

**URS Defined Contribution Savings Plans and  
Public Employess Health Program, FLEX\$**

PO Box 1590, Salt Lake City, Utah 84110-1590  
801 366-7720 TOLL FREE 800 688-4015  
FAX 801 366-7445 TOLL FREE 800 753-7445

**Health Reimbursement  
Arrangement (HRA)  
Plan Agreement**

- INSTRUCTIONS:**
1. Use this form to apply for the HRA Benefits Card.
  2. Review both sides of this form.
  3. **Please type or print clearly in black ink.**
  4. If you fax this form, do not mail the original.
  5. *The mbiBenefits Card will be sent to your home address in a plain white envelope within 30 days from your enrollment date.*

**Section A**

Member's Name (last, first, middle initial)	Date of Birth (yyyy,mm,dd)	Social Security Number
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**Section B - Account Holder, Spouse, Dependent Information**

**BENEFITS CARD REQUEST** *The first two MBI cards are free. Any additional cards are \$10 each.*

Designation	Full Given Name of Eligible Person	Send Card	Birth Date	Mailing Address
<b>Self</b>		<input type="checkbox"/>		Street City State Zip
<b>Spouse</b>		<input type="checkbox"/>		Street City State Zip
<b>Dependent</b>		<input type="checkbox"/>		Street City State Zip
<b>Dependent</b>		<input type="checkbox"/>		Street City State Zip
<b>Dependent</b>		<input type="checkbox"/>		Street City State Zip

I acknowledge that the Plan Administrator shall pay or reimburse approved expenses from the appropriate account up to the account balance. I certify that the dependents for whom I will submit claims are eligible dependents according to Section 152(a) of the IRS Code and as described in IRS Publication 502. I also certify that any expenses paid for using the administrator issued Benefits Card will be for eligible medical expenses for myself, my spouse, or eligible dependents and such expenses have not and will not be reimbursed under any other Health Savings Account, insurance plan or claimed as a deduction on a tax return or tax deductible Plan.

I authorize PEHP and affiliated organizations to release personal information, including personal health information, about me as necessary to process claims and to administer the Health Reimbursement Arrangement.

***I understand that an administrative fee of \$2.50 will be automatically deducted monthly from the HRA, and that this fee will cover both the cost of a Benefits Card and claims processing services.***

Certification - By signing this form, I certify I am the original account holder.

<b>SIGNATURE</b>	<b>DATE</b>	<b>PEHP APPROVAL</b>
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## ***mbiBenefits* CARD**

### **Important information regarding your *mbiBenefits* Card:**

Use your card to pay qualified providers and/or merchants. The charge must meet eligibility requirements and must not exceed the balance in your account. **Save ALL receipts and documentation!** Based on IRS guidelines, you may be required to provide additional information to verify the eligibility of your purchase. **KEEP YOUR RECEIPTS!**

### **You *WILL* receive documentation request letters if you use your card and:**

1. The amount charged does not equal an office visit or prescription drug co-payment.
2. The amount charged does not match a co-payment or claim in the PEHP claims history.
3. You purchase eligible over-the-counter medical items with the card at a location that does not have an IRS approved product identification system that qualifies your items at the point of sale.

For all documentation requests you must provide the following information - a detailed receipt including the date of service, detail of service or items purchased, the provider or merchant and amount. Over-the-counter receipts must show the date, name of the item purchased and amount. **KEEP YOUR RECEIPTS!**

Fax a copy of your documentation request letter and receipts to PEHP FLEX\$, include your name and PEHP ID#. The fax number is 801-366-7772 or 800-759-8772.

If a merchant does not accept the *mbiBenefits* card, you will need to submit a manual claim to the PEHP FLEX\$ Department. (Claim forms are available at [www.pehp.org](http://www.pehp.org))

**KEEP YOUR CARD!** You will receive a new card every 3 years.

You can access your account online at [www.mbicard.com](http://www.mbicard.com). This website will allow you to check your available balance and review transactions. When you first "create" your account, you will need the *mbiBenefits* card # and the PEHP member number. The PEHP member number is the I.D. # used in the PEHP FLEX\$ program. It can be found on the Medco drug card, PEHP Dental insurance card, or by calling PEHP (800-753-7703). Only use the numbers after the zeros, (12340000XXXXXX).

**HRA forms and information are available at [www.pehp.org](http://www.pehp.org) under the FLEX\$ Program.**

**PEHP FLEX\$ 801-366-7503 or 800-753-7703**