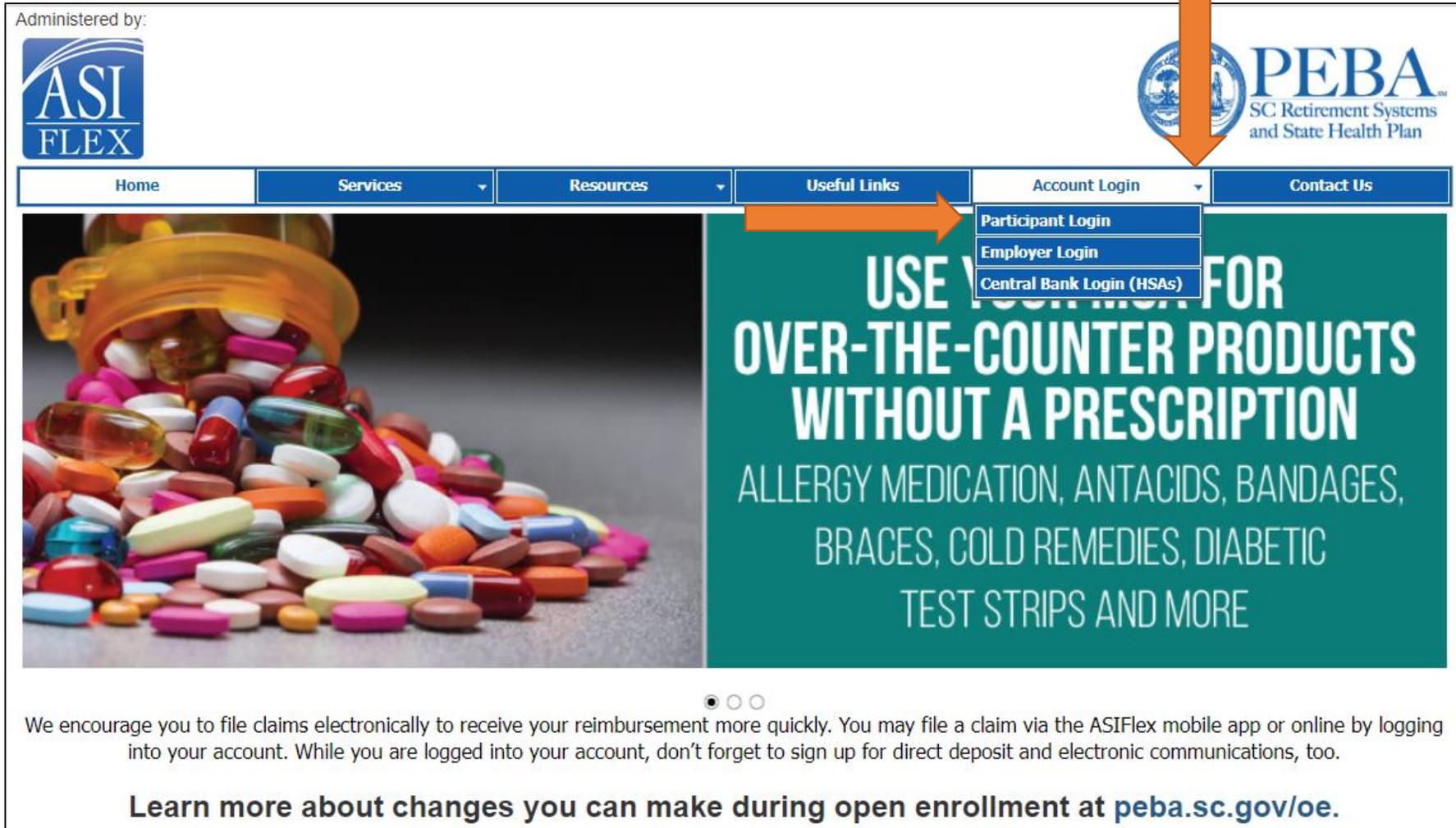


How to order replacement ASI Flex card

Go to <https://www.asiflex.com/scmoneyplus/>. You should see this screen. Click the drop-down menu for "Account Login" and choose "Participant Login".



The screenshot shows the top navigation bar of the ASI Flex website. The navigation menu includes: Home, Services, Resources, Useful Links, Account Login, and Contact Us. The 'Account Login' dropdown menu is open, showing three options: Participant Login, Employer Login, and Central Bank Login (HSAs). An orange arrow points from the 'Account Login' dropdown to the 'Participant Login' option. Another orange arrow points from the 'Participant Login' option to the 'USE YOUR CARD FOR OVER-THE-COUNTER PRODUCTS WITHOUT A PRESCRIPTION' banner. The banner also lists: ALLERGY MEDICATION, ANTACIDS, BANDAGES, BRACES, COLD REMEDIES, DIABETIC TEST STRIPS AND MORE. Below the banner, there are three small circles, with the first one filled. Below the circles, there is a paragraph of text: 'We encourage you to file claims electronically to receive your reimbursement more quickly. You may file a claim via the ASIFlex mobile app or online by logging into your account. While you are logged into your account, don't forget to sign up for direct deposit and electronic communications, too.' Below the paragraph, there is a link: 'Learn more about changes you can make during open enrollment at peba.sc.gov/oe.'

Administered by:

ASI FLEX

PEBA
SC Retirement Systems
and State Health Plan

Home Services Resources Useful Links Account Login Contact Us

Participant Login
Employer Login
Central Bank Login (HSAs)

USE YOUR CARD FOR
OVER-THE-COUNTER PRODUCTS
WITHOUT A PRESCRIPTION
ALLERGY MEDICATION, ANTACIDS, BANDAGES,
BRACES, COLD REMEDIES, DIABETIC
TEST STRIPS AND MORE

● ○ ○

We encourage you to file claims electronically to receive your reimbursement more quickly. You may file a claim via the ASIFlex mobile app or online by logging into your account. While you are logged into your account, don't forget to sign up for direct deposit and electronic communications, too.

Learn more about changes you can make during open enrollment at peba.sc.gov/oe.

Once you click "Participant Login", you should see this screen. You will enter your user name and password. If you haven't created an online account and need to do so or have forgotten your username and/or password, there are links to click on to complete those actions.



Account Detail Log In

Log in to view and manage your account.

Username [Forgot your username?](#)

Password [Forgot your password?](#)

[Sign in](#)

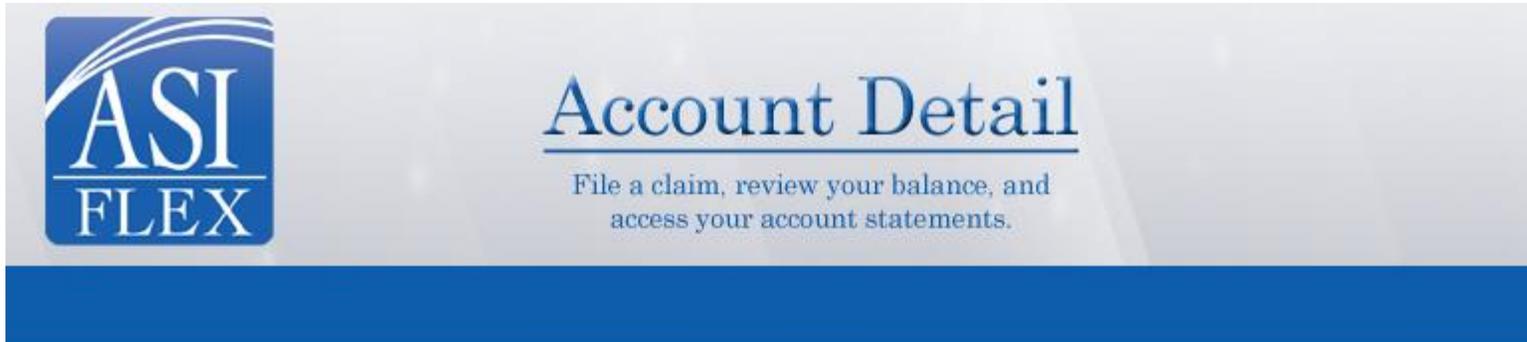
[Need to set up a new online account?](#)

[Create an account](#)

[Need Help?](#)



Once you login, you should see this screen. Choose your security image and click "Login".



Please choose your Security Image



clock



help



puzzle



heart



cup



music



bug



sun



monitor



search



lock



globe

Selected Security Image

 No Image Selected

Login

[Forgot your security image?](#)



Once you click "Login", you should see this screen. You will need to click on "Debit Card Information".

ASI FLEX

Account Detail

File a claim, review your balance, and access your account statements.

Need help? Email us at asi@asiflex.com or call us 1-833-SCM-PLUS

Main Menu

Log Out

VIEW AVAILABLE ACCOUNTS

Medical Spending Account

PARTICIPANT SERVICES

File an FSA/HRA/DCAP Claim

Schedule a Recurring Direct Payment

View Recurring Direct Payments

SHOPPING

FSA store

FSA shopping made easy with cardless pay, now available at FSA Store!

Go to FSA Store

NOTIFICATIONS

Secure Message Center

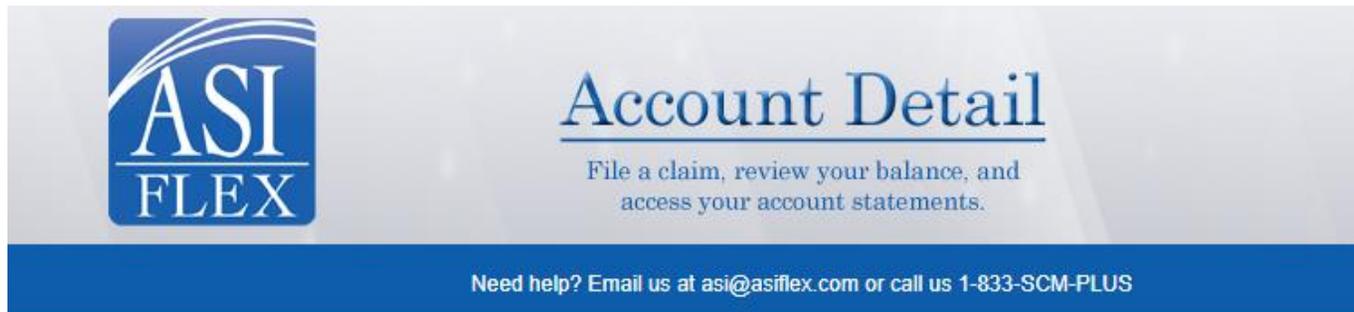
There are no documents in the queue

RESOURCES

Debit Card Information

FSA Eligible OTC List

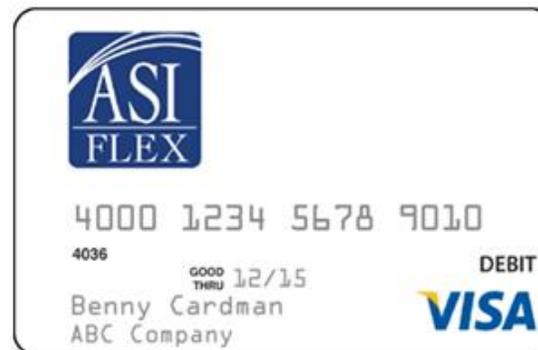
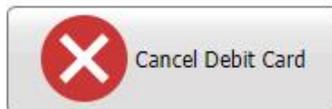
Once you click on "Debit Card Information", you should see this screen. Then you will click on "Debit Card Order Form".



The header features the ASI FLEX logo on the left, the title "Account Detail" in a large blue font, and a sub-header "File a claim, review your balance, and access your account statements." Below this is a blue bar with the text "Need help? Email us at asi@asiflex.com or call us 1-833-SCM-PLUS".

FSA Debit Cards

[Return to Main Menu](#)



Related Links

- [ASIFlex Quick Guide](#)
- [ASIFlex Wallet Card](#)
- [Debit Card Things to Know Flyer](#)
- [Debit Card Things to Know Brochure](#)
- [Substantiation Requirements](#)
- [Tips-How to Use the ASIFlex Card](#)
- [Inventory Control/IIAS Explained](#)
- [List of IIAS Approved Merchants](#)
- [IRS Revenue Ruling 2003-43](#)
- [IRS Notice 2006-69](#)
- [IRS Notice 2007-2](#)
- [Debit Card Order Form](#)



Frequently Asked Questions

We have included some of the most frequently asked questions on the FSA debit card below.

[ASIFlex Card FAQs](#)

Once you click on "Debit Card Order Form", you should see this screen. Complete this form, then print it off and mail it in to the address at the bottom of the form.

1 / 1 | - 85% + | [] []



4000 3234 5678 9010
Benny Carbin
ABC Company

ASIFlex Card Order Form

Complete all fields and type or print clearly.



Type of card order*	<input type="checkbox"/> First-time new card order (2 cards per set) <input type="checkbox"/> Additional card set(s) for dependents (2 cards per set)-number of additional sets needed ___ <input type="checkbox"/> Replacement of lost/stolen card(s) <input type="checkbox"/> Card is worn out; need a new card		
<small>Note: New cards are issued with a 5-year expiration date. If you exhaust all funds in one year, do not destroy your card. Keep the card for use in future years as new plan year elections will be automatically loaded to the card.</small>			
My employer*			
My name*			
Social Security Number*		Date of birth* MM/DD/YEAR	
Mailing address*			
City*	State*	Zip Code*	
Email address*			
Cellular telephone number			

Note: Standard text message charges may apply from your wireless provider.

***Required fields. Form cannot be processed without this information. All information, including Social Security Number, are required by the card issuer for proper identification, security and fraud prevention.**

I understand:

- I will receive two debit cards, both in my name. The cards will be mailed to my home address approximately two to three weeks from the date my application is processed.
- My spouse or eligible dependent may use a card and I am responsible for its use.
- I must activate my card(s) by calling the toll-free number as provided, and I can select a PIN if I wish.
- I can sign for credit transactions or I can supply my PIN for debit transactions.
- Use of the card is optional and I can choose at each point-of-sale if I want to use the card, or file a claim.
- The IRS requires me to keep documentation of all my card transaction expenses and submit supporting documentation to substantiate certain transactions upon request. ASIFlex will notify me if documentation is required.
- It is my responsibility to request appropriate documentation from health care providers each time I use the card in order to substantiate card transactions.
- I must read my messages posted to my secure message center at asiflex.com to understand the documentation that may be required.
- If I do not supply the requested documentation as requested, IRS regulations require that the card be temporarily deactivated.
- Future claims submitted will be offset by any outstanding card transaction amount.
- Misuse of the card may result in permanent revocation and repayment of ineligible expenses.
- I must submit correct and appropriate documentation upon request.
- Additional information regarding card usage can be found online at <https://asiflex.com/DebitCards.aspx>

I hereby state that the above information is accurate, to the best of my knowledge. Additionally, I certify that the card will only be used to pay for eligible health care expenses as defined in the plan and IRC §213(d). I will not seek reimbursement from any other source for the expenses paid for with the card. I also acknowledge that if I do not provide requested documentation in a timely fashion, my card will be temporarily deactivated, in accordance with IRS regulations.

Participant Signature: _____ Date: _____

Typed signature will suffice.

Submit to: ASIFlex | PO Box 6044 | Columbia, MO 65205-6044 | Fax: 877.879.9038

Rev. 2022_05