



**CHOICES THE MONTANA UNIVERSITY SYSTEM'S
FLEXIBLE BENEFIT PLAN
UNIVERSITY OF MONTANA**

DEBIT CARD ENROLLMENT FORM

Name:
Social Security Number:
Street Address:
City State and Zip Code:

Health Flexible Spending Account participants may elect to utilize a debit card to pay for qualifying medical expense expenses. The EBR benefits debit card or “Benny™” 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 locations that accept MasterCard and the amount of your purchase will be deducted from your health flexible spending account automatically. Participants using the Benny™ must save their expense receipts and documentation should they be asked by EBR to confirm the expense at a later date.

As an eligible employee in the above Plan, I acknowledge that I have received the Summary Plan Description and understand the benefits available to me as well as the other rights and obligations which I have under the Plan.

Debit Card (check only if you wish to request a debit card)

By electing to utilize the Benny™ card for qualifying medical expenses, I understand that the amount of my Health Flexible Spending Account election will be reduced up to a maximum of \$22 for the Plan Year. (\$10 activation fee and \$1 per month)

Employee's Signature: _____

Date: _____

Debit Card Enrollment Forms may be sent to:

Employee Benefit Resources, LLP, P.O. Box 1193, Helena, MT 59624
Phone: (406) 449-5500 or (800) 765-9429 - Fax: (406) 442-5089
Visit our Website at www.ebrworld.com