ALLEGIANCE
FLEX ADVANTAGE®

TO: ALLEGIANCE BENEFIT PLAN MANAGEMENT, INC.

FROM: _____

RE: FLEX DEBIT CARD IMPLEMENTATION REQUEST

This notice is confirmation that _____ has elected to implement the Flex Debit Card option as of _____. As 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**. Unsubstantiated claims not reimbursed by participants will be charged to the employer as experience losses during year-end plan reconciliation.**

- 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.

- If the Employer chooses to use own bank account, a $1.00 ACH Debit Card processing fee will be charged against their account at the time of set-up.

- 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).

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

*A separate enrollment form will be needed for spouse and/or dependents to enroll. This will be e-mailed to you when your debit card plan is set up. *

SIGNED: _____ PRINTED NAME: _____

DATE: _____ TITLE: _____

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