

NueSynergy Debit Card

ENROLLMENT AGREEMENT



As a participant in your employer’s benefit account plan, you have the option to receive a NueSynergy debit card and, by doing so, agree to use it according to this Agreement and the Cardholder Agreement that will be provided to you with the card. Your NueSynergy debit card will be valid for three consecutive plan years.

You understand that the card is restricted to certain merchant categories and is not accepted at all MasterCard® acceptance locations and that you may not obtain a cash advance with the card at any merchant, bank or ATM. You understand that the card is to be used exclusively for Qualified Expenses as defined by the plan(s) in which you participate. If the card is issued pursuant to employer plans and you use the card for an expense that is not a Qualified Expense, you are indebted to your employer and must repay the full amount of the non-qualified expense.

You agree to save all invoices and receipts related to any expense paid with the card; upon request you must submit these documents for review by NueSynergy. Failure to submit will cause the expense to be treated as a non-qualified expense and you will be required to remit payment to your employer. Payment may be in the form of an offsetting claim, a personal check, online personal checking account information, which will create an EFT, or other options established by your employer.

For proper cardholder identification, please complete the following information. It’s important to provide an email address so that you can receive notices of your account activity and requests for claims substantiation. Without an email address we cannot provide you with account notices. All cards will be issued to the accountholder address listed below.

| DEBIT CARD ENROLLMENT INFORMATION | | | | | | | | | |
|-----------------------------------|------------|----------------|-----------|---|-------|-----|-------|----------|--|
| Employer | | | | | | | | | |
| Accountholder | FIRST NAME | MIDDLE INITIAL | LAST NAME | | | | | | |
| Mailing Address | | | | | | | | | |
| City | | | | | State | | | Zip Code | |
| Date of Birth | / | / | | | | SSN | - | | |
| Phone | (|) | | - | | | Email | | |
| Name on Accountholder Card | | | | | | | | | |
| Dependent #1 | FIRST NAME | MIDDLE INITIAL | LAST NAME | | | | | | |
| Date of Birth | / | / | | | | SSN | - | | |
| Name (1 st Card) | | | | | | | | | |
| Dependent #2 | FIRST NAME | MIDDLE INITIAL | LAST NAME | | | | | | |
| Date of Birth | / | / | | | | SSN | - | | |
| Name (2 nd Card) | | | | | | | | | |
| Dependent #3 | FIRST NAME | MIDDLE INITIAL | LAST NAME | | | | | | |
| Date of Birth | / | / | | | | SSN | - | | |
| Name (3 rd Card) | | | | | | | | | |

SIGNATURE _____ DATE / /

Plan Service Provider Initials: _____ Date Received: _____ / _____ / _____ Date Processed: _____ / _____ / _____

