

Advanced FSA Debit Card Agreement

Enrollment Agreement

As a participant in one or more of your Employer Plans, you will receive an Advanced Benefits Visa[®] Debit Card.

You should understand that the Card is restricted to certain merchant categories and is not accepted at all Visa[®] acceptance locations. You should also understand that you may not obtain a cash advance with the Card at any merchant, bank or ATM. You should understand that the Card is to be used *exclusively* for Qualified Expenses as defined by the plan(s) in which you participate. As the Card is issued pursuant to an Employer Plan, you should know that if you use the Card for an expense that is not a Qualified Expense, you are indebted to your employer and must repay the full amount of the non-qualified expense.

You agree to save all invoices and receipts related to any expense paid with the Card; upon request you must submit these documents for review by the Plan Service Provider. Failure to submit the receipt(s) will cause the expense to be treated as a non-qualified expense and you will be required to remit payment to your employer. Payment may be in the form of an offsetting claim, a personal check, a post-tax deduction from your paycheck, or other options established by your employer.

As a participant in the employer sponsored plan, you are entitled to one debit card per household. Additional or replacement cards are at your expense and, if requested, will be debited against your account balance automatically as a legitimate qualified expense.

Fee for Additional Card: \$5.00
Fee for Replacement Card: \$10.00

**For proper Cardholder Identification, please complete the following information.
Your Card will not be issued until this form is received by your Plan Service Provider.**

Name on Card: (Please Print) _____
(21 characters maximum including spaces)

Address: _____ City: _____ State: _____ Zip: _____

Social Security Number: _____ Date of Birth: _____ Phone: _____

Name on 2nd Card: (Please Print) _____
21 characters maximum including spaces

Mother's Maiden Name (Security purposes only): _____

Signature: _____ Date: _____

ALL FIELDS ARE REQUIRED



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