



Flex Convenience Debit Card Information

I understand that by enrolling in the Health Care Flexible Spending Account (FSA), that I am electing the Flex Convenience Debit Card. Furthermore, I agree to the terms of the card as follows:

- I understand this card is to be used only for eligible medical care expenses as defined in Section 213 (d) for the employee, the employee's spouse and dependents.
- I certify that any expenses paid for with the card have not been reimbursed, and that I will not seek reimbursement, under any other plan covering health benefits.
- This card is not to be used for personal items, other than eligible expenses as defined by the Plan. If the card is used for ineligible expenses, I will be required to reimburse the Plan for ineligible expenses. Use of the card for ineligible expenses is fraudulent and may result in disciplinary action.
- I also understand that each time I use my card, I reaffirm the statement above.
- If I do not substantiate FSA Debit Card transactions by the end of the Plan Year runout period (when receipts are requested by Taxsaver Plan), I understand that my Employer will issue a 1099 for all unsubstantiated amounts or include the unsubstantiated amount as income on my W-2 the following year.

The LII Code of Conduct "we behave in an honest and straightforward manner." I certify the information I have stated is accurate and complete. Further, I understand that providing false or fraudulent information is cause for disciplinary action, including retroactive loss of benefits coverage and/or termination of employment. In the event of retroactive loss of benefits coverage, payment for all claims incurred during the period of ineligibility will be my sole responsibility.