SECURE BENEFITS SYSTEMS
*my*SourceCard™ Enrollment Agreement

As a participant in your Employer's Section 125 Cafeteria Plan, you will receive a *my*SourceCard™ 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. There will be a $1.75 fee per card. Replacement fee for lost or stolen cards will be $5.00 per 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 account 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 re-payment to your plan for the amount of the non-qualified expense. 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 your HR Department.

Employer: _____

Name on Card: (Please Print)_____
                               21 characters maximum including spaces

Address: _____ City: _____ State: _____ Zip: _____

Social Security Number: _____ Date of Birth: _____ Home Phone: _____

E-mail Address (REQUIRED): _____

Name on 2nd Card: (Optional) (Please Print) _____
                               21 characters maximum including spaces

Mother's Maiden Name (Security purposes only): _____

Signature: _____ Date:_____

ALL FIELDS ARE REQUIRED TO PROCESS

For Official Use Only

SBSC Administrator Initials:	Receive Date:	Process Date: