



4000 1234 5678 9010

12/15  
Benny Cardean  
ABC Company



# ASIFlex Card Order Form

**Complete all fields and print clearly.**

<b>Indicate the Type of Card Order*</b>	<input type="checkbox"/> First-time new card order			
	<input type="checkbox"/> Ordering additional cards for dependents – quantity needed _____			
	<input type="checkbox"/> Replacement of lost/stolen card(s)			
	<input type="checkbox"/> Card is worn out; need a new card			
<i>Note: New cards are issued with a 5-year expiration date. If you exhaust all funds in one year, do not destroy your card. Keep the card for use in future years as new plan year elections will be automatically loaded to the card.</i>				
<b>My Employer*</b>				
<b>My Name*</b>				
<b>Social Security Number*</b>			<b>Date of Birth*</b> MM/DD/YYYY	
<b>Mailing Address*</b>				
<b>City*</b>		<b>State*</b>		<b>Zip Code*</b>
<b>Email Address*</b>				
<b>Cellular Telephone Number</b>	<i>Note: Standard text message charges may apply from your wireless provider.</i>		<b>Cell Carrier</b>	

**\*Required Fields. Form will not be processed without this information.**

**I understand:**

- The card is optional and I can choose at each point-of-sale if I want to use the card, or file a traditional claim.
- I may be required to provide supporting documentation to substantiate certain card transactions. ASIFlex will notify me if documentation is required.
- I must read my messages posted to my secure message center at my.asiflex.com to understand the documentation that may be required.
- I must submit correct and appropriate documentation upon request.
- It is my responsibility to request appropriate documentation from health care providers in order to substantiate card transactions.
- If I do not supply the requested documentation in the timeframe requested, my card will be temporarily deactivated as required by IRS regulations.
- I will receive two debit cards, both in my name. The cards will be mailed to my home address approximately two to three weeks from the date my application is processed.
- I must activate my card(s) by calling the toll-free number as provided, and I can select a PIN if I wish.
- I can sign for credit transactions, or I can supply my PIN for debit transactions.
- Each employer plan is different. There may be an annual fee for the card or a fee for additional or replacement of lost/stolen cards, so I must review my employer plan materials.

I hereby state that the above information is accurate to the best of my knowledge. Additionally, I certify that the card will only be used to pay for eligible health care expenses as defined in the plan and IRC §213(d). I will not seek reimbursement from any other source for the expenses paid for with the card. I also acknowledge that if I do not provide requested documentation in a timely fashion, my card will be deactivated in accordance with IRS regulations.

Participant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

FAX OR MAIL TO:  
 ASIFlex  
 1-877-879-9038  
 PO Box 6044 | Columbia | MO 65205-6044

## ASIFlex Card

### What is the ASIFlex Card?

The card provides a convenient method to pay for out-of-pocket health care expenses for you, your spouse and any tax dependents. The advantage of the card is that you do not have to pay with cash or a personal credit card. The card will allow you to pay the merchant or health care provider directly from your FSA health care account. And, you can choose at each point of service if you want to use the card or file a traditional claim. The card is accepted at health care and certain retail providers that accept VISA®. It is not accepted at restaurants, gas stations, department stores, etc.

### How do I use the ASIFlex Card?

The card can be used at health care providers who accept VISA® and certain retail merchants that inventory eligible health care products. At the point-of-sale, simply present your card for payment. You will be able to sign for a credit transaction, or you can enter a PIN for a debit transaction. The merchant will process the transaction; the card company will then report the transaction to ASIFlex. Note that the card company can only provide the merchant name, date of transaction and dollar amount. For this reason, you may be required to provide supporting documentation to show the actual date of service, patient name and a description of the service provided. ***It is important for you to understand that use of the card is not paperless and documentation is required in many cases!***

### How am I notified if documentation is required in order to substantiate my card transaction?

If documentation is required, ASIFlex will send a letter or email/text to explain what is needed. If you do not respond, a second request is sent and reminds you that if documentation is not provided, the card will be temporarily inactivated as required by IRS regulations. If you still do not respond, a final letter is sent notifying you that the card is temporarily inactivated and that documentation is still required. All you need to do is provide proper documentation and the card can be activated again. If you are unable to substantiate the transaction, you can write a check back to the plan or submit a substitute claim by completing a paper claim. ***The IRS regulates FSA plans and use of the card, so these steps are required under IRS regulations.***

### How do I provide documentation to substantiate the transaction?

Only provide documentation if requested to do so. When you receive a documentation request from ASIFlex, be sure to include a copy of the ASIFlex request letter/message with your documentation and mail or fax to ASIFlex.

### What types of expenses require documentation?

First, let us explain the types of transactions that should not require supporting documentation. This includes:

- 1) A flat-dollar co-pay that matches the plan that you have elected through your employer (note that if you use the card for co-pays for any other plan such as your spouse's plan, supporting documentation will be required).
- 2) A recurring expense at the same provider for the same dollar amount each month that has been substantiated once with a traditional paper claim. For example, if you have a monthly chiropractor visit for \$45.50 that does not match your co-pay, you will be prompted for documentation the first time. You need to substantiate the expense and include a note stating this will be a recurring expense. Future transactions at this same provider for the same amount will not require documentation.
- 3) A transaction at a retail merchant (such as Walgreens, Walmart, Target, [www.fsastore.com](http://www.fsastore.com), etc.) that inventories eligible health care products (such as Band-Aids, braces, sunscreen, contact lens solutions, etc.).

***All other transactions at medical offices, hospitals, physician offices, dental or vision care offices will prompt a request for documentation.***

### How do I get a card?

Health Care FSA participants can order a card by completing the order form. Two cards are mailed to your home address and arrive in a plain white envelope. Read the cardholder agreement and call to register your card, and select a PIN if you wish. If for any reason you decide that you do not want the card, please send a written request to [debitcard@asiflex.com](mailto:debitcard@asiflex.com) to request that the card be cancelled.

### What else do I need to know?

- Your employer's benefit plan and use of the card is regulated by the IRS.
- Save all itemized receipts and insurance payer EOBs (not credit card receipts) so that you can substantiate a transaction.
- When notified, read your messages in your secure message center at [my.asiflex.com](http://my.asiflex.com) and respond! Submit documentation if requested – it's the law! This process is not paperless.
- Know your balance! If you have only \$20 left in your account and swipe the card for \$25, the transaction will decline. Neither the VISA® system nor the merchant/provider will know why. You can check your balance at [my.asiflex.com](http://my.asiflex.com).
- Fax correctly! Be sure the fax is legible, includes your name, ID/SSN number and employer name. Keep your fax confirmation page.



[www.asiflex.com/debitcards](http://www.asiflex.com/debitcards)  
[debitcard@asiflex.com](mailto:debitcard@asiflex.com)

Rev. 1203013