

# Debit Card Agreement

Medical reimbursement accounts only

## I ACCEPT RESPONSIBILITY FOR THE FOLLOWING:

- All card transactions will be solely for qualified expenditures **incurred** (not billed or paid) during the plan year;
- To the extent that if I misrepresent any card transaction as a qualified expenditure when it is a non-qualified expenditure, I hold you harmless for whatever penalties and consequences that may occur as a result of my actions;
- If I misrepresent any card transaction on a non-qualified expenditure, I must immediately repay all expenses to the account upon notification; if not repaid, I understand the amount will be considered taxable income.
- I agree to submit expense receipts to the third party administrator for all purchases when requested; If failure to substantiate, card will be suspended.
- Each time I present the card for payment, I will sign a receipt evidencing that the expense has been incurred and reaffirming my representation that it is a qualified expenditure that has not been and will not be reimbursed from any other source.

## DEBIT CARD VALID FOR 3 YEARS OF CONTINUAL PARTICIPATION

### PLEASE PRINT

EMPLOYER \_\_\_\_\_

NAME \_\_\_\_\_

SOCIAL SECURITY NUMBER \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_

CITY / STATE / ZIP \_\_\_\_\_

DAYTIME TELEPHONE NUMBER \_\_\_\_\_

E-MAIL ADDRESS \_\_\_\_\_

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

## ADDITIONAL CARDS

### DEPENDENT CARDS – ISSUED TO SPOUSES AND/OR DEPENDENT CHILDREN (AGES 18-26)

NAME	RELATIONSHIP	DATE OF BIRTH

PLEASE MAIL COMPLETED FORM TO: FIRST FINANCIAL ADMINISTRATORS, INC. • PO BOX 670329, HOUSTON TX 77267-0329

PHONE: 1-800-523-8422 OR 281-847-8422 FAX: 1-800-298-7785