



MBI Benefits Card™ Request Form
For use with Health Care and Dependent Care Spending Accounts
Plan Year (July 1, _____ – June 30, _____)

ProcessWorks' MBI Benefits Card™ provides instant access to your account funds. No more paying the provider with out-of-pocket dollars, completing and submitting claim forms, and waiting for reimbursements – use your MBI Benefits card to pay the provider immediately! The MBI Benefits Card can be used at a most medical, dental, vision, pharmacy or day care locations that accept MasterCard®. Simply swipe the card at a qualifying provider location and the funds are deducted automatically from your account. The card can only be used for eligible products and services as defined by IRS regulations.

You will need to retain all receipts and documentation from your MBI Benefits Card purchases to verify the expenses are eligible according to Internal Revenue Service regulations. You will receive an e-mail message or a letter from ProcessWorks if the documentation is required.

EMPLOYEE INFORMATION	
Name	Social Security Number
LSU Agricultural Center	E- mail Address (to receive timely card status information)

EMPLOYEE CARD SIGN-UP

- YES**, please send me a MBI Benefits Card. I realize there is a non-refundable \$.75 per month fee for this card which is included in the \$4.30 administrative fee paid to participate in the spending account plans. I authorize this fee to be automatically deducted on a pre-tax basis from by paycheck.
- YES**, please send a MBI Benefits Card for my spouse and/or dependent(s) as listed below. One additional card is provided free of charge (whether it is for your spouse or your dependent). Additional cards are available for purchase at a rate of \$5.00 per card. I am enclosing a check payable to ProcessWorks, Inc. for the total of the additional cards requested. Once issued, cards are valid for 3 years. I authorized my spouse and/or dependent to use their MBI Benefits Card(s) on my behalf to pay for qualified medical and/or dependent care expenses from my plan account(s).

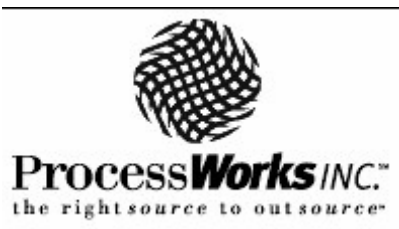
Spouse/Dependent Name	Spouse/Dependent Social Security Number	Fee
1)		No Charge
2)		\$5.00
3)		\$5.00
4)		\$5.00

★ *Don't forget to include a personal check payable to ProcessWorks, Inc. for the total of the cards requested at \$5.00 per additional card.* ★

Employee Signature: _____ Date: ____/____/____

Please allow 2-4 weeks from the date your form is received by ProcessWorks to receive your card(s).

RETURN YOUR COMPLETED FORM AND CHECK (IF APPLICABLE) TO PROCESS WORKS INC.:



Process Works, Inc.
P.O. Box 2490
Brookfield, WI 53008-2490
Toll-free FAX: (800) 760-3727
24 Hour Access: (262) 827-7030 or
(888) 868-2492
www.myprocessworks.com

