

As a participant in your employer's Flexible Benefit Plan and/or Qualified Transportation Plan, you are hereby electing to receive a mySourceCard™ MasterCard® Debit Card issued by Benefit Bank, and agree to use it according to this Agreement and the Cardholder Agreement that will be provided to you with the Card.

You understand that the Card is restricted to certain merchant categories and is not accepted at all MasterCard® acceptance locations. You understand that you may not obtain a cash advance with the Card at any merchant, bank or ATM. You understand that the Card is to be used **exclusively** for Qualified Expenses as defined by the plan(s) in which you participate. If the Card is issued pursuant to Employer Plans and you use the Card for an expense that is not a Qualified Expense, you are indebted to your employer and must repay the full amount of the non-qualified expense.

You agree to save all invoices and receipts related to any expense paid with the Card; upon request you must submit these documents for review by the Plan Service Provider. Failure to submit the receipt(s) will cause the expense to be treated as a non-qualified expense and you will be required to remit payment to your employer. Payment may be in the form of an offsetting claim, a personal check, electronic draft from your personal checking or savings account, a post-tax deduction from your paycheck, or other options established by your employer.

### For proper cardholder identification, please complete the following information.

Your card will not be issued until this form is received by Innova Benefit Services.

Employer Name:	
Employee Name: (Please Print) (21 Characters Maximum Including Spaces)	
Mother's Maiden Name: (Please Print)	
Social Security Number:	Date of Birth:
Street Address:	City, State, Zip:
Home Phone:	Email Address:
Name on Second Card: (Please Print) (21 Characters Maximum Including Spaces)	

### Signature Certification

By signing, you agree to the terms of the mySourceCard.

Signature:	Date:
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### Official Use, Do Not Complete

For Internal Purposes Only.

Plan Service Provider Initials:	Received Date:	Processed Date:
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Please submit your completed mySourceCard application to the following:

**INNOVA BENEFIT** Services, LLC

www.innovaben.com

Phone: 1-866-276-2411

Fax: 1-877-774-1328 or 724-733-4570

[questions@innovaben.com](mailto:questions@innovaben.com)

West Coast Regional Office  
P.O. Box 18610  
San Jose, CA 95158

East Coast Regional Office  
795 Pine Valley Drive, Suite 21  
Pittsburgh, PA 15239