



S125 FLEXIBLE BENEFITS PLAN DEBIT CARD APPLICATION

Please check with your employer to verify availability of debit card services and related monthly fees.

Employer Name: _____

Employee Name: _____ Social Security No: _____

Street, City, State, Zip: _____

Work Phone: () _____ Home Phone: () _____ - _____

Please check one: Activate Debit Card Cancel Debit Card

I would like an additional card(s): Yes No There is a \$5.00 charge per additional card

If you would like additional card(s) please submit the following:

Name on Card	Relationship	Social Security Number

THANK YOU FOR YOUR INTEREST IN THE DEBIT CARD OPTION. PLEASE SEE THE BACK OF THIS APPLICATION FOR IMPORTANT INFORMATION REGARDING HOW TO USE YOUR DEBIT CARD EFFECTIVELY AND REVIEW THE ACKNOWLEDGEMENTS BELOW BEFORE SUBMITTING THIS FORM TO ACTIVATE YOUR CARD. PLEASE CALL CBCA Flex AT 1-866-754-1722 IF YOU NEED ASSISTANCE.

I ACKNOWLEDGE THE FOLLOWING:

- I have reviewed and understand the procedures stated on the back of this form.
- Debit card funds are authorized only for the payment of qualified expenses as outlined in my employer's plan document.
- The debit card may be used only for eligible expenses at the point-of-service, but I still must submit a claim form with receipts and/or bills to CBCA Flex to substantiate the expense.
- If I do not submit the required substantiation within the required timeframe, my card can be cancelled at will by my employer or by CBCA Flex.
- If I use my card for ineligible expenses, I will be required to pay back the amount that was not covered by my plan.
- If I do not repay amounts used for ineligible expenses, my employer and/or CBCA Flex has the right to cancel my card and deduct this amount from my salary.
- These funds have not or will not be reimbursed under any other plan coverage.
- I cannot include these expenses again when filing Form 1040 at year-end.
- CBCA Flex will not be held responsible for processing duplicate claims that I have submitted in error.
- The debit card may not be accepted at all merchants that accept MasterCard/Visa.
- There is no cash access available for funds on the debit card or at any ATM.
- The debit card must be returned upon demand.
- I have reviewed and understand the Terms and Conditions of the Account Holder Agreement. To view a copy of this agreement before activating your card, visit www.cbcaflex.com and click Employees then click Forms.
- All terms and conditions apply.
- I have checked with my employer to verify the monthly fee, if any, to add the debit card.

I understand and agree to the terms and conditions specified on this form and authorize CBCA Flex to complete my request as indicated:

Employee Signature: _____

Date: / /

Mail or Fax To:
 CBCA Flex
 3510 Irwin-Simpson Road, Suite B
 Mason, OH 45040
 Fax: 1-866-754-1833
 Phone: 1-866-754-1722

INSTRUCTIONS FOR USING YOUR NEW DEBIT CARD

How to use the card:

You may use the card like a credit card when you pay for eligible expenses at the point-of-service using funds from your qualified reimbursement account. The funds are automatically deducted from your reimbursement account balance and you still need to submit substantiation for your expense. The advantage is that you receive the money at the point-of-service instead of waiting for a reimbursement check or direct deposit.

Where to use the card:

The card will only work at locations with eligible merchant category codes approved by your employer. Examples of merchants accepting the debit card could be:

- Pharmacies ... your card will work at the pharmacy counter only!
- In-Store Pharmacies (i.e. supermarkets, retail stores, discount stores) ... your card will work at the pharmacy counter only!
- Medical and Dental Physicians
- Vision Care Providers
- Medical Facilities
- Medical Clinics
- Hospitals including Emergency Rooms
- Dependent Care Providers who accept MasterCard/Visa
- And more!

How to submit substantiation:

Once you have used your card to pay for an eligible expense, you must complete and submit the Debit Card Expense Substantiation Form and attach supporting documentation of your claim. The process is much like that of your reimbursement request, but you have already received funds from your account, so there is no reimbursement process necessary.

Where to submit substantiation:

After completing the Debit Card Expense Substantiation Form, please send it with supporting documentation to CBCA Flex at the address below.

Who to call with questions:

Please call CBCA Flex with any questions you have regarding the debit card.

