

Mid-Year Benefits Card Enrollment or change application



PLEASE PRINT CLEARLY

* This information is mandatory. Enrollment may be delayed if fields with an asterisk are not filled out.

Section 1 Account holder information

* First name	M.I.	* Last name	* Date of birth ____/____/____	* SSN or BHS Identification number	
* Mailing address			* City	* State	* ZIP
* Email address			* Contact phone number		
* Employer				* Group identification number (if known)	

Section 2 Reimbursement

Benefits card	<input type="checkbox"/> I would like a Benefits MasterCard		<input type="checkbox"/> I already have a Benefits MasterCard		<input type="checkbox"/> I would like a Benefits MasterCard card for my dependent over age 18*	
	Dependent's first name			Dependent's last name		
	Dependent's SSN			Dependent's date of birth ____/____/____		Relationship
	Dependent's first name			Dependent's last name		
	Dependent's SSN			Dependent's date of birth ____/____/____		Relationship

*Qualified tax dependents is defined under Internal Revenue Code Section 152.

The Benefits Card provides direct access to your Flexible Spending Accounts, allowing you to pay for eligible health care at qualified locations wherever MasterCard™ is accepted. The Benefits Card eliminates the need to pay for the expense upfront and then submit a claim form and documentation to request reimbursement. The amount of the transaction will be automatically deducted from the appropriate spending account to pay the provider of service.

By signing this enrollment form, I acknowledge and understand the following:

1. I or my authorized dependent will only use the BenefitHelp Solutions Benefits Card to pay for eligible Internal Revenue Code (IRC) § 213 health care expenses and dependent care expenses for myself and/or my tax dependents.
2. The expense cannot be reimbursed by any other plan, and I will not seek reimbursement for the expense.
3. If requested, I will provide appropriate supporting documentation within the specified time frame.
4. I understand that if I do not provide supporting documentation as required or requested, my Benefits Card will be deactivated and manual claims submitted for reimbursement will be denied until documentation is received.
5. If it is determined that the Benefits Card paid for an ineligible expense, I will refund my account the amount of the ineligible expenses within the timeframe determined by BenefitHelp Solutions. My Benefits Card will automatically be deactivated and manual claims submitted for reimbursement will be denied until I have refunded my account.

Failure to follow these rules, or abuse of this card privilege, may result in suspension or revocation of the Benefits Card for the remainder of the Plan Year.

Section 3 Authorization

I have read and agree to the terms and conditions stated above.	
* Employee signature X	* Signature date

Please return to your human resources or benefits department upon completion.

Questions? Contact BenefitHelp Solutions at 888-398-8057.