

TRI-AD

FlexCardsm



Your **FlexCard** makes using the FSA plan easy!

Instant Access to Your Flexible Spending Accounts!

Use the TRI-AD FlexCard MasterCard® debit card for all your FSA transactions! The card is recognized nationwide at qualified locations that accept MasterCard debit cards.



How to Use Your Card

1. Incur your eligible expense at the doctor, dentist, pharmacy, drugstore, etc.
2. Swipe your card as "credit." No PIN is needed.
3. Keep receipts and necessary documentation to support your transaction.
4. Submit your documentation to TRI-AD *only if it is requested*.

How the Card Works

The TRI-AD FlexCard is pretty smart. Here's how it helps cut down on paperwork:

- **It only works at eligible merchants.** The card knows whether a transaction is coming from a doctor's office or a restaurant. It will only work at certain types of merchants.
- **It can accept and instantly approve many transactions.** The card will generally immediately clear valid transactions that are in line with your health plan's provisions.
- **It is connected to many stores' systems.** The FlexCard's system is connected with certain merchants' Inventory Information Approval System (IIAS) to allow for easy transaction approval. *The IRS limits the card's use at grocery or discount stores to stores that are IIAS compliant.*

Need More Information?

Via phone: Call our Participant Contact Center from 5:00 AM to 5:30 PM (Pacific Time) at (888) 844-1372.

Online: TRI-AD's FSA Participant Toolkit at www.tri-ad.com/fsa provides educational materials, a complete list of eligible expenses, account history and activity, claim submission information and more. Click on the picture of the FlexCard to access more information about the card.

The information contained herein is considered to be general in nature. In the event that anything on this brochure differs from the information contained in your company's plan provisions as set forth in the Summary Plan Description and/or Plan document, those documents shall prevail.

Tips for Using Your TRI-AD FlexCard

1. **Keep your receipts!** TRI-AD may need to ask for backup documentation. IRS rules say it must show:
 - The date the service was incurred
 - The service provider's name
 - To whom the service was provided
 - The cost of the service or item
 - A clear and detailed service description

Acceptable documentation: Insurance company Explanation of Benefit forms (EOBs), receipts showing the above information, or "bag tags" for prescriptions, and cash register receipts with product descriptions.

Unacceptable documentation: Credit card machine receipts, estimates and balance forward statements.

2. **Provide documentation only if TRI-AD requests it.** Following IRS regulations, TRI-AD may ask for documentation supporting your FlexCard transaction. Attach your documentation, etc. to the request form and return it to TRI-AD, or upload the documentation through the Claims Center. *Do not use a claim form.*
3. **Keep your FlexCard – it's good for three years.** If your card wears out, you can request a new one from TRI-AD.
4. **Report lost and/or stolen cards immediately.**
5. **Be sure your account is in good standing.** If you have not provided requested documents, your card will be turned off.
6. **Monitor your account on TRI-AD's FSA Participant Toolkit at www.tri-ad.com/fsa.**

TRI-AD FlexCardsm – Dependent Card Authorization

Instructions: Please print clearly. Complete this form in its entirety and return it to TRI-AD either by fax or mail as noted below.

EMPLOYEE INFORMATION:

Employer Name: _____ Division: _____

Last Name: _____ First Name: _____ SSN#: _____

Address: _____ Phone: () _____

City: _____ State: _____ Zip: _____ Email: _____

DEPENDENT INFORMATION:

Dependent's Last Name: _____ Dependent's First Name: _____

Dependent SSN#: _____ Relationship to Employee: _____

Authorization—Read Carefully

I authorize TRI-AD to issue a *FlexCardsm* to my eligible dependent as listed above. I understand that I alone am responsible for my FSA account and the use of the *FlexCardsm* by my dependent. I understand that I am responsible for the sufficiency, accuracy, and veracity of all information relating to all claims and *FlexCardsm* transactions and that unless an expense for which payment or reimbursement is claimed is a proper expense under the Plan, I may be liable for the payment of all related taxes including federal, state or city income tax on amounts paid from the plan which relate to such expense. I understand that no tax deduction is permitted for amounts for which reimbursement is made. I agree to comply by the terms of this Plan.

I understand that if I or my dependent use the TRI-AD *FlexCardsm* for purchases other than Qualified Expenditures or fail to provide proper documentation for my/our purchases, as determined by the Plan Administrator, the IRS or any other party having authority, that I have violated this Agreement and my obligations under my employer's Plan. I authorize my employer to collect from me personally or withhold such funds from my pay or any other amounts due including any taxes, fines, surcharges or penalties that may be assessed for the use of the *FlexCardsm* for Non Qualified Expenditures. I also understand that my Card and my dependent's card may be immediately suspended and/or permanently revoked.

Signature of Employee

Date

Fax or Mail to:
TRI-AD FSA Department
221 West Crest Street, Suite 300
Escondido, CA 92025

Toll-Free Fax: 866-233-4741
Phone: 888-844-1FSA(1372)