

Reimbursement Account Benefits Debit Card Rules of Participation

- The Benefits Debit Card may only be used at qualified locations that provide medical products and services.
- If a medical provider does not accept the Benefits Debit Card, you will need to pay the expense and submit a voucher for reimbursement to American Fidelity.
- If American Fidelity's requests for receipts are not answered in a timely manner or if you pay for an ineligible expense, access to a Benefits Debit Card will be blocked and you may need to pay back the amount of the expense.
- If you do not pay back the plan for an ineligible expense in a timely manner, your Employer will be notified. Your Employer may make an after-tax deduction from your paycheck or adjust a W-2 to make a correction to reflect the ineligible expense.
- If an expense is greater than the amount available in the reimbursement account, your card swipe will be denied.
- You will not receive a new card each year. Each year in which participation continues, the new election amount will be loaded to the existing card. Cards will expire 3 years from the day of issue.
- Dependents receiving a Benefits Debit Card may only include a spouse and eligible tax dependents, including adult children who are at least age 18 as of the first day of the plan year.
- Dependents with a Benefits Debit Card will have access to all reimbursement account information available to you, including protected health information.
- If a dependent loses tax dependent status, you must notify American Fidelity immediately and the dependent's card will be terminated.

I acknowledge that:

I have received a copy of the **Rules of Participation** and understand and agree to the terms and conditions of participation in the Benefits Debit Card.

I certify (1) the Benefits Debit Card will only be used to pay for the eligible medical expenses of myself, my spouse, and my dependents; (2) the Benefits Debit Card will not be used for expenses that have already been reimbursed; (3) I will not seek reimbursement under any other health plan for expense paid for with the Benefits Debit Card; and (4) I will acquire and keep sufficient documentation for expenses paid with the Benefits Debit Card.

Participant Name (Printed): _____

Participant SSN: _____

Participant Signature and Date: _____

Employer Name: _____