

Payment Card Request Form

Your employer offers you the convenience of the payment card. This card allows you to purchase items at eligible merchants. By electing the card, you agree to use the card only for eligible expenses and also agree to submit detailed documentation of the expenses you incur on the card within 10 business days of using the card. Acceptable documentation includes the date of service, the name of the person for whom the services were provided and a description of the services provided along with the amount charged. The credit card receipt is generally not sufficient documentation, unless it also details the items purchased with enough information that it adequately identifies the card was used for eligible expenses.

If you do not submit the required documentation to us in a timely manner (generally, within 42 days of the transaction), your card will be suspended. Reactivating the card will require a \$5 fee. If you lose your card or it is stolen, you must call us immediately. Reissuing the card will require a \$5 fee.

Special Notes - Transit and Parking accounts do not require documentation on payment card transactions and dependent cards cannot be ordered for these accounts.

You will receive your card within 2-3 weeks after you order it, but not before your eligibility date. **YOU MUST ACTIVATE THE CARD WHEN YOU RECEIVE IT IN ORDER TO USE IT.** If you fail to activate your card within 30 days, we will cancel it. Reissuing the card after it has been cancelled will require a \$5 fee.

Participant Information (Required information)

Name _____
(Print or type: Last, First, Middle Initial) Social Security # _____
or your Participant ID # _____

Mailing Address _____ Daytime Phone # () _____

City, State, Zip _____ Name of Employer _____

Email Address: _____

Participant Card Request

I authorize WageWorks, formerly Creative Benefits to order a payment card for use with my spending account. I understand that my employer may require me to pay the annual fee for the payment card, which is a non-prorated, non-refundable fee of \$14.40 each plan year. This fee, if payable, will automatically be assessed against my account.

Dependent Card Request

(For Health Care Spending Accounts, Dependent Care Spending Accounts or Health Reimbursement Arrangements Only)

To order an additional Payment Card for a dependent, your current payment card must be active and funds available in order for the dependent card to be issued.

I authorize WageWorks, formerly Creative Benefits to order a payment card for my dependent to be used on my spending account. I understand that there is an additional fee of \$5.00 that will automatically be assessed against my account.

Dependent's Name: _____ Date of Birth: _____
(Print or type: Last, First, Middle Initial)

This card is for? Spouse Other Dependent

Please sign and return this form to:

WageWorks, formerly Creative Benefits
P.O. Box 1928 Vista, CA 92085-1928
Fax to: 877-411-4449

Signature: _____ Date: _____