

FLEXIBLE SPENDING PLAN (FSA) DEBIT CARD REQUEST FORM

DAYTIME PHONE:		HOME PHONE:	E-MAIL ADDRESS:	DATE OF BIRTH:
CSU HEALTH PLAN ENROLLMENT: I AM ENROLLED IN THE FOLLOWING CALPERS HEALTH PLAN: ' ANTHEM HMO (SELECT, TRADITIONAL ANTHEM EPQ (DEL NORTE ONLY) ' BLUE SHIELD ACCESS+ HMO ' WESTERN HEALTH ADVANTAGE ' HEALTH NET HMO (SALUD Y MAS, SMARTCARE, SHARP HMO ' KAISER PERMANENTE ' PORAC ' UNITED HEALTHCARE ' PERS CHOICE PERS SELECT ' PERSCARE ' BLUE SHIELD TRIO			CSU DENTAL PLAN ENROLLMENT: I AM ENROLLED IN THE FOLLOWING CSU DENTAL PLAN (ALSO INDICATE PLAN LEVEL) ' DELTACARE USA: ' BASIC ' ENHANCED ' DELTA DENTAL PPO ' BASIC ' ENHANCED ' ENHANCED I	

The FSA Debit Card is optional to you, and is only for Health Care Reimbursement (HCR) Plan participants. If you want to receive a FSA Debit Card (aka ASIFlex Card), you have to complete this application. If you do not wish to request the FSA Debit Card, you can use your HCR funds by filing claims and ASIFlex will reimburse you by direct deposit or check.

If you request the FSA Debit Card, a separate one-time administrative fee will be deducted directly from your HCR account by ASIFlex as a one-time, lump sum amount (i.e., \$12.00 if your enrollment begins in January, and the amount is prorated if enrollment begins in another month). Therefore, your annual HCR election amount will be reduced by an amount equal to or less than \$12.00. adjust your annual HCR election to include the one-time fee only if your monthly HCR deduction amount does not exceed \$225.00.

Upon receipt of this completed form, two (2) debit cards, both in your name, will be issued on your behalf. The cards will be mailed to your address approximately three weeks from ASIFlex's processing of this form. There is a \$5.00 charge for additional or replacement cards.

When using the FSA Debit Card, select the "credit" option when you present the card at a merchant or a provider, and use the created PIN. Call 866-898-795 to request a PIN.

It is important to note that there will be times when you will be required to submit substantiating documentation for some transactions. ASIFlex will notify you when this documentation (detailed statement of services, etc.) is required. If you do not provide the requested documentation in the timeframe stated in your notification, your card will be deactivated.

PLEASE NOTE: If you use the ASIFlex Card during the FSA Grace Period (January 15th to March 15th) and have funds remaining in your HCR account, your card transactions will automatically be applied to available funds from the previous plan year and transactions that exceed your available funds from the previous plan year will have the excess applied to available funds from the current plan year.