



Contact Us Today!
www.myflexinfo.com

mySourceCard™ Debit Card Enrollment Agreement

Welcome to the mySourceCard program – the MasterCard® debit card that will empower you with a convenient way to pay for your health care without any out-of-pocket expenses. With mySourceCard, you will receive reimbursement for specific medical expenses at qualified locations, such as hospitals, physician and dental offices, pharmacies and more. If you have any questions about the debit card, please contact your us.

Getting started is very simple. Follow these steps and you will be signed up and ready to start using mySourceCard.

1. Fill out the enclosed Employee Enrollment Agreement, keep a copy for your records and give the original to the Plan Administrator.
2. Once you receive your debit card in the mail, you will need to activate your card by calling 888-523-4308 or visiting www.myflexinfo.com.

Once we receive the completed documents from your Plan Administrator, we will upload the information for debit card creation and they will be mailed to your home address. At any time, you may update this information by visiting www.myflexinfo.com.

mySourceCard Employee Enrollment Agreement

As a participant in one or more of your Employer Plans, you will receive a mySourceCard MasterCard Debit Card issued by Benefit Bank, and agree to use it according to this Agreement and the Cardholder Agreement that will be provided to you with the Card.

You understand that the Card is restricted to certain merchant categories and is not accepted at all MasterCard acceptance locations. You understand that you may not obtain a cash advance with the Card at any merchant, bank or ATM. You understand that the Card is to be used exclusively for Qualified Expenses as defined by the plan(s) in which you participate. If the Card is issued pursuant to Employer Plans and 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, electronic draft from your personal checking or savings account, a post-tax deduction from your paycheck, or other options established by your employer.

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.

Please print information.

Company Name: _____

Health Insurance Coverage Type: PPO HMO Other- Health Plan Name: _____

Name on Card: _____

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

Phone Number: _____ SSN: _____ Date of Birth: _____

Email Address: _____

Name on Second Card: _____

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

Employee Signature: _____ Date: _____

COMPLETION OF ALL FIELDS IS REQUIRED

For Official Use Only

Flex Admin Initials: _____ Received Date: _____ Sent Date: _____