

**Employee Signature** 

## **Mid-Year Benefits Card**

## **Enrollment and Change Application**

www.benefithelpsolutions.com • Ph: 503-219-3679 or 1-888-398-8057

Effective Date://
Employer Name:
Member ID: Phone #:
Name: Last First M.I
Address:
Street Apt.
City State Zip
Email Address:
The Benefits Card provides direct access to your Flexible Spending Accounts, allowing you to pay for eligible health care at qualifie locations wherever MasterCard <sup>TM</sup> is accepted. The Benefits Card eliminates the need to pay for the expense upfront and then submit claim form and documentation to request reimbursement. The amount of the transaction will be automatically deducted from the appropriat 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.
<ol> <li>If requested, I will provide appropriate supporting documentation within the specified time frame.</li> <li>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.</li> <li>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.</li> </ol>
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.
<ul> <li>□ Please send me a Benefits Card</li> <li>□ I already have a Benefits Card</li> </ul>
<ul> <li>Please provide an additional card for the following qualified tax dependents as defined under Internal Revenue Code Section 152 (as amended by the Working Families Tax Relief Act of 2004).</li> </ul>
Name:
Dependent Last Name Dependent First Name Dependent Social Security Number or unique ID Number
Name: Dependent Last Name Dependent First Name Dependent First Name Dependent Social Security Number or unique ID Number
Name:
Dependent Last Name Dependent First Name Dependent Social Security Number or unique ID Number
Participant Authorization  I have read and agree to the terms and conditions as stated above.