

# WEX Health Card Enrollment Form



This form must be completed in order for you to receive and be authorized to use the WEX Health Card.

**Personal Information** (please print clearly and provide complete and accurate information.)

Name of Employer \_\_\_\_\_

SSN \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Your Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Birth Date \_\_\_\_\_ Male or Female \_\_\_\_\_ Married or Single \_\_\_\_\_

**Required:** Email Address \_\_\_\_\_ Phone No. \_\_\_\_\_

Two cards, both in your name, will be ordered. Please note that these cards can be used by a dependent as long as he/she signs the back of the card.

I understand that:

- All claims reimbursed through the WEX Health Card are subject to IRS substantiation requirements and **I am required to, and agree to, provide documentation as requested**
- If using the WEX Health Card, I agree to use the card for eligible expenses only. I understand additional fees may be charged for non-qualified expense or for unsubstantiated claims. Any expenses I pay for with the card will not have been nor will I seek to have reimbursed elsewhere. I understand the card is subject to inactivation if I do not comply with the provisions or upon termination of employment.
- **I also agree to provide my email address above and register this email address ONLINE by logging onto <https://piopacee.lh1ondemand.com>.**
- **A \$10.00 fee will be assessed to my FSA account for any replacement cards**

---

## Cardholder Use Acknowledgement

By signing this WEX Health Card Enrollment Form, the holder of the card acknowledges and agrees to the following:

1. The holder of the card will have sole liability and responsibility for lost or stolen cards. Lost or stolen cards may be reported to PIOPAC Fidelity during regular business hours (Monday-Friday, 8:00 a.m. to 4:30 p.m. in time), however, neither PIOAC Fidelity nor the Plan Sponsor/employer will be liable for any use or misuse of lost or stolen cards.
2. The holder of the card will be solely liable for any consequences/charges resulting from misuse of the card, including but not limited to any federal tax sanctions or assessments.
3. Use of the card is not a credit card or a consumer credit transaction and is not subject to state and federal consumer credit laws and regulations.
4. The holder of the card will read the Flex Convenience Card information. The holder will adhere and agree to the information included in this document provided with card.

Please sign below and include with your Salary Redirection Agreement.

**Employee Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_