



## NSHE Flex Spending ASI DEBIT CARD EXPLAINED



- ❖ **Please remember as you begin using your ASI Debit Card, even though this card is legally considered a “stored value” card (because it’s funded by your FSA election) the card should be swiped at the point of sale as a “credit” card and thus will not require a pin number.**
  
- ✓ The prepaid card for your dependents is strictly optional and is not required to take advantage of the benefits offered through NSHE’s Flexible Spending Account program.
  
- ✓ IRS guidelines require the submission of third party documentation\* to prove the expense was an eligible expense even when you use your ASI Debit Card -- **unless:**
  - The expense matches NSHE’s medical plan doctor office visit copay\*\* or,
  - The expense matches NSHE’s pharmacy copay\*\*\*
  
- ✓ \* “Third party” documentation includes a **copy (please keep the original documentation for your records)** of an EOB (Explanation of Benefits) from your medical/dental insurance carrier and/or a receipt from your provider detailing the following information:
  - Date the service was provided or incurred\*\*\*\*.
  - \*\*\*\*NOTE: for FSA purposes according to IRS regulations, “incurred” means the date(s) that you, the participant or your eligible dependent(s) is **provided** with the care that gives rise to the expense – not the date when you are formally billed, charged or pay for the care.
  - Description of the service provided – procedure performed/condition treated
  - Total cost of services provided that are not covered under the insurance plan
  
- ✓ \*\*Please have your doctor’s office **individually** swipe your ASI Debit Card for EACH copay charged – this will prevent you from having to submit your receipts after using your ASI Card at the doctor’s office.
  
- ✓ \*\*\*Please have your pharmacy **individually** swipe your ASI Debit Card for EACH prescription – this will prevent you from having to submit your receipts after using your ASI Card at the pharmacy when purchasing your prescription drugs.
  
- ✓ **IMPORTANT:** Each time your ASI Debit Card is swiped, the FSA system checks the VISA merchant category code (MCC) that is loaded into the card machine. The MCC must match the list of IRS approved MCC’s in order to be approved – in general, doctors offices, hospitals and pharmacies are on the IRS approved list. There may be a time that you will be at an approved provider but an incorrect MCC has been loaded onto their credit/debit card machine. The card will not work at these providers. The card will not be accepted if there are not funds available to cover your full cost of the transaction.
  
- ✓ The following types of documentation are **NOT** acceptable according to IRS guidelines:
  - Cancelled checks
  - Credit card statements or credit card receipts
  - Balance forward statements
  
- ✓ In the event you need to submit claims documentation after you’ve used your ASI Debit Card, the claims documentation must be submitted with a completed ASI claim form with the supporting documentation.
  
- ✓ **Faxing Tips.** We welcome your faxed debit card documentation. But, please be sure that the documents you submit will fax **clearly**. If it appears that your documentation will not fax clearly, please mail a copy to us.

- ✓ **REMINDER - Timely Submission of Claims.** To be eligible for reimbursement, the claim must be **incurred** during NSHE's plan year, or while you were an active participant in the FSA plan. Your claim **MUST** be post-marked by the end of NSHE's runout period defined in NSHE's Summary Plan Description (SPD). If your claim is post-marked **after** the end of your runout, it will **not** be eligible for reimbursement and any funds remaining in your FSA account will be forfeited according to IRS regulations.

**DEBIT CARD APPLICATION – FOR DEPENDENTS  
FOR HEALTH CARE FLEXIBLE SPENDING ACCOUNTS**

The ASI Debit Card may only be used only at qualified merchants and for qualified prescription drug or office visit copays. Please review "Using Your ASI Debit Card" prior to applying for this card for your spouse or dependents. Your spouse or dependents may use your card. They do not have to have a card issued in their name.

To apply for your ASI Debit Card for your spouse or dependents, please fill in the shaded area below and mail or fax to ASI.

**Your card is valid until the expiration date printed on it as long as you still have funds available for that Plan Year.**

Employee Name: \_\_\_\_\_

Employer: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

**ALL FIELDS ARE REQUIRED FOR CARD ISSUANCE.**

By signing below the applicant agrees that he/she is enrolled in the employer's health care flexible spending account program. Your employer will pay the \$1.00 per month charge for the ability to use the Flexible Spending Account Debit Card.

Prescription drugs and office visit copays may be paid for using the prepaid card provided they are a qualifying expense and funds are available in your health care flexible spending account. You will not need to submit claims by mail or fax for accepted transactions that match NSHE's prescription drug or medical plan copays.

To cancel the card you will need to notify ASI of your intent to cancel the card 15 days prior to the cancellation date. ASI will turn the prepaid card off as soon as possible from the date of notice to allow previously submitted claims to be processed. (Contact ASI for a cancellation or card replacement form.)

Employee's signature \_\_\_\_\_ Date \_\_\_\_\_

**SPOUSE OR DEPENDENT CARD(S) REQUEST:**

Spouse or Dependent's Name: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_