



**DEBIT CARD ENROLLMENT/RENEWAL FORM**

<b>Name:</b>
<b>Social Security Number:</b>
<b>Mailing Address:</b>
<b>City, State, Zip Code:</b>

The FlexConnect benefits debit card or “Benny™” card 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 authorized locations, such as physicians, pharmacies, dentists, vision care offices, hospitals, and other medical care providers that accept MasterCard, and the amount of your purchase will be deducted from your Health Flexible Spending Account automatically. **Participants using the Benny™ card must save their expense receipts and documentation.**

<p><b>Check one of the following boxes if you would like to request the Benny™ card for your health flexible spending account:</b></p> <p><input type="checkbox"/> I request a Benny™ card for qualifying medical expenses and understand that the amount of my Health Flexible Spending Account election will be reduced by the onetime activation fee of \$10 at the time of the election.</p> <p><input type="checkbox"/> I would like to renew my Benny™ card and understand that there is no annual fee.</p>
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As a new or renewing Benny™ card participant, by signing this form and using the Benny™ card for qualifying medical expenses for the Plan Year, ***I understand, certify and agree that:***

- Use of the Benny™ card is limited to eligible medical care expenses not previously reimbursed up to the maximum dollar amount of coverage available in my Health Flexible Spending Account;
- I will not seek reimbursement of any expenses paid with the Benny™ card under any other plan covering health benefits;
- From time to time, FlexConnect will request copies of the receipts or other documentation supporting the expenses paid for with the Benny™ card;
- Failure to timely provide the receipts and documentation of my medical expenses upon request will result in the expense being unsubstantiated and immediately taxable to me;
- If an expense is found unsubstantiated, I authorize my employer to withhold the expense from my gross wages after taxes and I also authorize FlexConnect to offset future claims I submit to recover the unsubstantiated expense. (If I am not then employed by my employer, I will repay the unsubstantiated expense or FlexConnect may offset future claims I submit by the unsubstantiated expense.);
- I also understand that each time I use the Benny™ card, I re-certify my understanding and agreement to the above terms; and
- ***I am responsible for saving expense receipts and documentation for all Benny™ card uses.***

\_\_\_\_\_  
Employee's Signature

\_\_\_\_\_  
Date

Debit Card Enrollment Forms may be sent to:	FlexConnect, P.O. Box 2019, Helena, MT 59624 Phone: (406) 442-3539 or (866) 640-3539 - Fax: (406) 495-3669 Visit our Website at <a href="http://www.insurancecoordinators.com">www.insurancecoordinators.com</a>
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# Important Information About Your Prepaid Benefits Card



**The easy way to purchase prescriptions and over-the-counter (OTC) medications is in the cards!**

IRS rules mean fewer receipt requests for eligible prescriptions purchased at participating pharmacies, discount stores, department stores, and supermarkets that can identify FSA eligible prescriptions at checkout. You will be able to purchase the FSA eligible prescriptions on your Card, and will be asked for a different form of payment for non-eligible items. In most cases, no receipts will be needed to verify the eligibility of FSA eligible prescription purchases at participating stores!

To take advantage of this feature, **be sure to check to see if your store participates BEFORE you order prescriptions or shop for OTCs.** You can find out which stores are participating by visiting the web site listed on the back of your Card or by contacting your Plan Administrator. And, you can continue to use your Card at health care providers, such as hospitals, doctors, and dentists.

**PLEASE NOTE:** You cannot use your Card at pharmacies, discount stores, department stores, and supermarkets that do not participate, **even if you have used your Card at these stores in the past.** Your transaction may be declined.

**Here's how the Card works at participating stores:**

1. Bring prescriptions, vision products, OTCs and other purchases to the checkout for the clerk to ring up.
2. Present your Card and swipe it for payment.
3. If the Card swipe transaction is approved (e.g., there are sufficient funds in the account and at least some of the purchases are FSA eligible), the amount of the FSA eligible purchases is deducted from the account balance. In most cases, no receipt follow up is required. The clerk will then ask for another form of payment for the non-FSA eligible items.
4. If the Card swipe transaction is declined, the clerk will ask for another form of payment for the total amount of the purchase.
5. The receipt will identify the FSA eligible items and may also show a subtotal of the FSA eligible purchases.

***Use Your Card for FSA eligible products including:***

- *Acne Treatment Products*
- *Allergy, Asthma, and Sinus Medications*
- *Antibiotic Ointments*
- *Anti-fungal Medications*
- *Bandages*
- *Blood Pressure Monitors*
- *Bug Bite/Anti-Itch Creams*
- *Contact Lenses and Solutions*
- *Cough, Cold, & Flu Medications*
- *Denture Care Products*
- *Diabetes Care*
- *Diaper Rash Ointment*
- *Digestive Medications*
- *Eyeglasses*
- *First Aid Products*
- *Incontinence Supplies*
- *Pain and Fever Reducers*
- *Pregnancy Products*
- *Prescriptions*
- *Smoking Cessation Aids*
- *Thermometers*
- *Wart Removers*