



## Take Care Debit Card Frequently Asked Questions

**How does the debit card work?** The card is loaded with the entire amount of your annual election so you can begin using it on your eligibility date for **health care expenses**. Dependent Care balances are available only after contributions have been posted to your account. The balance on your card for Parking and Transit expenses will be the IRS monthly disbursement maximum and will be reduced each time the card is used.

**How does the card know if my purchases are eligible expenses? What if I go to a discount store or supermarket to buy prescriptions and get an eye exam?** Our system is set up to flag any transactions that do not correspond to your employer's health plan co-pays and transactions not purchased from an IIAS compliant merchant. Therefore, you will be asked to submit a receipt after you have made the purchase so we can substantiate the claim.

**What are IIAS compliant merchants and why is this important?** IIAS stands for Inventory Information Approval System. This system allows the debit card to review each item that is purchased from an IIAS compliant merchant to see if it is an eligible expense. Many retailers such as Wal-Mart, Longs Drug, CVS, and larger grocery stores have voluntarily complied with the IIAS standard.

**How do I benefit from shopping at IIAS merchants?** Because the card knows exactly what is and is not eligible at IIAS merchants, you can use your card at these merchants without being required to submit a receipt or substantiation for your purchase. In other words, the card already verified the product's eligibility for FSA at the point of sale.

**Do I still need to save my receipts? YES, SAVE ALL OF YOUR RECEIPTS!** Some of your purchases may not automatically substantiate. The IRS requires you to retain all receipts for auditing purposes.

**If I need to substantiate my purchases then what is the advantage of using the debit card?** IRS regulations require all expenses to be properly documented as FSA eligible. Doctor/hospital visits, dental charges and vision expenses that are outside the standard co-pay need to be documented with an Explanation of Benefits (EOB) or an itemized receipt. The reason for this is that their charges are not submitted using UPC codes like pharmacies. We have no way of knowing the charge is for a missed appointment fee, non prescription designer sunglasses or teeth whitening products (ineligible services). The purpose of the card is so that you do not have to pay out-of-pocket. The card allows you to purchase the goods and services and subsequently provide substantiation for the purchase, if necessary, to show that you are in compliance with IRS guidelines. The benefit is that you do not have to pay for the service up front and wait to be reimbursed.

**I received a receipt request from CBIZ. What do I need to do?** You can fax the notification you received along with the receipts requested to CBIZ at 800-584-4185. You can also log on to your account at [www.myflexonline.com](http://www.myflexonline.com), complete the form, and fax that form along with the receipts to CBIZ.

**What if I do not owe anything at the point of sale (i.e. doctor's office) but get a bill later?** You can still use the card to pay the bill by writing your card number on the invoice and mailing it to the provider, or by providing the card information over the phone. Remember you will need a copy of the receipt that includes the name of the service provider/merchant, original date of service (not the date paid), the type of service/purchase, and the amount charged.

