



Take Care Visa Debit Card

Debit Card Enrollment Form

In order to be eligible to receive a Take Care Visa Debit Card, you must first enroll in the FSA program. Once you have elected the Take Care Visa Debit Card, it will automatically be mailed to your home along with a Cardholder Agreement and other important information. You may order a separate card for your spouse and / or other adult dependents by making a request for additional cards below.

Employee Information

Employer:

Employee Name (Last, First, MI)

Social Security Number

Street Address

City

State

Zip

Please complete Dependent Information to order an additional Take Care Visa Debit Card for your spouse or a dependent.

Dependent Information

Name (Last, First, MI)

Relationship

- YES I want the convenience of using the Take Care Flex Debit Card to pay for qualified expenses, I understand that the Annual Fee is deducted from my payroll and includes one extra card for my spouse or a dependent. NOTE: SOME EMPLOYERS HAVE AGREED TO PAY THE DEBIT CARD FEE FOR THEIR EMPLOYEES. CHECK WITH YOUR HUMAN RESOURCES DEPARTMENT FOR CLARIFICATION.
- NO At this time, I do not want to use the Take Care Flex Debit Card for the convenience of paying for qualified expenses out of the plan(s) for which I am enrolling.

I understand that:

- I will only use the Take Care Debit Card to pay for any and all qualified expenses.
- Qualified expenses will be deducted directly from my FSA account and that any non-qualified expenses or qualified purchases that exceed the available funds in my FSA account may be declined by the Merchant.
- If a non-qualified expense is identified, I will be responsible to repay the amount. Access to the Take Care Debit Card may be denied until the amount is repaid.
- I will retain receipts and other documentation for the expenses paid with the Take Card Debit Card.
- The dependent listed above is subject to the same terms and conditions as described herein.

Employee's Signature: _____ Date: _____

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