



About the Flex Card

Please note: Your plan may not offer the Flex Card or your plan details may differ slightly from those below. Contact your employer or ProBenefits for more information.

The Flex Card is a MasterCard® limited merchant category card. It is designed to work at merchants with a health-care merchant category code, such as a doctor's office or hospital; at these locations, card transactions which match your employer-sponsored group health plan copays will be automatically approved. You will need to submit documentation to ProBenefits for other amounts.

The Flex Card will also work at retail merchants which have an Inventory Information Approval System (IIAS) in place. The IIAS 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 IIAS Retail Merchants where the Flex Card is 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 the address on file with ProBenefits.
- **Keep your card!** Your card will not expire for 3 years, so if you use up your FSA funds during this plan year, save your card for use next year.
- There is no PIN for the Flex Card. When given the option between debit and credit, you should choose credit.
- Your card is for medical expenses only - it cannot be used for dependent care (daycare) expenses.

Flex Card Signup

Employer: _____

Employee Name: _____ Social Sec#: _____
First Name Last Name

Mailing Address: _____
Street City St. Zip

Birth Date: _____ Hire Date: _____ Email: _____
ProBenefits will email Claims & Payment Verifications

Flex Card - Initial Signup

Please send me a Flex Card.

Home Phone #: _____ Mother's Maiden Name: _____
For security purposes only

Additional Card for Spouse or Dependent: _____ Relationship: _____
21 characters maximum including spaces (i.e., Spouse or Child)

Flex Card Acknowledgments

After completing the Flex Card - Initial Signup, as an FSA participant you will receive a *mySourceCard*[™] MasterCard[®] and agree to use it according to these Acknowledgments and the Cardholder Agreement that will be provided with the card.

1. I understand that the Flex Card is restricted to certain merchant categories and approved IAS vendors 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. Repayment for 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 acknowledge that IRS rules require me 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. I understand that 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 a dependent), I may be assessed a \$10.00 fee for each additional card.

By signing below I certify that I have read the Flex Card Acknowledgments above. I agree to the terms of participation on this form and in related Plan Documents.

Signature _____ Date: _____

ProBenefits