

Instant Access to your FSA Funds

About the Flex Card



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 that 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 that have an Inventory Information Approval System (IIAS) in place. 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.

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

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 ProBenefits.com.

Top 5 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.

Flex Card Request Form

Employer _____

Employee Name _____

Last four digits of Social Security Number _____

Mailing Address _____

Email: (required for online account access) _____

Birth Date _____

Flex Card - Initial Signup

- I have never had a Flex Card with this plan. Please send a Flex Card for me and any dependent listed below.

Additional card for
Spouse or Dependent: _____

21 characters maximum including spaces

Relationship
(i.e., Spouse or Child): _____

I already have a Flex Card. Please send an additional card for my dependent.

- Please send an extra card for my spouse or dependent:

Additional card for
Spouse or Dependent: _____

21 characters maximum including spaces

Relationship
(i.e., Spouse or Child): _____

I had a Flex Card but I lost it. Please send me a new one.

(If your card is stolen, please call ProBenefits as soon as possible.)

- Please replace my Flex Card
- Please replace the Flex Card for the dependent listed below:

Spouse or Dependent
whose card is lost: _____

21 characters maximum including spaces

Relationship
(i.e., Spouse or Child): _____

Acknowledgments

I agree to use my mySourceCard™ MasterCard® according to these Acknowledgments and the Cardholder Agreement that is provided with the card. By signing below I certify that I have read these acknowledgments and I agree to the terms of participation on this form and in related Plan Documents.

1. I understand that the Flex Card is restricted to certain merchant categories and approved IIAS 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 nonqualified 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.

Signature: _____

Date: _____



ProBenefits
The benefit of trust.

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