

# Benny

*Your card for Better Benefits!*



The FSA Benny Card provides a convenient method to pay for out-of-pocket medical expenses for you, your spouse and/or any tax dependents. The IRS has stringent regulations regarding appropriate use of the Benny Card, as far as **where the card can be used**, and **when follow-up documentation is required (use of the card DOES NOT eliminate all of the paperwork)**. The card is a great benefit, but it is important that you take a moment and understand how it works.

## Where can the cards be used?

Per IRS regulations, the FSA Debit Card can only be used at Health Care Providers (based upon the Merchant Category Code) and at stores that have implemented an Inventory Control System.

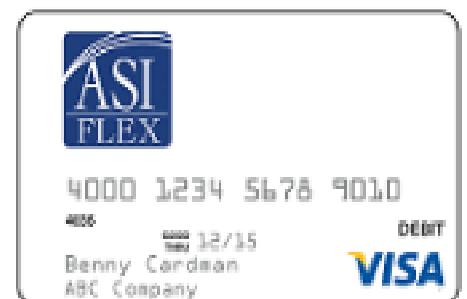
**1) Health Care Merchant Category Codes (MCC):** Every merchant that accepts credit cards has an MCC, which is a general category that is assigned when the merchant applies for the right to accept credit cards. The FSA debit card will work to pay providers that have an MCC that indicates the merchant is a health care provider (hospital, doctor, dentist, optometrist, chiropractor, etc.).

**2) Inventory Control System Restriction:** The IRS also allows a card to be used at retail stores that have an FSA Inventory Control System in place that only allows FSA-eligible items to be paid for with your FSA debit card. Please note that if you have a medical condition that allows you to claim expenses that are not normally eligible, the card will not be able to pay for these expenses at these stores. You will have to pay with a separate form of payment and submit a claim. The card will work at these stores, even if the MCC does not indicate it is a health care provider. A list of stores with this system in place now (and some expected in the future) is available online, at [www.asiflex.com/debitcards](http://www.asiflex.com/debitcards). **Purchases at these stores should never require follow-up documentation!!** Please note that as of 7/1/2009, IRS regulations require all pharmacies to have the Inventory Control System in place, or your card will be declined.

## When do I have to turn in paperwork?

Certain situations will allow FSA debit card transactions to be electronically substantiated, meaning that no follow-up documentation will be required. If a transaction cannot be electronically substantiated, you will receive a request for follow-up documentation from ASIFlex. Transactions are considered to be electronically substantiated if they:

- Match a co-payment, or any combination of co-payments up to five times the highest, for the health insurance plan(s) that you have elected through your employer;
- Occur at a retail outlet that has implemented the Inventory Control System; or
- Are recurring expenses for the exact same amount at the same provider and have been substantiated once via a paper claim. An example of this is if you go see a chiropractor once a month and you are assessed a fee of \$23.11 for each visit. This amount does not match a co-payment, so you will be prompted for documentation the first time. When you submit your documentation, please include a note stating that this is a recurring expense. Future transactions at the same provider, for the same amount, will not require follow-up documentation.



All other transactions will prompt a request for a detailed statement of services. You are not required to submit this documentation each time you get a request. Many ASIFlex participants gather up their statements, and simply submit these items on a monthly basis.



Contact ASIFlex with Questions: **Phone:**  
**Email:**  
**Web:**

(800) 659-3035  
[asi@asiflex.com](mailto:asi@asiflex.com)  
[www.asiflex.com](http://www.asiflex.com)



# ASIFlex Card Order Form

Complete all fields and print clearly.

Indicate the Type of Card Order*	<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>		
My Employer*			
My Name*			
Social Security Number*	Date of Birth*   MM/DD/YYYY		
Mailing Address*			
City*	State*	Zip Code*	
Email Address*			
Cellular Telephone Number	<i>Note: Standard text message charges may apply from your wireless provider.</i>	Cell Carrier	

*\*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.
- There is an additional fee for the card of \$6.00/year. There is a \$5.00 charge for additional or replacement cards.

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:  
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