

Flex Spending Accounts (FSA; BESTflex) Grant County

Health Care FSA

- [Claim Form](#)
- [Enrollment Flyer](#)
- [Eligible Expense List](#)
- [Employee Worksheet](#)
- [How do I submit and substantiate claims](#)

Benefit Card

- [Benefits Card Brochure](#)
- [Benefits Card Document Request Information](#)

Dependent Care / Day Care FSA

- [Enrollment Flyer](#)
- [Eligible Expenses](#)

Website

- www.ebcflex.com
- [My Account Assistant Flyer](#)

Plan Documents

- [My Company Plan](#)
- [Summary Plan Description](#)
- [Enrollment Guide](#)