

**CITY OF SEATTLE**  
**FLEXI-CARD / DIRECT DEPOSIT AUTHORIZATION FORM**

**Employee Information**

Last Name, First Name _____		Employee SSN or ID _____	
Address _____	City _____	St _____	Zip _____
<input type="checkbox"/> <b>Address Change</b>			
Email - REQUIRED FOR FLEXI-CARD ISSUANCE _____		DOB (MM-DD-YYYY) _____	

**Flexi-Card Enrollment**

<p style="text-align: center;"><b>Flexi-Card</b></p> <p>A debit card that pays for your qualifying medical expenses from the Health Care FSA</p>	<p>There is no cost for you to receive the Flexi-Card. <b>You must provide an email address to use the Flexi-Card.</b> By checking <b>YES</b> I acknowledge that I have read the entire form and agree to allow my employer to deduct improper expenses charged to the card from my wages.</p>
<input type="checkbox"/> YES, I authorize Flex-Plan Services, Inc. to issue a Flexi-Card for my Health Care FSA Benefit for this plan year.	
X _____	_____
<b>Employee Signature</b>	<b>Date</b>
<p>If you would like to order a card for your eligible spouse or dependent please indicate their relationship to you and provide their name as it should appear on the card:</p> <p><input type="checkbox"/> Spouse</p> <p><input type="checkbox"/> Dependent _____</p> <p style="text-align: center; font-size: small;">Last Name, First Name</p>	

**Direct Deposit Authorization**

**IMPORTANT: If your Direct Deposit information was provided when you enrolled this year, there is no need to complete this form.** However, if your Direct Deposit information has changed, or if you did not provide Direct Deposit information during enrollment, use this form to elect direct deposit for reimbursements.

<p style="text-align: center;"><b>Direct Deposit</b></p> <p>Reimbursements are electronically deposited into your bank account.</p>	<p><input type="checkbox"/> Checking      <b>Routing #</b> _____</p> <p><input type="checkbox"/> Savings        <b>Account #</b> _____</p>
<p>This authority will remain in full force and effect until Flex-Plan Services, Inc. has received written notification from me of its termination in such time and in such manner as to afford Flex-Plan Services, Inc. and the banking institution a reasonable opportunity to act on it.</p>	
<input type="checkbox"/> YES, I authorize Flex-Plan Services, Inc. to electronically deposit my FSA reimbursements into the above specified bank account.	
X _____	_____
<b>Employee Signature</b>	<b>Date</b>

Fax completed form and documentation to:  
 FAX: (425) 233-6366 or  
 toll-free (866) 535-9227

Email:  
 election@flex-plan.com

Mail forms and documentation to:  
 Flex-Plan Services, Inc.  
 PO Box 53250 Bellevue, WA 98015-3250

Customer Service Line: (425) 452-3500 or (800) 669-FLEX Visit our Web site at [www.flex-plan.com](http://www.flex-plan.com)

**Please read reverse for important information regarding  
 Direct Deposit and the Flexi-Card.**

## **Direct Deposit**

---

### **Rules & Instructions**

- All direct deposits will be initiated on the same day as the normal check reimbursement date. Deposits may take up to two (2) business days to appear in the designated account.
- Returned items due to incorrect banking information are assessed a \$10.00 fee.

## **Flexi-Card**

---

### **Rules & Instructions**

- Please be sure to include an email address above or no cards will be issued.
- Flexi-Cards are good for 3 years; at expiry you will automatically receive a new set of cards.
- Flexi-Cards will be loaded ONLY with the new-year annual election amount and may only be used for expenses that are incurred during the current plan year. If you have unused funds from the previous plan year or if the plan offers a Grace Period, you may not use the Flexi-Card to claim those funds. You will need to submit a manual claim for reimbursement.

### **Ineligible Flexi-Card Expenses**

---

- The IRS provides the following 3 methods for correcting the reimbursement of an ineligible Flexi-Card Charge. A participant must: a) repay the plan for the amount of the ineligible expense, or b) request the substitution or offset of future claims to repay the plan. If neither option "a" nor "b" is successful the final option illustrated by the IRS permits the employer to deduct the ineligible expense from the participant's wages or other compensation consistent with federal and state law.
- For example, if you use the card for an ineligible expense the card will be suspended to prevent further use. We will reactivate the card once you reimburse the plan for the amount of the ineligible expense. If you do not reimburse the plan the card will remain suspended. You may still submit claims via fax or mail and, upon request, we will substitute or offset those future claims against the amount of the ineligible expense until the amount of the ineligible expense is repaid. If you do not repay the plan or substitute or offset future claims against the amount of the ineligible expense your employer may withhold the improper payment amount from your wages or other compensation consistent with applicable federal or state law.

### **Lost or Stolen Flexi-Card**

---

- Participant will be charged \$5.00 for the reissue of any lost, stolen, or otherwise misplaced Flexi-Card. The fee will be deducted from the participant's Health Care FSA.