

FORM COMPLETION AND SUBMISSION INSTRUCTIONS

NAVIA BENEFITS CARD/DIRECT DEPOSIT AUTHORIZATION FORM

Form Completion:

Employee Information: complete all fields

Navia Benefits Card Election: Complete if you need a debit card for your medical Flexible Spending Arrangement (FSA)

Direct Deposit Authorization: Check the checking or savings box and complete the routing # and account # fields if you need to provide or update your direct deposit information for FSA and/or DCAP reimbursements (*Note: if you do not provide direct deposit information, claims reimbursement will occur via check, which will be mailed to your address on file with Navia*)

Form Submission:

After completion, make a copy for your records and return the original to Navia Benefit Solutions:

Via mail: Navia Benefit Solutions, PO Box 53250, Bellevue, WA 98015

Via fax: (425) 233-6366

**STATE OF WASHINGTON
NAVIA BENEFITS CARD/DIRECT DEPOSIT AUTHORIZATION FORM**



Employee Information

Last Name, First Name _____		SSN (or Employee ID if higher-education): _____	
Address _____	City _____	State _____	Zip code _____
<input type="checkbox"/> Address Change			
Email - REQUIRED FOR DEBIT CARD _____		DOB (MM-DD-YYYY) _____	

Navia Benefits Card Election

IMPORTANT:

- You must elect the debit card from Navia Benefit Solutions each year you wish to use it.
- If you received a card in 2016 and reenrolled in the Medical Flexible Spending Arrangement (FSA) for 2017, your existing debit card will be loaded with your new elected funds.
- **Do NOT complete the section below if you already elected a debit card on your 2017 Medical FSA/DCAP Enrollment Form or on the Navia Benefit Solutions website during the PEBB Program's open enrollment, November 1–30, 2016.**

<p style="text-align: center;">Medical FSA Debit Card</p> <p>A debit card that pays for your qualifying medical expenses from the Medical FSA</p>	<p>There is no cost for you to receive the debit card. You must provide an email address to use the debit card.</p>
<p><input type="checkbox"/> YES, I authorize Navia Benefit Solutions to issue a debit card for my Medical FSA benefit for the 2017 plan year.</p> <p><input type="checkbox"/> YES, I would like an additional card for my spouse or eligible dependent. Please issue an additional card for:</p> <p><input type="checkbox"/> Spouse <input type="checkbox"/> Dependent _____</p> <p style="text-align: center;">Last Name, First Name</p>	
<p>I acknowledge that I have read the entire form and agree to follow federal and state rules for this benefit as explained in the IRS Regulations and in the Medical FSA Enrollment Guide.</p> <p>X _____</p> <p style="display: flex; justify-content: space-between;">Employee Signature Date</p>	

Direct Deposit Authorization

IMPORTANT: Do NOT complete the section below if you already provided direct deposit information when you enrolled on the Navia Benefit Solutions website or on the Medical FSA/DCAP Enrollment Form during the PEBB Program's open enrollment November 1–30, 2016. DO complete this section if your direct deposit information has changed, or if you did not provide your direct deposit information during enrollment.

<p style="text-align: center;">Direct Deposit</p> <p>Medical FSA and DCAP reimbursements are electronically deposited into your bank account.</p>	<p><input type="checkbox"/> Checking Routing # _____</p> <p><input type="checkbox"/> Savings Account # _____</p>
<p>This direct deposit authorization will remain in full force and effect until Navia Benefit Solutions has received written notification from me of its termination in such time and in such manner as to afford Navia Benefit Solutions and the banking institution a reasonable opportunity to act on it.</p>	
<p><input type="checkbox"/> YES, I authorize Navia Benefit Solutions to electronically deposit my Medical FSA reimbursements into the above specified bank account.</p> <p>X _____</p> <p style="display: flex; justify-content: space-between;">Employee Signature Date</p>	

Direct Deposit

- Navia Benefit Solutions will initiate all direct deposits on the same day as the check reimbursement date. Once your claim is approved, deposits may take up to two business days to appear in the designated account.
- Navia Benefit Solutions will charge a \$10 fee for returned items due to incorrect banking information you provide.

Navia Benefits Card

- You must provide a valid email address to receive the Navia Benefits Card.
- Navia Benefit Solutions will send one card in the mail with your name on it. If you requested an additional card for a spouse or dependent, it will be sent separately. The first two cards are provided at no cost. There is a \$5 fee for each additional card requested, or to replace lost or stolen cards.
- You must elect the debit card each year you want to use the card. If you reenroll in the Medical FSA for 2017 plan year, Navia Benefit Solutions will load your current card with your new FSA elections.
- The debit card is valid for three years. Navia Benefit Solutions will send you a new card before it expires if you are enrolled at that time.

Ineligible Debit Card Expenses

You have up to 75 days from the transaction date to submit the necessary documentation requested. Per IRS regulations, debit card transactions that have not been substantiated by the 75-day deadline will result in the temporary suspension of your debit card. Your card will be reactivated once all outstanding transactions have been substantiated.

Lost Receipts or Ineligible Expenses

You may use the following methods for correcting an ineligible debit card charge or lost receipts:

- Pay back the amount of money you owe for the ineligible expense(s) you incurred by submitting a personal check, money order or payment to Navia Benefit Solutions or through online bill pay.
- Submit additional eligible expenses as a substitute charge for the lost or unsubstantiated expense. You must note on the claim form or online when you substitute a claim for a previous ineligible card charge.