

**City of Palm Springs Section 125 Cafeteria Plan
MEDICAL FLEX SPENDING ACCOUNT
REQUEST FOR DEBIT CARD**

PACE TPA

Employee Benefits and Administration
1645 Shaw Av, Suite 101
Clovis, CA 93611
Phone: (559) 436-6606 * Fax: (559) 436-4850

If you are enrolled in the City of Palm Springs **Section 125 Flexible Spending Plan** you may request a debit card for medical expense reimbursement. If you are interested in obtaining a VISA debit card for qualified medical expenses please fill out the form below. Please note: new cards ordered will be good for three years. Should you continue to participate in the following year, a new debit card will **not** be issued.

Debit cards are convenient and easy to use; however, **YOU MUST KEEP YOUR RECEIPTS.**

Most over the counter items are ineligible for reimbursement due to Healthcare reform. All merchants selling qualified healthcare goods must be IIAS (Inventory Information Approval System) compliant; otherwise your card will decline. If you are interested to see if your local merchant is properly registered please log on to www.sig-is.org (look under IIAS or 90% rule). If your card declines, you may request reimbursement for your qualified purchase by submitting a claim to PACE TPA.

- No receipts are required for designated co-payments.
- No receipts are required for "recurring" medical service expenses.
- All over the counter purchases are subject to verification if purchased at nonparticipating merchants and doctors. RX will be required for most over the counter items.
- No submitting claims for reimbursement; items that reject need to be submitted to our office for payment.
- Account information is easily viewed on www.MyFlexonline.com.

For more information log on to www.mytakecareplan.com

If your card is lost or stolen, please call 866-679-7949

Complete and return to the Human Resources Department

New Card Request Expired Card Request Card Lost or Stolen (call 866-679-7949)

Name (Print Please): _____

Mailing Address: _____

City: _____ State: _____ ZIP: _____

SS #: _____ Birth date: ____/____/____ Date of Hire ____/____/____

Today's Date ____/____/20____ Number of cards: 1 2

Second Card Holder Name (Print Please): _____

Employee Signature: _____