

ASIFlex Debit Card Health Care Flexible Spending Account



The ASIFlex Debit Card provides a convenient method to pay for out-of-pocket health care expenses for you, your spouse and/or any tax dependents. The IRS has stringent regulations regarding appropriate use of the ASIFlex Card, such as **where the card can be used, and when follow-up documentation is required. Use of the ASIFlex Debit Card is not paperless and DOES NOT eliminate paperwork.** The ASIFlex Debit Card is a great benefit, but it is important that you take a moment and understand how it works.

Do I have to turn in documentation when paying with the ASIFlex Debit Card?

If you use the ASIFlex Debit Card, you are only required to submit backup documentation if the transaction is unable to be electronically substantiated.

Transactions are electronically substantiated if:

- ↳ The dollar amount of the transaction at a health care provider equals the dollar amount of the co-payment for the employer-sponsored health, vision or dental plan that participant has elected
- ↳ The expense is a recurring expense that matches expenses previously approved as to amount, provider, and time period; or
- ↳ The merchant maintains a compliant Inventory Information Approval System (IIAS) for over-the-counter supplies and prescription medication.



Any transaction that does not meet the above criteria will prompt a request for follow-up documentation. For more information regarding follow-up documentation visit ASIFlex's Debit Card Documentation Requirements at www.asiflex.com/DebitCards.

Where can the ASIFlex Debit Card be used?

Per IRS regulations, the ASIFlex Debit Card can only be used at Health Care Providers (based upon the Merchant Category Code) and at stores that have implemented an Inventory Information Approval System (IIAS).

- ↳ **Health Care Merchant Category Codes (MCC):** Every merchant that accepts credit cards has an MCC, which is a general category that is assigned when the merchant applies for the right to accept credit cards. The ASIFlex Card will work to pay providers that have an MCC that indicates the merchant is a health care provider (hospital, doctor, dentist, optometrist, chiropractor, etc.).
- ↳ **Inventory Information Approval System (IIAS):** The IRS also allows the ASIFlex Card to be used at retail stores that have IIAS in place. IIAS restrictions and a list of stores with this system in place now (and some expected in the future) is available online, at www.asiflex.com/DebitCards.

Have Questions?

Please contact the Statewide Benefits Office Customer Service Team by phone at 1-800-489-8933 or by email at benefits@delaware.gov.



ASIFlex Card Order Form

Complete all fields and print clearly.

Indicate the Type of Card Order*	<input type="checkbox"/> First-time new card order <input type="checkbox"/> Additional card set for dependents (2 cards per set) – number of card sets needed ____ <input type="checkbox"/> Replacement of lost/stolen card(s) <input type="checkbox"/> Card is worn out; need a new card			
	<p><i>Note: New cards are issued with a 5-year expiration date. If you exhaust all funds in one year, do not destroy your card. Keep the card for use in future years as new plan year elections will be automatically loaded to the card.</i></p>			
My Employer*				
My Name*				
Social Security Number*			Date of Birth* MM/DD/YYYY	
Mailing Address*				
City*		State*		Zip Code*
Email Address*				
Cellular Telephone Number			Cell Carrier	
<p><i>Note: Standard text message charges may apply from your wireless provider.</i></p>				

***Required Fields. Form will not be processed without this information.**

I understand:

- The card is optional and I can choose at each point-of-sale if I want to use the card, or file a traditional claim.
- I may be required to provide supporting documentation to substantiate certain card transactions. ASIFlex will notify me if documentation is required.
- I must read my messages posted to my secure message center at www.asiflex.com to understand the documentation that may be required.
- I must submit correct and appropriate documentation upon request.
- It is my responsibility to request appropriate documentation from health care providers in order to substantiate card transactions.
- If I do not supply the requested documentation in the timeframe requested, my card will be temporarily deactivated as required by IRS regulations.
- I will receive two debit cards, both in my name. The cards will be mailed to my home address approximately two to three weeks from the date my application is processed.
- I must activate my card(s) by calling the toll-free number as provided, and I can select a PIN if I wish.
- I can sign for credit transactions or I can supply my PIN for debit transactions.
- Each employer plan is different. There may be an annual fee for the card so I must review my employer plan materials. Fees for additional or replacement card sets are \$5 and will be deducted from my flexible spending account balance.
- Additional information regarding card usage can be found online at www.asiflex.com/DebitCards.

I hereby state that the above information is accurate, to the best of my knowledge. Additionally, I certify that the card will only be used to pay for eligible health care expenses as defined in the plan and IRC §213(d). I will not seek reimbursement from any other source for the expenses paid for with the card. I also acknowledge that if I do not provide requested documentation in a timely fashion, my card will be deactivated, in accordance with IRS regulations.

Participant Signature: _____ **Date:** _____

FAX OR MAIL TO:
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