



Quick Start Guide

How to use your MyChoice Accounts Visa® debit card

The MyChoice Accounts Visa debit card makes managing your accounts simple.

Use it to pay for eligible expenses, such as:

- Doctor and dentist visits
- Hospital stays and prescriptions
- Hearing and vision care
- Parking and transit expenses (if included in your account)

Benefits of your MyChoice Accounts Visa® debit card

- **Better cash flow** – No need to pay out-of-pocket for eligible expenses.
- **Hassle-free claims** – In most cases, no extra documentation is required. But keep your receipts just in case you need to verify a claim.
- **Easy to use** – Access your funds quickly at the point of purchase.

Use your card:

- At provider offices
- In online billing systems
- At retailers like drugstores or big box stores that sell eligible items

Need an additional card for a spouse or dependent?

You can easily order one:

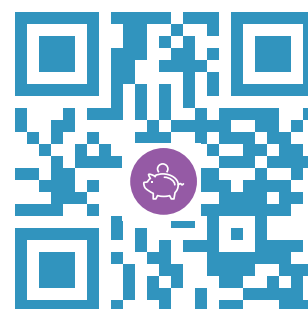
1. Visit the website on the back of your card.
2. Log in and navigate to **MyChoice Accounts** (look for the piggy bank icon).
3. Select **Manage**, then **Manage Cards**.

Scan the QR code for quick resources

- **Get answers fast:** Find FAQs, reimbursement details, and a list of eligible expenses in one place.
- **Save money:** Access exclusive coupons from the HSA Store and FSA Store.

Important Reminders

- **Keep your receipts:** Some purchases may require verification.
- **No ATM access:** Your card cannot be used at ATMs.



Scan for resources

mychoice
Accounts

Ready. Set. Spend!

With your new MyChoice®
Accounts Visa debit card



Activate your card:
Open the camera on your phone and scan the QR code to the left to get started.

Let's Get Started:

Call 1-833-469-6221 to activate your card and create a PIN. Your card won't work until it's activated for your safety.

Sign the back of your card. You can now use your card for eligible expenses!

Your new card is here!

Getting started

4 easy ways to activate your card

- **Scan:** Use your phone camera to scan the QR code above.
- **Web:** Log in to your account on the website, go to the **MyChoice Accounts** page (look for the piggy bank icon), then select **Manage Cards** and click **Activate** next to your new card.
- **App:** Open the MyChoice benefits app, tap **Accounts**, then **Manage**, and select **Cards** to activate.
- **Phone:** Call 1-833-469-6221 to activate your card and set your PIN.

Manage your account anytime, anywhere

- **Website:** Log in at
- **Mobile:** Download the MyChoice benefits app to check your balance, submit claims, and more.

Use your card

- **Contactless Payments:** Just tap to pay!
- **Pay for eligible expenses** wherever Visa® is accepted.

Important Limits (as of 10/01/20)

Max Single Purchase:
Total Outstanding Purchases:

This card is issued by UMB Bank, n.a., under a license from Visa U.S.A.

BENEFITS CARD HOLDER AGREEMENT

Your Benefits Card (“Card”) is provided to you by your Employer to access funds available to you pursuant to your Benefits Plan or that you have in your health savings account (an “HSA”) with the Custodian. Your Card is issued by UMB (“we”, “us” or “our”), but UMB may or may not be the Custodian of your HSA. This Agreement contains the terms and conditions governing your Card. Please keep the Agreement and refer to it if you have questions about your Card. Capitalized terms in this Agreement are defined in the Glossary at the end of this Agreement.

1. Agreement to Terms. By signing your Card or using or permitting another person to use your Card or Card number, you agree to be bound by this Agreement. If you permit another person to use your Card, you will be responsible for any Transactions authorized by that person. This Agreement may be enforced by us, and if your Card accesses funds under a Benefits Plan, by your Employer or PSP.

2. Use of Your Card. You may only use your Card to pay for Qualified Expenses. If your Benefits Plan only allows you to use your Card at Merchants with inventory control systems, see www.sig-is.org for information about certain Merchants that may be permitted to accept this Card. Each time you use your Card, the amount of the Transaction will be treated as a claim under a Benefits Plan or as a distribution from your HSA, as applicable. If you use your Card for payment of non-Qualified Expenses under your Benefits Plan, you may be required to reimburse your Employer or PSP for those amounts. If you use your Card for an HSA distribution for the payment of non-Qualified Expenses, those amounts may be included in your gross income for federal tax purposes, and you may have to pay tax penalties. Because IRS regulations require that certain Transactions be documented, you must keep your receipts, so you can provide them to your PSP or the IRS to verify that the payment was for a Qualified Expense. This Card is restricted to work only at certain Merchants. You may not use your Card at an ATM or to obtain cash. You must make every reasonable effort to safeguard your Card to prevent it from being used for unauthorized Transactions. **Digital Wallet.** If your Card becomes eligible for use through one or more digital wallets (such as Apple Pay, Google Pay or Samsung Pay), certain additional terms and conditions will apply when you provision your Card for use through the digital wallet.

3. Amounts Available Under a Benefits Plan or HSA. You may only access the amount available to you under your Benefits Plan or your HSA. The benefits available to you under a Benefits Plan and the manner in which you may access your benefits, if applicable, are governed by your Benefits Plan. We are not a party to your Benefits Plan or to any of the Benefits Plan documents. We are not a fiduciary with respect to your Benefits Plan and do not take part in its administration. Your HSA, if applicable, is governed by the HSA Agreements you have with the Custodian, which you received from the Custodian when you opened your HSA.

4. Documentation Requirements. For certain Benefits Plans, the IRS requires a third party to review the claim to verify that the payment is for a Qualified Expense. The PSP performs this review—we have no obligation to determine if a Transaction is for a Qualified Expense. You may be required, upon your PSP’s request, to substantiate the charge to your PSP as a Qualified Expense by submitting adequate documentation and receipts to the PSP, even if your Card was accepted by the Merchant as payment for your Transaction. If you fail to provide the requested documentation and receipts in a timely manner, or if your Employer or PSP determines the payment to have been for a non-Qualified Expense, the Transaction will be deemed ineligible. You will then be required to reimburse your Benefits Plan, your Employer or PSP for any amount used for non-Qualified Expenses. If you fail to make the reimbursement, your Employer may, to the extent allowed by law and the Benefits Plan documents, withhold the reimbursable amount from your pay or available benefits and your Card may be suspended or terminated. For HSAs, the IRS may review your Transaction receipts to ensure that payments are made for Qualified Expenses. Neither we nor the Custodian are required to review HSA Transactions to ensure they are for Qualified Expenses. You can get a receipt for any transfer made at a point-of-sale terminal, except that certain terminals may not provide receipts for small transactions (\$15 and under). If this exception is applicable, then you should ask the Merchant for a receipt.

5. Authorizations. An authorization is required for most Transactions. A requested Transaction (whether from a Benefits Plan or an HSA) may be denied authorization if at the time the request is submitted to the PSP or to us: (a) the type of Merchant requesting the authorization is not a Merchant type that is allowed to accept the Card; (b) the amount of the proposed Transaction exceeds your Available Balance, less the amount of your Outstanding Transactions; (c) the amount of the proposed Transaction, together with your Outstanding Transactions, would cause any of the Authorization Limits to be exceeded (even if some or all of the Outstanding Transactions never ultimately settle); or (d) your Card has been suspended or terminated for any reason. In addition, a Benefits Plan Transaction may be denied if your Employer or PSP believes that it is not for a Qualified Expense under the Benefits Plan. Authorizations for amounts available under a Benefits Plan are generally based upon the Available Balances in the applicable Benefits Plan Account reported to the PSP from time to time by the Employer or a third party that the Employer or PSP has retained to maintain benefit records, which may not always be current. Therefore, you release us, your Employer and the PSP from any claims of damages or losses that you may have or that may be incurred by your beneficiaries as a result of any authorization being withheld, even if the actual balance at such time was sufficient to support the authorization.

6. Debits. Each Transaction constitutes your request that the appropriate Benefits Plan Account or your HSA be debited in an amount equal to the amount of the Transaction, that such sum be transferred to pay for your Transaction, and that the Transaction is for a Qualified Expense. The Card does not involve any extensions of credit.

7. Foreign Currency Transactions. If a Transaction is made in a currency other than in U.S. dollars, Visa will convert the Transaction into U.S. dollars at an exchange rate selected by Visa from the range of rates available in wholesale currency markets for the applicable central processing date, which rate may vary from the rate Visa itself receives, or the government mandated rate in effect for the applicable central processing date. We do not apply an adjustment to the exchange rate as determined by Visa under this Card program.

8. Suspension; Termination. Your Card and related privileges may be suspended or terminated at any time for any reason, including without limitation, if: (a) Employer or PSP fails to pay fees or maintain a sufficient balance in a Benefits Plan Account to pay for Transactions or otherwise fails to comply with its obligations relating to its participation in the Card program; (b) the Card is determined to have been used to pay for non-Qualified Expenses; (c) the Card has been used by an unauthorized person; (d) you are no longer eligible for your Benefits Plan or the HSA accessed by the Card, or the PSP no longer offers the Benefits Plan; (e) we are the Custodian and you do not comply with the terms of our HSA Agreements. In addition, either we or the PSP may place a hold on your Available Balance in order to ensure that Transactions under this Agreement will be paid. You may terminate this Agreement by notifying us in writing at the address in paragraph 12 below that you want to cancel your Card. You shall continue to be liable for all Transactions occurring prior to any suspension or termination. If your Card is suspended or terminated, you shall not use your Card to perform, or permit or authorize anyone else to perform, any further Transactions. You shall destroy your Card upon termination or request. If any Transactions are performed after suspension or termination, you shall be liable and responsible under this Agreement for any Transaction made by you or anyone authorized by you after suspension or termination, and we are authorized to continue effecting debits to your Benefits Plan Account or HSA to cause such liability to be satisfied.

9. Issuer Rights and Liabilities. The Card(s) remains our property. We, the Custodian and the PSP are not responsible for the quality of goods or services purchased in a Transaction, except to the extent specifically imposed by law. We, the Custodian and the PSP shall have no liability if any Merchant does not honor your Card, if a Merchant is unable to obtain an authorization with respect to any Transaction you attempt to make, or if you use your Card to pay for a non-Qualified Expense. Any liability that we, the Custodian or the PSP may have to you as a result of completing or a failure to complete a Transaction shall be limited to the fullest extent permissible under applicable law, and any liability will not include any indirect or consequential damages.

10. Limitations on Transactions. If the terms of your Benefits Plan restrict the use of your Card to certain Merchant types or to certain Transactions, then your Card may only be used at those Merchants or for those Transactions, respectively. Your Employer or PSP may from time to time impose limitations on the dollar amounts, frequency or number of withdrawals that you can make from a Benefits Plan Account using a Card. Transactions will generally be limited to the amount reported to the PSP by your Employer (or by a third party) as the Available Balance in the applicable Benefits Plan Account, less related Outstanding Transactions. Transactions with respect to your HSA are limited to the Available Balance in the HSA as described in paragraph 5. Transactions are also limited to a specific amount for any single Purchase, and to a total amount for all your Transactions that may be outstanding on any day. The amount of these limitations is not publicly disclosed for security purposes. We reserve the right to change those limits upon notice to you. If you are unable to obtain an authorization and believe that a Benefits Plan Transaction or an HSA Transaction may have been improperly denied, for Benefits Plan Transactions contact your PSP at the telephone number or address on the back of your Card and on the Web site, your periodic statement, if applicable, or for HSA Transactions contact us at the address in paragraph 12 below.

11. Your Responsibilities. You may not initiate any Transaction that exceeds the Available Balance in your Plan Account or in your HSA. If you do, you must reimburse your Plan, your Employer or PSP for the amount that exceeds the Available Balance, or the Custodian for the amount of any overdraft in your HSA. You must pay all fees and charges set forth in paragraph 17 below and, to the extent permitted by law, the reasonable costs and expenses of collection of any amounts due from you under this Agreement. Any document evidencing a Transaction or the use of your Card by you or anyone authorized by you will be evidence of your authorization of, and liability for, the respective Transaction. You must review information concerning Card Transactions at least monthly by accessing your information on the Web site, reviewing your periodic statement, if applicable, or by telephone.

12. Liability for Unauthorized Use. Tell us AT ONCE if you believe your Card has been lost or stolen, or if you believe that it has been used without your permission. Telephoning is the best way of keeping your possible losses down. You could lose all the money in your Plan Account or HSA. If you tell us within 2 Business Days after you learn of the loss or theft of your Card, you can lose no more than \$50 if someone used your Card without your permission. If you do NOT tell us within 2 Business Days after you learn of the loss or theft of your Card, and we can prove we could have stopped someone from using your Card without your permission if you had told us, you could lose as much as \$500. Also, if the Web site or periodic statement, if applicable, shows transfers that you did not make, tell us at once. If you do not tell us within 60 days after the earlier to occur of information concerning the Transaction (a) becoming available to you on the Web site, or (b) appearing on your periodic statement, if applicable, you may not get back any money you lost after the 60 days if we can prove that we could have stopped someone from taking the money if you had told us in time. If a good reason (such as a long trip or a hospital stay) kept you from telling us, we will extend the time periods. If you believe your Card has been lost or stolen, call **1-800-556-5678**, or write: **Businessolver c/o MyChoice Accounts, 1025 Ashworth Rd, West Des Moines, Iowa 50265**.

The paragraph above reflects the limits of your liability under Federal or other applicable law and regulations. In general, however, you will have no liability for unauthorized transactions unless we invoke one of the exceptions set forth in the following sentence. You must have reported the loss or theft of your Card to the Issuer in a reasonably prompt manner, and you must not have been grossly negligent or acted fraudulently in handling your Card or Card account. If we reasonably determine, based on substantial evidence, that you were grossly negligent in the handling of your Card or Card account, such as by filing an excessively late claim, or acting fraudulently in the handling of your Card or Card account, you may be liable for those transactions that occurred prior to your notification as provided under Federal or other applicable law and regulations and as outlined in the paragraph above. If any network Rules are changed as they affect your liability, those changes will become applicable to your Transactions under this

Agreement upon notice to you as provided by law.

13. Disclosures. We may disclose information to your Employer, the Custodian, PSP or third parties about your Card, Benefits Plan Accounts, your HSA or a Transaction under the following circumstances: (a) where it is necessary for completing a Transaction or administering a Benefits Plan or your HSA; (b) in order to verify the existence and condition of your Benefits Plan Account or HSA for a third party, such as a credit bureau or Merchant; (c) in order to comply with a government agency or court order or subpoena; (d) for security purposes, fraud deterrence, and when necessary to prevent identity theft; (e) if you give us written permission; or (f) as necessary, to a company that provides or services investments within your HSA. We may also disclose information under other circumstances authorized under federal or Missouri law. To the extent any such disclosures involve protected health information, we will comply with the Health Insurance Portability and Accountability Act.

14. Issuer Liability. If we do not complete a Transaction from the Benefits Plan Account or from your HSA, as applicable, on time or in the correct amount according to this Agreement, we may be liable for your losses or direct damages. However, there are some exceptions. Neither we nor the PSP will be liable, for instance, if: (a) through no fault of ours or the PSP, the Available Balance in the Benefits Plan Account or the HSA, as applicable, is insufficient to complete the Transaction; (b) a terminal or system was not working properly and you knew about the breakdown when you started the Transaction; (c) circumstances beyond our or PSP’s control (such as fire or flood) prevented the Transaction despite reasonable precautions that were taken; or (d) your Card has been terminated or suspended as provided in the Agreement.

We have no liability for our failure to provide an authorization as a result of an act of God, failure of a public utility, computer or equipment failure, accident, outdated or erroneous data regarding your Available Balance, strike, war, disaster, act of terrorism, failure of communication links or facilities, or other circumstance beyond our control. Any liability that we or PSP may have for any failure to complete a Transaction that was not intentional and that resulted from a bona fide error, notwithstanding procedures to avoid such error, shall not exceed actual direct damages proven and shall not include any indirect or consequential damages.

15. Error Resolution for Card Transactions. Call or write us at the address in paragraph 12 above as soon as you can, if you think your Transaction information on the Web site, your periodic statement, if applicable, or receipt is wrong or if you need more information about a Transaction listed on the Web site, the periodic statement, if applicable, or receipt. We must hear from you no later than 60 days after the information about the Transaction is first available to you, such as on the Web site, periodic statement, if applicable, or by telephone. You will need to provide: (a) your name and Card number or your HSA account number; (b) a description of the error or the Transaction you are unsure about, and an explanation as to why you believe it is an error or why you need more information; and (c) the dollar amount of the suspected error. If you communicate orally, you may be required to send your complaint or question in writing within 10 Business Days. A determination will be made as to whether an error occurred within 10 Business Days after hearing from you and any error will be corrected promptly. If more time is needed, however, we, the Custodian or the PSP, as applicable may take up to 45 days to investigate your complaint or question. If this is the case, your Card will be credited within 10 Business Days for the amount you think is in error, so that you will have the use of the money during the time it takes to complete the investigation. If you have been requested to put your complaint or question in writing and the appropriate party does not receive it within 10 Business Days, your Card may not be credited. For errors involving new accounts, point-of-sale, or foreign-initiated transactions, we may take up to 90 days to investigate your complaint or question. For new accounts, it may take up to 20 Business Days to credit your Card for the amount you think is in error. We will tell you the results within 3 Business Days after completing the investigation. If a decision is made that there was no error, you will be provided a written explanation. You may ask for copies of the documents used in the investigation. If there was no error, any temporary credit that may have been made to your Card will be reversed.

16. Questions Concerning the Benefits Plan, your HSA and Qualified Expenses. If you have questions concerning a Benefits Plan, the amount of your Available Balance in a Benefits Plan Account, whether a proposed Transaction is a Qualified Expense, why you have been requested to reimburse your Employer, PSP or the Benefits Plan for a Transaction, or for any other reason relating to your Benefits Plan, you should telephone the PSP at the telephone number provided on the Web site, on your periodic statement, if applicable, or through your Employer. We cannot provide information to you concerning amounts available to you under your Benefits Plan. You may contact the Custodian regarding questions you have about your HSA at the address provided to you by the Custodian.

17. Fees and Charges. We do not charge you a fee for your use of the Card. You may be assessed an annual and/or monthly fee by your Employer or PSP in connection with your Card associated with a Benefits Plan. You may also be charged a fee by your Employer or PSP for each additional Card that you request. In addition, if you use the Card for a Transaction that your Employer or PSP determines to be payment for a non-Qualified Expense, then Employer or PSP may impose a charge as disclosed on the Web site or in your Benefits Plan documents. Those fees may be withdrawn directly from your Benefits Plan Account by the PSP. With respect to your HSA, fees and charges imposed by the Custodian are set forth in the HSA Agreements. The use of your Card generates interchange payable by participants in the Visa system; we, the PSP and others may receive a portion of the interchange fees.

18. Obtaining a PIN. You will be required to select a Personal Identification Number (“PIN”) for your Card when you call **1-833-469-6221 (1-833-4MY-MCA1)** to activate your card.

19. Waiver. We may waive any of the terms or conditions of this Agreement, but any such waiver shall be effective only on that occasion and shall not be viewed as a continuing waiver on any other occasion. We, your Employer, and PSP can delay enforcing our rights under this Agreement without losing them.

20. Miscellaneous. Any notice or other communication we give to you will be effective when the notice is sent to the e-mail address you provide to Employer or PSP or when notice is mailed postage prepaid to you at your last address appearing on our records. Your Card will be in the same name you provided to your Employer or PSP at the time you enrolled in a Benefits Plan or your HSA. A Card may also be issued in your spouse’s name if you provide a spouse’s name when enrolling in a Benefits Plan or in your HSA. Additional Cards may be issued upon your request. We may from time to time amend this Agreement by giving you 21 days notice prior to the effective date of the amendment. This Agreement shall be governed by and construed in accordance with the laws of the State of Missouri, to the extent not governed by the Rules or applicable federal laws. The invalidity of any provision of this Agreement will not affect the validity of the remaining provisions. We have the right to assign this Agreement, the Card(s) and any rights and obligations under this Agreement to any person without consent. You may not assign any of your rights or privileges hereunder, or attempt to transfer any Card, to any other person without our prior written consent.

Glossary

When capitalized terms are used in the Cardholder Agreement above, they have the meaning set forth in this section.

“**Agreement**” means this Cardholder Agreement.

“**Authorization Limits**” means, in the case of a Benefits Plan, the limitations established by your Employer or PSP from time to time limiting the dollar amount of any single Transaction and the dollar amount of all Outstanding Transactions. In the case of an HSA, this means your Available Balance.

“**Available Balance**” means, at any given time, either (i) the funds that are immediately available to you in your Benefits Plan Account for a Purchase; or (ii) the balance immediately available to you for a Purchase from your HSA, in either case as reported to UMB or the PSP by the applicable third-party record keeper.

“**Benefits Plan**” means your flexible spending account (FSA), health reimbursement arrangement (HRA), or such other employee benefits program that you have through your Employer, as applicable to you, in each case as more fully described, and with the limitations set forth, in your Benefits Plan documents; this term does not include an HSA.

“**Benefits Plan Account**” means one or more sub-accounts related to benefits available under a Benefits Plan maintained for administrative purposes, which are used to match your Transactions to the appropriate available benefit election under your Benefits Plan. This term does not apply to your HSA.

“**Business Days**” are Monday through Friday, except holidays observed by PSP or UMB.

“**Card**” refers to each of the Visa debit cards that accompany this Agreement or that is issued in your name or pursuant to your request.

“**Code**” means the U.S. Internal Revenue Code, as amended.

“**Custodian**” means UMB Bank, n.a. as custodian of your HSA.

“**Employer**” means your employer who participates in our Card program.

“**HSA**” means the “health savings account” established at the Custodian under Section 223 of the Code in connection with a high deductible health plan, into which you or your Employer may make contributions to pay for Qualified Expenses.

“**HSA Agreements**” means the HSA custodial or trust agreement and related documents that the Custodian provides to you governing your HSA. If UMB is the Custodian, HSA Agreements means the HSA Custodial Agreement and the HSA Deposit Account Terms and Conditions, as they may be amended from time to time.

“**Issuer**” means UMB Bank, n.a., which provides the Card pursuant to a license from Visa, or its successors.

“**Merchant**” means an authorized Visa merchant that accepts debit Cards and that provides, among other things, goods and services that constitute Qualified Expenses with respect to your Benefits Plan or your HSA.

“**Outstanding Transaction**” means a preauthorized Transaction for which a presentation has not yet been received by us.

“**PSP**” is the service provider for your Benefits Plan. Your Employer will either appoint the PSP or act in that capacity. The PSP may use third parties to perform certain services under this Agreement.

“**Purchase**” means a purchase of goods or services at a Merchant through the use of your Card.

“**Qualified Expenses**” are the expenses which are eligible for reimbursement under a Benefits Plan or, if they are paid from your HSA, are amounts paid for the medical care, as defined in Section 213(d) of the Code, of yourself, your spouse, or your dependents, but only to the extent that such amounts are not compensated by insurance or otherwise.

“**Rules**” means the operating rules and regulations of Visa and any other network or association whose facilities are utilized in settling Transactions, as such rules may be modified or amended from time to time.

“**Transaction**” means a Purchase made with your Card or any fee or charge that applies for Card use under the Agreement.

“**UMB**” means UMB Bank, n.a.

“**Visa**” means Visa U.S.A., Inc.

“**Web site**” means the Internet Web site set forth on your Card at which you may view information concerning your Transactions.

“**You**” “**your**” or “**yours**” refers to each individual who requests a Card or who is authorized to use a Card.