



SHPS, Inc.
11405 Bluegrass Parkway
Louisville, KY 40299

FSAFEDS Program
Office of Personnel Management
Invoicing Procedural Process
Presented by:
SHPS, Inc.



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11405 Bluegrass Parkway
Louisville, KY 40299

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Overview

The invoice process will consist of invoicing each of the agencies for participation in the FSAFEDS Program. The Health Care Flexible Spending Account (HCFSA) and the Dependent Care Flexible Spending Account (DCFSA) will be billed in different manners. Each HCFSA participant is billed at \$4.00 per month of participation, payable as an annual payment and each DCFSA participant at 1.5% of the annual election. A month of participation is determined by the effective date of the election to be active any time during that month.

The agency will be invoiced after receiving the first allotment payment for the participant. This allows for verification of the enrollment and the employment by the agency to be invoiced.

The invoices will be generated once a month (15th of each month) and will only be sent to the agency if there is new participation to be invoiced. Once the initial invoice is sent, each following invoice will be for those entering the program.

Attached is the process of determining who will be on each invoice. This process will do the verification that the participant has not been previously invoiced.

The copy of the sample invoice displays the format and content to be provided to each agency. This content is displayed in a summary format for each plan. The HCFSA will list the effective month, number of participants, cost of participation, and total annual cost. The DCFSA will list the number of participants, 1.5% participation fee, total annual election, and total annual cost.

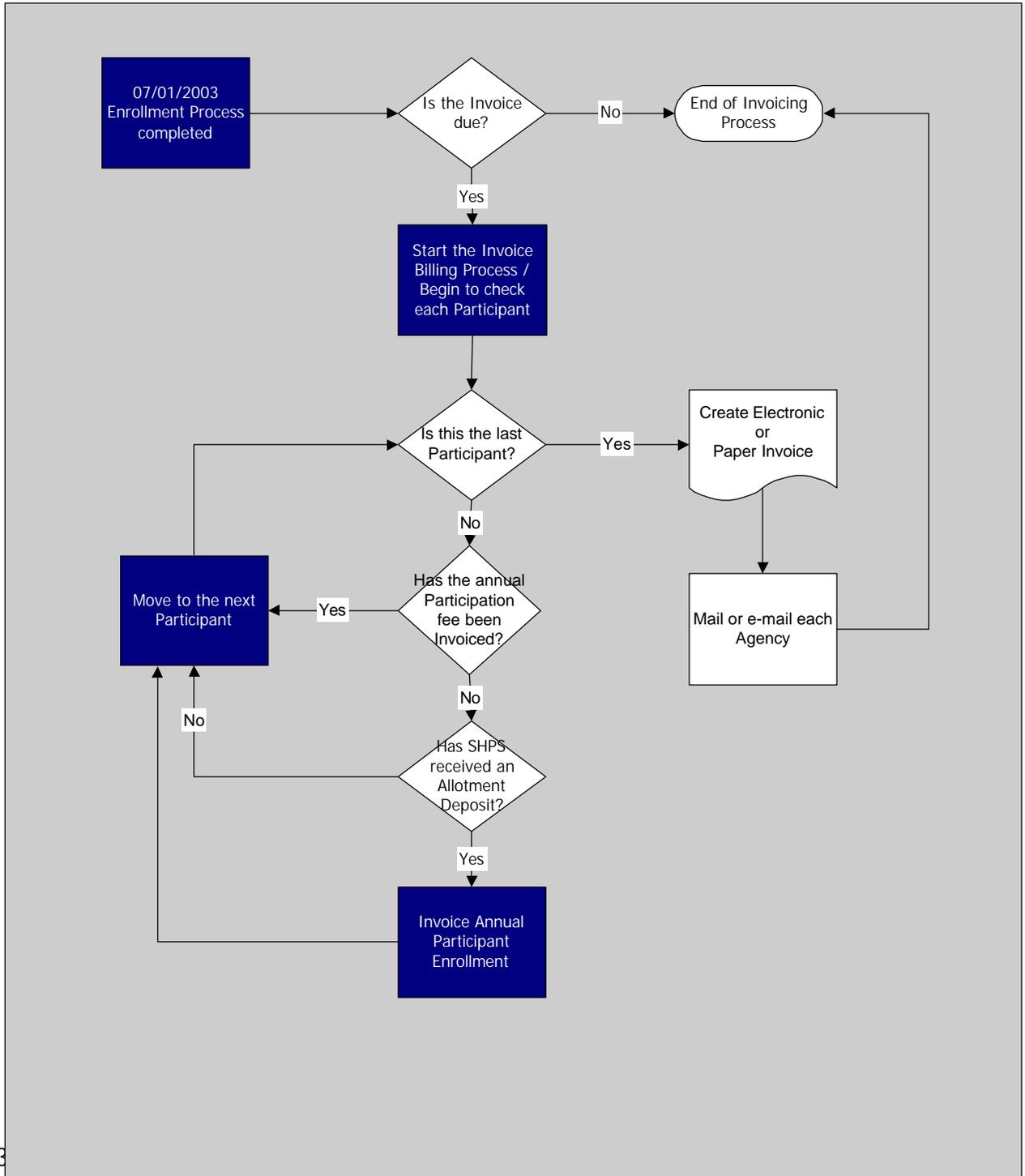
Supporting detail information is also attached further explaining how the participation numbers or cost was determined.

A calendar is included with the generation and due dates for payments. If there are any questions, please send your inquiries to fsafeds@shps.net.



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SHPS' Invoice Processing Flow





SHPS, Inc.
11405 Bluegrass Parkway
Louisville, KY 40299

Invoice Date 99/99/9999
 Terms: Net 30 Days

OPM
 Agency Name
 Agency Address
 Agency Address
 Agency City, Agency State Agency Zip

FSAFEDS Program	Effective Date	Number of Participants	Annual Cost	Total
Health Care Flexible Spending Accounts	07/2003	999,999	24.00	9,999,999,999.99
	08/2003	999,999	20.00	9,999,999,999.99
	09/2003	999,999	16.00	9,999,999,999.99
	10/2003	999,999	12.00	9,999,999,999.99
	11/2003	999,999	8.00	9,999,999,999.99
	12/2003	999,999	4.00	9,999,999,999.99
Total Health Care FSA				9,999,999,999.99

	Number of Participants	Participation Cost	Total Annual Election	Total
Dependent Care Flexible Spending Accounts	999,999	1.5%	9,999,999,999.99	9,999,999,999.99
Total Dependent Care FSA				9,999,999,999.99

Total Invoice 9,999,999,999.99

Remit in full to:
SHPS, Inc.
11405 Bluegrass Parkway
Louisville, KY 40299



SHPS, Inc.
11405 Bluegrass Parkway
Louisville, KY 40299

OPM
 Agency Name
 Agency Address
 Agency Address
 Agency City, Agency State Agency Zip

Supporting Detail

Participant ID	Participant Name	FSAFEDS Program	Effective Date	Election Amount
***-**-9999	Last Name, First Name	Health Care Program	07/2003	9,999.99
***-**-9999	Last Name, First Name	Health Care Program	07/2003	9,999.99
***-**-9999	Last Name, First Name	Health Care Program	07/2003	9,999.99
***-**-9999	Last Name, First Name	Health Care Program	07/2003	9,999.99
***-**-9999	Last Name, First Name	Health Care Program	07/2003	9,999.99

***-**-9999	Last Name, First Name	Dependent Care Program	07/2003	9,999.99
***-**-9999	Last Name, First Name	Dependent Care Program	07/2003	9,999.99
***-**-9999	Last Name, First Name	Dependent Care Program	07/2003	9,999.99
***-**-9999	Last Name, First Name	Dependent Care Program	07/2003	9,999.99



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Invoice Payments

Invoices can be sent by e-mail or by USPS.

To select the e-mail option, you must provide a primary and secondary contact e-mail address.

Payments can be made via:

- Check Payment
- ACH Payment
- Wire Payment



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July 2003

SUN	MON	TUE	WED	THU	FRI	SAT
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30	31		

October 2003

SUN	MON	TUE	WED	THU	FRI	SAT
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30	31	

August 2003

SUN	MON	TUE	WED	THU	FRI	SAT
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30
31						

November 2003

SUN	MON	TUE	WED	THU	FRI	SAT
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30						

September 2003

SUN	MON	TUE	WED	THU	FRI	SAT
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30				

December 2003

SUN	MON	TUE	WED	THU	FRI	SAT
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30	31			