



About the Flex Card

The Flex Card is a MasterCard® limited merchant category card. It is designed to work only at merchants with a health-care merchant category code, such as a doctor's office or hospital; or at retail merchants which have an Inventory Information Approval System (IIAS) in place. An IIAS system will provide automatic adjudication at the point of sale for FSA-eligible items; this means you can only purchase eligible items with your card at these locations, and you will not need to submit paperwork for these charges. However, per IRS requirements, you should always keep your receipts on file.

For a complete listing of eligible Merchant Category Codes and a listing of Retail Merchants where the Flex Card can be accepted, please visit our website at www.ProBenefits.com.



Top Five Benefits of the Flex Card

- 1. Cashless FSA Transactions:** The Flex Card provides instant access to FSA funds, reducing out-of-pocket expenditures.
- 2. Less Paperwork to Submit:** Charges are automatically approved at many locations where the card is accepted, so in many cases you will only need to save your receipts instead of submitting them to ProBenefits.
- 3. Online Account Access:** See personal account information including your available balance and transaction history.
- 4. Free Cards:** There is no fee for cards for you and your spouse or dependent.
- 5. Flexibility:** You can still file reimbursement claims if you forget your card or choose not to use it.

Important Notes About the Card:

- **Save your receipts!** You may not always need to submit them to ProBenefits, but the IRS requires that you keep them on file in case of an audit.
- For expenses not paid with your card, you can still submit a regular reimbursement claim form. The card is just one way to access your FSA.
- Your card(s) will be mailed to your home address.
- Your card will not expire for 3 years, so if you use up your FSA funds during this plan year, keep your card for use again next plan year.
- There is no PIN for the Flex Card. When given the option between debit and credit, you should choose credit.

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Flexible Spending Account Flex Card Enrollment Form



Please print clearly and complete all sections. Failure to do so may result in delays.

Employer Name: _____

Employee Name: _____ **Social Sec#:** _____
21 characters maximum including spaces

Mailing Address: _____
Street City St Zip

Birth Date: _____ **Hire Date:** _____ **Email:** _____

Home Phone Number: _____

Mother's Maiden Name (Security Purposes Only): _____

As a participant your Employer's Medical FSA plan, you will receive a mySourceCard™ MasterCard®, and agree to use it according to this Agreement and the Cardholder Agreement that will be provided to you with the card.

ACKNOWLEDGEMENTS:

1. I understand that the Flex Card is restricted to certain merchant categories and is not accepted at all MasterCard® authorized locations.
2. I understand that I may not obtain a cash advance with the card at any merchant, bank or ATM.
3. I understand that the card is to be used *exclusively* for Qualified Expenses as defined by the plan(s) in which I participate. If the card is used for an expense that is not a Qualified Expense, I understand that I am indebted to my employer and must repay the full amount of the non-qualified expense. Payment on non-qualified expenses may be in the form of an offsetting claim, a personal check, electronic draft from my personal checking or savings account, a post-tax deduction from my paycheck, or other options established by my employer.
4. I agree to save all invoices and receipts related to any expense paid with the card. I agree that, upon request, I will submit these documents for review by the Plan Service Provider. Failure to submit the receipt(s) in a timely manner will cause the expense to be treated as a non-qualified expense and may cause my card to be suspended.
5. I understand that I may be assessed a \$10.00 replacement card fee if I lose or misplace my card(s). I also understand that if I request more than two cards (one for myself and one for my spouse or dependent), I may be assessed a \$10.00 fee for each additional card.

Additional Card for Dependent*: _____
21 characters maximum including spaces

Relationship of Dependent to Participant: _____
(i.e., Spouse or Child)

Signature _____

Date _____

*If you require more than 2 cards, additional fees may apply.

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