incurred when the services that generate the expenses are provided – not when you are billed for the services.

### Changing Your FSA Election(s)

As noted above, the Code limits when you can change your FSA election(s). Different guidelines may apply to Health Care FSAs and Dependent Care FSAs election changes. The following are some examples.

#### Scenario 1

- You return to work on June 16 from an unpaid Family Care/Medical Leave of Absence (due to caring for your newborn).
- You are eligible (until July 17) to enroll in the Dependent Care FSA.
- On July 1 you decide to enroll in the Dependent Care FSA.

*Limitation: You can submit requests for reimbursement to your Dependent Care FSA for expenses incurred from July 1 to December 31 and be reimbursed up to the amount available in your account.*

#### Scenario 2

- You enroll in the Health Care FSA on February 1 when you are hired, choosing to contribute \$400 for the Plan Year.

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<sup>6</sup> Any forfeited money is applied toward the cost of administering the FSAs.

- On April 15 you marry. You may decide to increase your Health Care FSA election for the Plan Year to a total of \$1,000.

*Limitation: You can submit \$400 worth of reimbursement requests to your Health Care FSA for expenses incurred from February 1 to December 31. And, you may submit the remaining \$600 worth of reimbursement requests to your Health Care FSA for expenses incurred from April 15 to December 31.*

*For more information about mid-year election changes, refer to "Making Changes to Your Elections" in the [SPD](#).*

## **Approved Leaves of Absence**

**If you are on an approved leave of absence, such as a Family Care Leave or military leave, you have options regarding your Flexible Spending Account (FSA) benefits. See "Time Off Benefits" in the [Rewards Handbook](#) for details. FSA Information/Website**

After you enroll in an FSA, you will receive a welcome letter from the FSA administrator. Your letter will verify your elected contribution amount(s) and provide instructions about using the FSA website in order to access your FSA information and file requests for reimbursement. Contact information for the FSA administrator is listed in the [SPD](#).

## **Filing FSA Requests for Reimbursement – General Information**

During the Plan Year, whenever you have an eligible expense, you may file a reimbursement request.

In general, you should receive payment within two weeks (requests are processed daily). You can have your tax-free reimbursement directly deposited into your bank account if you enrolled in direct deposit; otherwise, a check payable to you will be mailed to your home address. You can submit requests for reimbursement of dependent care or health care services as they are incurred.

To ensure the prompt and accurate receipt of your reimbursement, follow the directions outlined below.

If you are enrolled in the Health Care FSA or Dependent Care FSA, you may use your FSA debit card at the point of service (instead of cash) to pay certain eligible out-of-pocket expenses.

*If you have any questions (for example you want to ask about your account balance or the status of a reimbursement request), contact the FSA administrator or check your account online.*

## **Filing Dependent Care FSA Requests for Reimbursement**

You must submit a request online or by using a FSA request form (along with proof of eligible expenses) for reimbursement of your dependent care expenses if you paid the expenses out of pocket. Do not submit a request for reimbursement if you have paid using your FSA debit card.

## **Expense Substantiation**

You must retain the receipt or provide other acceptable substantiation from the dependent care provider with the following required information in order to substantiate the expense, if requested by the Plan or the IRS

Each time you submit a request for reimbursement from your Dependent Care FSA, you must include both:

- The date(s) care was provided and the dependent's name and age.
- The provider's name and taxpayer identification or Social Security Number (if required).

If you are eligible for a contribution from Adobe, you must complete the online form.

When you use your FSA debit card, you will be reimbursed up to the amount available in your Dependent Care FSA at the time the request for reimbursement is submitted. If you submit a request for reimbursement for more than the available balance in your account, the remainder of the expense will be reimbursed will be paid once your account has adequate funds from your payroll contributions. If you swipe your FSA debit card for more than your available balance, the transaction will be declined. We encourage you to check your balance before using your FSA debit card to pay for dependent care services.

## Filing Health Care FSA Requests for Reimbursement

In most instances, you must first pay for eligible expenses before you may file a request for reimbursement from your Health Care FSA. Your request must include the dates of service, description of services rendered, patient name, and your out of pocket cost. You must also include the Explanation of Benefits (EOB) statement (when applicable) or the copies of the itemized bills or receipts related to the request.

Note that you can use your FSA debit card to pay for your share of the cost of eligible expenses at the time you receive services or treatment, in which case you will not need to file a request. See below for more details about the FSA debit card.

Health care requests will be reimbursed up to your annual contribution, less any previous reimbursements, regardless of the amount that you have contributed to date.

### FSA Debit Card

If you participate in the Health Care FSA or Dependent Care FSA, you will receive a debit card from the FSA administrator. With the debit card, you can generally pay for eligible health care expenses from providers, pharmacies and other merchants who are set up to accept the cards. Cards are valid as long as you are an eligible participant in the plan.

**Be sure to keep all your receipts.** IRS guidelines require that you provide substantiation for your expense upon request. Your receipt must show the amount, date of service, and nature of the expense. If your receipt is not received by the required deadline, your account may be temporarily deactivated. Adobe or the IRS may request substantiation for your expenses anytime, so be sure to retain the receipt or other necessary documentation.

The FSA debit card is intended for your convenience. The primary advantage is access to your FSA at the point of service without paying cash up front. You may choose not to use the debit card and instead pay for the expenses and submit requests for reimbursement. When your FSA participation terminates, the debit card will no longer be available for use.

### Statements

To help manage your FSA(s), you may download a statement of account activity through your log in on the FSA administrator's website.

Detailed FSA information is also available online. See Appendix B in the [SPD](#) for the website address and other contact information for the FSA administrator

### When FSA Participation Ends

Participation in the FSAs will end on:

- the date you are no longer eligible for coverage; and
- the date Adobe terminates the FSAs.

If your participation ends under the:

- **Health Care FSA**, you may be reimbursed for expenses incurred through the date your participation ends, up to the amount you elected to contribute less any previous reimbursements you received. For example, you may be reimbursed for expenses incurred through the day your employment ends.
- **Dependent Care FSA**, you may be reimbursed for eligible expenses incurred until the end of the current Plan Year as long as you have money remaining in your account.

*You have until May 31<sup>st</sup> to **file** for reimbursement for eligible expenses from either account.*

### Continuing Your Health Care Flexible Spending Account (Health Care FSA) Participation

If you lose eligibility to participate in the **Health Care FSA**, you may file requests for reimbursement for expenses incurred through the last day of your eligibility. You also may have the option, under COBRA, to elect and pay to continue your participation in the Health Care FSA through the end of the plan year.

You may want to consider continuing your Health Care FSA participation under COBRA if you:

- Have money left in your account
- Expect to have eligible expenses before December 31<sup>st</sup>.

Refer to “*Continuation of Health Care Coverage*” in the [SPD](#) for further information about COBRA.

### **Additional Information**

Refer to the [SPD](#) for information about eligibility, effective dates, enrolling, claim appeals, and changing elections, as well as details on your rights under Federal law and other plan provisions.