



## EMPLOYER FlexCard SETUP

**THIS FORM MUST BE COMPLETED AND ENTERED NO LATER THAN 30 DAYS PRIOR TO CARD ISSUANCE DATE**

### SECTION 1

<b>EMPLOYER NAME</b>	
<b>ADDRESS</b>	
<b>PHONE</b>	
<b>WEBSITE</b>	
<b>PAYROLL/BUSINESS MGR. NAME</b>	
<b>PAYROLL/BUSINESS MGR. PHONE</b>	
<b>TARGET CARD ISSUANCE DATE</b> (At least 30 days after information entered into system)	
<b>4<sup>TH</sup> LINE EMBOSING (MAX 24 CHARACTERS)</b>	
<b>PLAN YEARS</b>	1 <sup>ST</sup> YEAR 2 <sup>ND</sup> YEAR
<b>PROGRAM TYPE</b>	<input type="checkbox"/> FSA <input type="checkbox"/> HRA
<b>BENNY CARD FEE</b>	FEE AMOUNT: HOW IS IT BILLED <input type="checkbox"/> MONTHLY <input type="checkbox"/> YEARLY
<b>TOTAL ELIGIBLE EMPLOYEES</b>	
<b>GRACE PERIOD</b>	<input type="checkbox"/> YES <input type="checkbox"/> NO  NUMBER OF DAYS:

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### SECTION 2

FOR OFFICE USE ONLY	
<b>CLIENT ID:</b>	
<b>PROGRAM ID:</b>	
NOTES:	

I understand that the debit card bank requires that 6% of all card holders' annual election, must remain in the account at all times during the year. I authorize SABC to fund this account with currently held supplement funds, but understand that additional funding may be necessary. If SABC does not currently hold supplemental funds, I will be notified of the amount I must fund, prior to the cards being issued.

<b>PRINT NAME</b>	<b>TITLE</b>
<b>SIGNATURE</b>	<b>DATE</b>