



TO: Whom It May Concern

RE: The Benny Card / Debit Card

Vantage Flex, LLC has established an account with Bank First for the purpose of providing our clients with the use of the **Benny Card** provided through the Superadmin system and Evolution Benefits. Please note that this is not a pooled account. Each employer will have their own account ID and the account is for the use of Benefit Payments Only.

The card will work as follows:

- Vantage Flex, LLC sets up your company in the administration system and issues an employer ID associated with the Vantage Flex Bank First account (the Collateral account).
- The employer is required to fund the account with a minimum of 3% of the annual contribution amount elected by the employees for an FSA or 3% of the annual employer contribution to an HRA. If both plans are provided, 3% of the total contributions will be required.
- When an employee uses the card, the account will be reduced by the amount required to make payment and then Bank First will debit the employers bank account (the Replenishment account) to bring the funding level back to the 3% level. This debit will happen daily as required to maintain the 3% level.

In order for this to happen, we will need the Authorization for ACH Debits / Credits completed and returned to us along with a VOIDED check.

As usual, thank you for your business!

The Vantage Flex team.



**AUTHORIZATION FOR ACH DEBITS / CREDITS**

\_\_\_\_\_  
**Depositor Name as Shown on Bank Records**

\_\_\_\_\_  
**Checking Account Number/ Transit Routing Number**  
*(Please attach a voided check or spec sheet for this account)*

**TO:** \_\_\_\_\_

\_\_\_\_\_  
(Bank Address: Street, Box #, City, State and Zip Code)

Depositor authorizes BANKFIRST to present automated debits and credits to and from the above listed account as required to perform their responsibilities related to processing Depositor's benefit program. This authorization will remain in effect until revoked by Depositor in writing and until you actually receive such notice Depositor agrees that you shall be fully protected in honoring any such ACH.

Depositor agrees that your treatment of each such ACH and your rights in respect to it shall be the same as if it were a check signed by Depositor.

I authorize payments to be withdrawn daily as needed.

**Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.**

\_\_\_\_\_  
**Signature of Depositor in Agreement with Bank Records**

Please update your ACH filter (on the above reference account) to grant access to BankFirst. The BankFirst identification number is: **1050006509.**



## Employer Benny Card Setup Sheet

REQUIRED INFORMATION	EMPLOYER RESPONSE
Account to use the card for	<input type="checkbox"/> FSA Medical <input type="checkbox"/> FSA Dependent Care <input type="checkbox"/> HRA <input type="checkbox"/> Dental <input type="checkbox"/> Vision
Priority of Funds Use	<input type="checkbox"/> Use FSA funds first, then HRA funds <input type="checkbox"/> Use HRA funds first, then FSA funds
Are there any services that are excluded from the HRA – i.e. dental, vision If not, all MCCs that are open for FSA will be open for HRA.	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please check the expenses that you wish to be <b>excluded</b> .  <input type="checkbox"/> Medical/Dental Equipment/Supplies <input type="checkbox"/> Orthopedic Equipment  <input type="checkbox"/> Medical <input type="checkbox"/> Dental <input type="checkbox"/> Vision <input type="checkbox"/> Labs <input type="checkbox"/> Pharmacy <input type="checkbox"/> Hearing  <input type="checkbox"/> Manual claims only <input type="checkbox"/> Manual claims and card swipe
Grace Period: Indicate number of days:	<input type="checkbox"/> _____ Days following the plan years end <input type="checkbox"/> Not using grace period
Does the employer use the same member identifier for FSA/HRA and the Healthplan(s)	Note: Most healthplan ids are a derivative of Social Security Number. If the healthplan id is SSN and the FSA id is also SSN, answer yes. If the healthplan id is another unique identifier that is not used for FSA, answer “No”.  <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Describe your Health Insurance Plan</b>	
Name of Health Insurance Provider	
Deductible	
Co-Insurance	
Copay	
Pharmacy Benefit Manager Name (PBM)	
Enter the health plan that relates to the PBM listed	
Rx Group #'s – enter the group numbers of the pharmacy plan that relates to this healthplan	
Rx Copay amounts	
Rx deductible	
Brand	
Generic	
Other (list all that apply)	