MoneyPlu\$ Flexible spending account Direct deposit authorization form

Before completing this form, read the back and make sure you understand the terms and conditions of the agreement. Fill in the boxes below and sign the form. Fax the completed form to: **850-514-5806** or Mail to: Fringe Benefits Management Company. **ATTN:** Enrollment Processing, P.O. Box 1878, Tallahassee, FL 32302-1878.

Last Name		First Name MI	
Social Security Number		Work Phone	
Action	Effective Date		
New Change Cancel	Month Day Year		
Account Number	Include hyphens but omit spaces and special symbols.)	Type of Account	
		Checking Savings	
Routing Transit Number	(All nine boxes must be filled. The first two numbers	Ownership of Account	
	must be 01 through 12 or 21 through 32.)	Self Joint Other	
	purpose of reimbursements from my flexible s made in error.	authorize Fringe Benefits Management Company (FBMC) to initiate credit spending account(s). I also authorize FBMC to initiate, if necessary, debit Date	
If the account is a joint account or in someone	e else's name, that individual must also agree	to the terms stated above by signing below.	
Signature		Date	
 Read the back of the form com Fill in all boxes above. Sign and date the form. 		 If the account is not in your name alone, have the other account holder sign also. Mail the form to the address listed above. 	
TIP Call your financial institution to make sure they will accept direct deposits.	JOHN PUBLIC 123 Main Street	1234 19	
	Your Town, FL 12345		
TIP verify your account number and routing transit number with your financial institution	PAY TO THE ORDER OF	\$	
TIP Do not use a deposit slip to verify the routing number.	Y <u>our Town Bank</u> Your Town, FL 12345	DOLLARS	
Routing Transit Number	For (250000005)::1234556789022	\//•	
Account Number		<u>/ˈ</u>	

NOTE: THE ACCOUNT AND ROUTING NUMBER MAY APPEAR IN DIFFERENT PLACES ON YOUR CHECK.

FRINGE BENEFITS MANAGEMENT COMPANY

TERMS AND CONDITIONS FOR PARTICIPATING IN MoneyPlu\$ FLEXIBLE SPENDING ACCOUNT DIRECT DEPOSIT

If you are participating in a flexible spending account (FSA), you have the option of having your authorized reimbursements deposited directly into your account at your financial institution rather than receiving the payment by mail. The following are the terms and conditions for participating in the Direct Deposit program. You do not have to participate in the FSA direct deposit program in order to have an FSA. If you do not want to participate in the MoneyPlu\$ FSA, you do not have to do anything.

- 1. Your financial institution must be a member of an Automated Clearing House in order for you to participate in the FSA Direct Deposit program.
- 2. You must complete this authorization form to enroll in the FSA Direct Deposit program. A signed and dated form is required for processing. If you have a joint account, the form must be signed by both parties. Once your form is received by Fringe Benefits Management Company (FBMC), there may be up to a four week administrative processing period before the enrollment will become effective. You will receive checks for any reimbursement claims paid during this period. FBMC will mail you a direct deposit receipt and a new claim form each time an electronic transfer is made to your account.
- You may also verify your direct deposit has been transmitted by calling the Interactive Benefits telephone 1-800-865-FBMC. The standard turnaround time for deposit into your account is 48 hours from the time FBMC transmits the entries. You should verify that the deposit has been made to your account before withdrawing funds.-
- 4. If an electronic transfer is returned to FBMC, or for any reason cannot be made to your account, FBMC will investigate the cause, and if necessary, will issue and mail a reimbursement check to you. Pending resolution of the electronic transfer problem, you will continue to receive reimbursement checks in the mail. Reinstatement in the FSA direct deposit program will be determined on a case—by—case basis, and you will be notified of any action taken.
- 5. It is your responsibility to notify FBMC immediately of any changes in your account, such as account closure or change in account number. Complete this form indicating the action is a CHANGE, and specify the new account information. There may be up to a four week administrative processing period before the changes become effective. If there is an interruption in the FSA direct deposit service, you will receive checks for any reimbursement claims paid during that time.
- 6. You may cancel your participation in the FSA direct deposit program at any time by completing this form indicating the action is a CANCEL. The cancellation will take effect as of the date you indicate or as soon as the form is received and processed by FBMC, whichever is later.
- 7. This agreement may also be canceled by your financial institution or FBMC. FBMC reserves the right to automatically cancel your participation in the FSA direct deposit program upon termination of employment or termination of your flexible spending account(s).
- 8. If you re-enroll in a flexible spending account, your participation in the FSA direct deposit program along with the terms and conditions of this agreement will remain in effect from one plan year to the next until you cancel.

If you have any questions regarding this form, the FSA direct deposit program or any electronic transfers to your account, call Fringe Benefits Management Company Customer Care at 1–800–342–8017, or the Telecommunications Device for the Deaf (TDD) at 1–800–955–8771, Monday through Friday, 8 a.m. to 10 p.m. ET.

FRINGE BENEFITS MANAGEMENT COMPANY

SOUTH CAROLINA BUDGET & CONTROL BOARD EMPLOYEE INSURANCE PROGRAM