

# Health Economics Group, Inc.

## Flexible Spending Account Program and Health Reimbursement Account Debit Card Enrollment Form

(585) 241-9500x504 or (800)666-6690x504

[flex@heginco.com](mailto:flex@heginco.com)

Employer Name: <b>NIAGARA-WHEATFIELD CENTRAL SCHOOL DISTRICT</b>	
Employee Name :	Employee Social Security Number:

**Note: Debit cards are available only to employees enrolled in the employer's Flexible Spending Account Program and/or Health Reimbursement Account.**

If you have enrolled in both the Flexible Spending Account and the Health Reimbursement Account, the debit card will be used for both accounts. Transactions will be processed from your FSA until that balance is exhausted. At that time, transactions will be deducted from your HRA.

I would like a Benny™ debit card for use with my Flexible Spending Account Program and/or Health Reimbursement Account, and I agree that I and my dependents (if any) will use the debit card solely for its intended use. I understand that I must submit documentation substantiating any and all of my purchases upon request from Health Economics Group. If this card is misused in any way, I understand that it will be turned off for future use, and it will remain my responsibility to reimburse the plan for all ineligible expenses. Further, I agree read and to abide by all terms described in detail with materials received with my Benny™.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

**Please return to Health Economics Group, Inc. by June 15<sup>th</sup>.**

Health Economics Group  
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Fax: 585-241-9518