

# Commonwealth of Virginia

## EZ REIMBURSE®

MasterCard® Card Enrollment Form



### Reduce Expenses INCREASE CONVENIENCE

#### EZ REIMBURSE® MasterCard® Card

- Increases the convenience of your Flexible Reimbursement Account (FRA) reimbursement process.
- Allows FBMC to electronically reimburse eligible expenses under your employer's plan and IRS guidelines.\*

#### What are EZ REIMBURSE Card® advantages?

- Instant reimbursements for eligible health care expenses and known co-payments!
- No credit risk – There is no credit application. If you elect to participate in a FRA, you are eligible to receive the card.

#### Where can I get EZ REIMBURSE® Card Support?

FBMC's Web site, [www.myFBMC.com](http://www.myFBMC.com), provides access to your card information – such as account balance, monthly statements, claims status and outstanding transactions. You can also contact FBMC Customer Service by calling 1-800-342-8017.

#### Prescription and Over-the-Counter (OTC)

Simply swipe the EZ REIMBURSE® Card at any IAS Certified Merchant location (see the IAS Certified Merchant List at [www.myFBMC.com](http://www.myFBMC.com)). Please consult your enrollment materials for the specifics of your plan.

Employee ID #: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Name: \_\_\_\_\_  
First Last

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

Yes, I elect to take advantage of the EZ REIMBURSE® MasterCard® Card for the upcoming plan year.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*Keep a copy of this form for your records. If you have any further questions please call 1-800-342-8017.*

If you wish to receive the EZ REIMBURSE® MasterCard® Card or to continue using your current card, you must complete this form and Fax to Attn: Enrollment Processing at 850-514-5806.

#### Privacy & Confidentiality of Information Notice:

This communication contains Protected Health Information (PHI) intended for the sole use of the designated recipient(s). If you are not the intended recipient, or have received this communication in error, please notify the sender immediately by reply e-mail or by telephone, and delete all copies of this communication, including attachments, without reading them or saving them to disk. If you are the intended recipient, you must secure the contents in accordance with all applicable state or federal requirements related to the privacy and confidentiality of information, including the HIPAA Privacy guidelines. FBMC will receive your FAX and secure the content according to the HIPAA Privacy requirements. Be sure that you or others working on your behalf secure your data at the point of origination.

# FBMC

Premier Benefits Solutions