

mySource Card Enrollment Form

Employer Name

Employee Name (Last, First, MI) *Please Print*

Phone Number

Employee Street Address

City

State

Zip Code

Date of Birth

Social Security Number

E-mail address (Required for Debit Card)

Mother's Maiden Name (Security Purposes Only)

Print Name as it will appear on 1st Card (21 characters max)

Print Name as it will appear on 2nd Card (Optional) (21 characters max)

mySourceCard™ Enrollment Agreement

As a participant in one or more of the Reimbursement Plans indicated on this form, you will be issued a mySourceCard™ MasterCard® Debit Card issued by Benefit Bank, and agree to use it according to the terms of this Agreement and the Cardholder Agreement that will be provided to you with the Card. You understand that the Card is restricted to certain merchant categories and is not accepted at all MasterCard® acceptance locations. You understand that you may not obtain a cash advance with the Card at any merchant, bank, or ATM. You understand that the Card is to be used *exclusively* for Qualified Expenses as defined by the Plan(s) in which you participate. If the Card is issued pursuant to a Reimbursement Plan as indicated on this form and you use the Card for an expense that is not a Qualified Expense, you are indebted to your employer and must repay the full amount of the non-Qualified Expense. You agree to save all invoices and receipts related to any expense paid with the Card and upon request you must submit these documents for review by the Plan Service Provider. Failure to submit the receipt(s) will cause the expense to be treated as a non-Qualified Expense and you will be required to remit payment to your employer. Payment may be in the form of an offsetting claim, personal check or ACH draft, or a deduction from your paycheck.

Please Note: Additional terms and conditions would apply if you use the Card to access your funds in your HSA under the HSAtoday™ program. In such event, these additional terms and conditions would be set forth in an HSA Addendum to an HSA Custodial Account Agreement.

Signature

Date