



EMPLOYER NAME _____

DEBIT CARD ENROLLMENT/RENEWAL FORM

Name:
Social Security Number:
Mailing Address:
City State and Zip Code:
Email Address (REQUIRED):

The FlexConnect benefits debit card or “Benny™” card contains the value of your annual Health Flexible Spending Account election and lets you pay for expenses at the point of service. Simply swipe the Benny™ card at authorized locations, such as physicians, pharmacies, dentists, vision care offices, hospitals, and other medical care providers that accept MasterCard, and the amount of your purchase will be deducted from your Health Flexible Spending Account automatically. **Participants using the Benny™ card must save their expense receipts and documentation. There is a \$10 activation fee for this option that will be deducted from my HFSA account on day one of the plan year.**

Check one of the following boxes if you would like to request the Benny™ card for your health flexible spending account:

- I request a Benny™ card for qualifying medical expenses. *I understand there is a \$10 activation fee that will be deducted from my HFSA account.*
- I would like to renew my Benny™ card.

As a new or renewing Benny™ card participant, by signing this form and using the Benny™ card for qualifying medical expenses for the Plan Year, ***I understand, certify and agree that:***

- ♦ Use of the Benny™ card is limited to eligible medical care expenses not previously reimbursed up to the maximum dollar amount of coverage available in my Health Flexible Spending Account;
- ♦ I will not seek reimbursement of any expenses paid with the Benny™ card under any other plan covering health benefits;
- ♦ **From time to time, FlexConnect will request copies of the receipts or other documentation supporting the expenses paid for with the Benny™ card; these requests will be sent via email.**
- ♦ Failure to timely provide the receipts and documentation of my medical expenses upon request will result in the expense being unsubstantiated and immediately taxable to me;
- ♦ If an expense is found unsubstantiated, I authorize my employer to withhold the expense from my gross wages after taxes and I also authorize FlexConnect to offset future claims I submit to recover the unsubstantiated expense. (If I am not then employed by my employer, I will repay the unsubstantiated expense or FlexConnect may offset future claims I submit by the unsubstantiated expense.);
- ♦ I also understand that each time I use the Benny™ card, I re-certify my understanding and agreement to the above terms; and
- ♦ ***I am responsible for saving expense receipts and documentation for all Benny™ card uses.***

Employee's Signature: _____

Date: _____

Debit Card Enrollment Forms may be sent to: FlexConnect, 55 W. 14th Street, Suite 101, Helena, MT 59624
 Phone: (406) 442-3539 or (866) 640-3539 - Fax: (406) 495-3669
 Visit our Website at www.insurancecoordinators.com