



FSA

Flexible Spending Account

Convenience With The Swipe Of A Card

Now you can enroll to have the *mySourceCard*[™] debit card to pay for eligible expenses from the health care reimbursement portion of your Flexible Spending Account. The card can be used at qualified locations that accept MasterCard[®], including doctor and dentist offices, pharmacies, and vision care locations. Approved expenses are deducted from the pre-tax account – without the hassle of reimbursement checks or upfront cost. Just swipe and go!

Here's How It Works:

Prescriptions and Over-the-Counter Medicines:

You may swipe the *mySourceCard* at the vendor as a form of payment. When going to a preferred (IIAS) vendor such as CVS, Wal-Mart, Target or Giant no further action is required. For a comprehensive list of where the *mySourceCard* is accepted please visit www.HRAAdministrators.com and click on Forms. When using a mail order pharmacy, please mail or fax a mySourceCard (Debit Card) Substantiation Form[◆] along with the pharmacy's statement to Human Resource Administrators, Inc. so the expense can be substantiated.

Copays Associated with your Employer's Health Plan:

You may swipe the *mySourceCard* at the provider's office for copays associated with your Employer's group health plan. No further action is required. If you are covered only under your spouse's health insurance plan, you can still use the card, however, you will need to mail or fax in the provider's itemized bill along with a mySourceCard (Debit Card) Substantiation Form to Human Resource Administrators, Inc. [◆]

Dental & Vision Providers:

When to use the *mySourceCard* as a form of payment depends on whether you are enrolled in your Employer's group dental or vision plan or if you are covered by your spouse's dental or vision plan.

- If you are covered under your Employer's group dental or vision plan: When services are rendered your provider will submit the charges to the insurance company. After the insurance company has responded with an **Explanation of Benefits (EOB)**, the provider will invoice you with an itemized bill. Complete the itemized bill with your debit card account numbers using your available balance. Please mail or fax a mySourceCard (Debit Card) Substantiation Form[◆] along with the EOB or provider's billing statement to Human Resource Administrators, Inc. to substantiate the expense.
 - If you have no dental or vision coverage: You can swipe the *mySourceCard* at the dental or vision provider's office at the time of service. Mail or fax a mySourceCard (Debit Card) Substantiation Form[◆] along with the provider's billing statement to Human Resource Administrators, Inc. to be substantiated.
- [◆] This form will be automatically e-mailed to you after you have swiped your card or you can obtain one by visiting www.HRAAdministrators.com and clicking on Forms.

How Do I Obtain A Card?

After you have finished the enrollment process, complete the application on the back of this page. Upon completion mail or fax the form directly to the contact information also located on the back of the page. Your *mySourceCard* will be mailed directly to your home from Datapath Card Services/Benefit Bank.

Things to Remember:

- Keep all receipts – Human Resource Administrators, Inc. may request them to verify expense eligibility.
- *mySourceCard* is a signature based debit card – NOT a credit card. However, when a PIN # is requested it should be swiped as a credit card.
- The *mySourceCard* can be used only at authorized merchants.
- The cardholder can only use the card up to the amount available in the account. Any charge above this amount will cause the entire transaction to be denied.
- If your provider does not accept Master Card you can still submit a Claim Form & itemized bill.
- Retain the *mySourceCard* at the end of the year. Each year your annual election amount will be loaded onto the card.
- The cardholder has 24/7 access to account information at www.HRAAdministrators.com.
- Terminated participants cannot use the debit card.



mySourceCard® 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 Human Resource Administrators, Inc.

Employer Name: (Please Print) _____

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

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

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

E-mail Address: _____

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

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

Signature: _____ Date: _____

ALL FIELDS ARE REQUIRED

******* ALL REQUEST FOR CLAIM SUBSTANTIATION OR ADDITIONAL INFORMATION WILL BE E-MAILED TO THIS E-MAIL ADDRESS – PLEASE CHECK AFTER EACH DEBIT CARD USE.*******

MAIL or FAX Form to:
Human Resource Administrators, Inc.
PO Box 8, Center Valley, PA 18034
FAX: (610) 282-4216
Phone Number: (610)282-4215