



TO: Allegiance Benefit Plan Management

FROM: _____

RE: EMPLOYER ACKNOWLEDGEMENT
FLEX DEBIT CARD IMPLEMENTATION

This notice is confirmation that our company has elected to implement the Flex Debit Card option as of the effective date below. As the Plan Sponsor/Plan Administrator of the plan, we understand:

- Successful implementation and efficient administration is directly related to employer understanding and support of the process, clear and appropriate employee communications, and timely submission of plan year enrollment.
- Plan participants will now have two reimbursement options. One option is traditional paper claim filing; the other option is through use of the Flex Debit Card. IRS regulations require ALL claims be substantiated (paper claims and card transactions) which, in most cases, require the plan participant to provide documentation of expenses after using the Flex Debit Card.
- Participants will receive a cardholder agreement that they must read and adhere to. Employees will certify, upon enrollment and through each use of the card, that they will use the card only for eligible expenses, that any expense paid by the card has not been reimbursed nor will the employee seek reimbursement under any other plan. Participants and their spouses will retain documentation for all expenses for submission to claims processor.
- Cards will be inactivated if plan participants or their spouses do not provide appropriate documentation; and the participant will be required to reimburse the plan. Misuse of the card could result in permanent inactivation of all cards.
- The claim substantiation process will follow IRS guidance. The IRS guidance and our auditing parameters are continually reviewed and are subject to change at any time.
- The total dollar amount of daily card transactions will be debited from an account identified on the Medibank (mbi) Authorization Form. Employer will have sufficient funds available at all times to cover card transactions.
- Employer will inform terminated employees that the card will be inactivated. At their discretion, the employer may wish to collect the card along with other employer-related credit cards and keys.
- **Please review the attached page on the limits of the card and choose one of following:**
 - I have reviewed the recommended parameters and would like to have these set for our card as well.
 - I have reviewed the recommended parameters and would like to make changes to them. (Please attach changes.)

We would like to elect: **Spouse cards** Yes No **Dependent Cards** Yes No

Administration Fee: Paid by Employer Paid by Employee

Company: _____

By: _____

Implementation Date: _____

Name: _____

Title: _____

Date: _____

Send to: Allegiance Benefit Plan Management—PO Box 4346—Missoula, MT 59806
Note: Documentation must be received before the implementation date.