What if there's not enough money in my account?

In most cases, the transaction will simply be denied. You'll have to pay for the product or service yourself and submit the receipt, along with a claim form, as described in your plan documents. You'll then be reimbursed for any eligible expenses with whatever is left in your account.

TIP: You'll be able to view your account balances online. Check with your Plan Administrator for your cardholder Web address.

Do I need the receipts?

Possibly – so please save all of your itemized receipts! For some expenses, your Plan Administrator or the IRS may need additional information, including receipts, to verify eligibility of the expense and comply with IRS rules. That's why it's important for you to save all receipts, and fax or mail them in promptly when requested.

If you have an FSA plan and you do not submit documentation, your Plan Administrator will be forced to declare those expenses ineligible – and you'll have to reimburse your account. If you fail to do so, you could jeopardize the tax-exempt status off your account and lose access to your Benefits Card.



What do I do now?

- 1. Read the enclosed Cardholder Agreement.
- 2. Sign the back of your Benefits Card to indicate that you understand and accept the terms of this Agreement.
- 3. Use the Benefits Card to pay for eligible products and services.
- 4. Remember to keep all your receipts.

TIP: Your Benefits Debit MasterCard Card is good for up to three years. So hang on to it! Even if you use up this year's funds, you'll be able to use the Benefits Card again next year if you re-enroll in this plan.

Experience the Benefit.

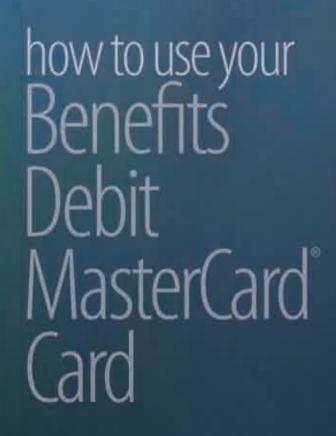
Since its introduction in 1997, millions of people have used the convenient Benefits Card to pay for a range of eligible products and services – and to capitalize on today's increasingly popular tax-exempt employee-benefits accounts. Now, thanks to your employer's commitment to offering a leading-edge benefits portfolio, so can you!

If you have questions about your card or your account, please contact your Plan Administrator. If you do not know who your Plan Administrator is, contact your HR department.

The information provided in this brochure is intended for use as a guideline and should not be construed to indicate the benefits covered by your employee benefit plan. The eligibility for reimbursement of any particular expense is determined in accordance with your plan documents, which govern in all instances. Please consult the plan documents for further information.

This card is issued by M&I Bank FSB pursuant to license by MasterCard International, Inc.

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What's this card for, exactly?

The Benefits Debit MasterCard® Card gives you easy access to the funds in your consumer-benefit accounts. Depending on the benefit accounts offered by your employer, your card may be linked to a:

- Flexible Savings Account (FSA)
- Health Reimbursement Arrangement (HRA)
- Health Savings Account (HSA)
- Dependent Care Account (DCA)
- Transit/Parking Account

Now that you've opted to participate in such a plan, your employer is providing you with the enclosed Benefits Card

In most ways, your card works just like any debit card. There are three important differences:

First, its use is limited to specific merchants based on the benefit account(s) you have selected, and to expenses deemed eligible by your Benefit Plan.

Second, you cannot use it at an ATM, or to obtain "cash back" when making a purchase.

Third, you are not given a PIN with this card. Should a merchant or provider ask you for a PIN, just explain that this particular card does not have one. When given the option between debit and credit at the terminal, choose "CREDIT."



* For a listing of the products and services that are eligible in your plan, please refer to your plan documents.

What's an eligible expense?

That depends on your particular Benefits Plan. For example, if you have a healthcare FSA or HSA, eligible expenses may include*:

- Medical and dental deductibles and co-payments
- Eye exams, contact lenses/ solutions, and glasses
- Prescription drugs
- · Orthodontia or other dental care
- Physical therapy and chiropractic care
- · Medical devices such as hearing aids and diabetic testing supplies
- Smoking cessation programs
- Over-the-counter (OTC) products and much more!

What's not eligible?

Anything that's not listed in your plan documents or any item not deemed a qualified medical expense. Please keep in mind that you are responsible for how the funds in your account are spent; these tax-exempt accounts are governed by the IRS and your plan documents. If you're ever in doubt about the eligibility of a particular product or service, check your plan documents or ask your Plan Administrator. (If you do not know who your Plan Administrator is, contact your HR department.)

TIP: If you go to a drug store for a number of items – some eligible, some not – ask the clerk to ring them up separately. Then use your Benefits Card to pay only for eligible items.

What OTC Products are eligible expenses?

Over-the-counter products are generally eligible expenses* under specific plans including FSAs and HSAs, if they are for "medical care." Medical Care is defined as those products that are for the diagnosis, cure, treatment of a disease, or for the purpose of affecting any structure or function of the body. For example, band-aids are considered eligible because they are for medical care, versus vitamins which are generally not eligible because they are for preventative care.

OTC Shopping Made Easier

There are several retailers that have made shopping with your Benefits Card even easier! The recommended retailers will help you easily identify which OTC products are typically eligible under FSA or HSA plans. Some retailers may list this information on your receipt, identify products through in-store displays, or they may even have an entire section on their website dedicated to eligible items. In any case, making your healthcare purchases at these participating retailers is the most convenient way to spend your pre-tax dollars!

RECOMMENDED RETAILERS













What if I make a mistake?

Once in a while, a cardholder will accidentally use his or her Benefits Card for a non-eligible item, and occasionally the transaction will go through. It may happen to you somewhere down the road. If it does, don't be overly concerned, but do contact your Plan Administrator as soon as you become aware of the mistake. Your Plan Administrator will tell you how to reimburse your account for the ineligible item.