

## **Benefits Card Employee Paid Election Form**

Fax to: 608 831 4790

Employee Benefits Corporation, PO Box 44347, Madison WI 53744-4347 Mail to:

**800 346 2126** | 608 831 8445 Phone support: participantservices@ebcflex.com E-mail support:

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General	Information	1

General Information							
Company Name		Division					
Participant Information				Participant Sc	ocial Security	or Identification	Numbe
Last Name		Suffix	First Name				MI
Mailing Address	Apt. No.	City			State	Zip Code	
E-mail Address (we do not share your e-mail address)							
Benefits Card Use							
The Benefits Card is a special MasterCard® that you can use Flexible Spending Account (FSA), making the plan more con			out-of-pocket health ca	are expenses. It debits y	our BESTfle	x <sup>sm</sup> Plan Health (	Care
The card works at all health care, dental and vision provider o information approval system (IIAS). The IIAS must separate prautomatically substantiate your transactions at the point of sa	escriptions from other e	ligible exper	ises. Stores with an IIA	S allow the card to be us			
You simply swipe the card to debit the Health Care FSA at an provide expense documentation for transactions that were							
Once you activate the card, it will remain active for subseque year. You will receive a replacement card 30 days prior to yo			n will automatically be	available on your card	at the begir	nning of each nev	w plan
Remember, the Benefits Card is not a consumer credit card suspension of your card and require you to repay the plan. I audit. There are no exceptions.	. You cannot use the car Due to IRS regulations, y	d to buy a n ou must alv	ew TV, clothing or gro vays save your expens	ceries. Inappropriate p e documentation for ve	urchases wi erification o	ll result in tempo r the event of an	rary IRS
Benefits Card Election							
Yes, please send me the <b>Employee Benefits Corporation E</b> any expenses paid for with the card have not been reimbur is a non-refundable annual fee. I authorize this fee to be au	rsed and will not be rein	nbursed und	ler any other plan. I ur				
Signature				 Date (mr	m-dd-yyyy)		