

NueSynergy Benefits Debit Card Enrollment

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 Mastercard Debit Card will be valid for 3 consecutive plan years.

You understand that the Card is restricted to certain merchant categories and is not accepted at all MasterCard® acceptance locations. You understand 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 the Plan Service Provider. Failure to submit the receipt(s) 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.

Your Card cannot be issued until this form is received by your Plan Service Provider.

Employer: _____

Name on Card:

*20 characters maximum including spaces

Address: _____ City: _____ State _____ Zip: _____

Social Security Number: _____ Date of Birth: _____

Home Phone: _____ Email: _____

Name on 2nd Card:

*20 characters maximum including spaces

Signature: _____ Date: _____

All fields required

For Official Use Only

Plan Service Provider Initials: _____ Receive Date: _____ Process Date: _____