

NYS FLEX SPENDING ACCOUNT

# Rapid Access Check Express

Enter the **RACE**

TO ENTER THE RACE, PLEASE READ THE BACK OF THIS AUTHORIZATION FORM AND FILL IN THE INFORMATION REQUESTED IN SECTION 1. IF YOU CHOOSE TO DIRECT DEPOSIT YOUR REIMBURSEMENTS INTO YOUR **SAVINGS ACCOUNT**, YOU MUST TAKE OR MAIL THIS FORM TO YOUR FINANCIAL INSTITUTION TO COMPLETE SECTION 2. RETURN THE COMPLETED FORM TO: **FRINGE BENEFITS MANAGEMENT COMPANY, A DIVISION OF WAGWORKS (FBWW), P.O. BOX 14766, LEXINGTON, KY 40512-4766.**

TYPE OF TRANSACTION       NEW       CHANGE       CANCEL

## SECTION 1

TO BE COMPLETED BY EMPLOYEE

EMPLOYEE NAME	LAST	FIRST	MIDDLE INITIAL
TYPE OF ACCOUNT	<input type="checkbox"/> CHECKING (Attach a voided check to this form)		<input type="checkbox"/> SAVINGS (Your financial institution must complete Section 2)
HOME ADDRESS	STREET	CITY	STATE    ZIP CODE
WORK PHONE	AREA CODE	NUMBER	EXT.
HOME PHONE	AREA CODE	NUMBER	
DEPARTMENT ID (5-DIGIT AGENCY CODE)			NYS EMPL ID
NYS DEPARTMENT/AGENCY (Ex: DOT, Dept. of Health, Tax & Finance, etc.)			

### DEPOSITOR CERTIFICATION

I CERTIFY THAT I HAVE READ AND UNDERSTAND THE BACK OF THIS FORM. IN SIGNING THIS FORM, I AUTHORIZE MY NYS FLEX SPENDING ACCOUNT REIMBURSEMENTS TO BE SENT TO THE FINANCIAL INSTITUTION NAMED BELOW, TO BE DEPOSITED TO THE DESIGNATED ACCOUNT.

SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

### JOINT ACCOUNT HOLDERS CERTIFICATION

I CERTIFY THAT I HAVE READ AND UNDERSTAND THE BACK OF THIS FORM.

SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

## SECTION 2

FOR **SAVING ACCOUNT DEPOSITS** ONLY; TO BE COMPLETED BY YOUR FINANCIAL INSTITUTION BEFORE SUBMITTING TO FBWW

NAME OF FINANCIAL INSTITUTION	ROUTING NUMBER (9 DIGITS)	CHECK DIGIT
ADDRESS OF FINANCIAL INSTITUTION	STREET	CITY
STATE	ZIP	PHONE
ACCOUNT TITLE		ACCOUNT NUMBER

### FINANCIAL INSTITUTION CERTIFICATION

I CONFIRM THE IDENTITY OF THE ABOVE-NAMED EMPLOYEE AND JOINT TENANT, IF ANY, AND THE ACCOUNT NUMBER AND TITLE. AS A REPRESENTATIVE OF THE ABOVE-NAMED FINANCIAL INSTITUTION, I CERTIFY THAT AS A MEMBER OF THE NYACH, THIS FINANCIAL INSTITUTION AGREES TO RECEIVE AND DEPOSIT NYS FLEX SPENDING ACCOUNT REIMBURSEMENTS TO THE ACCOUNT SHOWN ABOVE, IN ACCORDANCE WITH THE POLICIES OF THIS FINANCIAL INSTITUTION.

PRINT OR TYPE REPRESENTATIVE'S NAME

SIGNATURE OF REPRESENTATIVE

DATE

\_\_\_\_\_

# Enter the **RACE**

Participants in the NYS Flex Spending Account can choose to have their authorized reimbursements deposited directly into a checking or savings account. This feature of the NYS Flex Spending Account is offered in response to participant request and is optional. If you decide to **Enter the RACE** (**R**apid **A**ccess **C**heck **E**xpress), you will have quicker access to your reimbursements by eliminating mail time. The FSA administrator will send you a confirmation notice each time an electronic transfer is made to your account.

- Direct Deposits of FSA reimbursements will only be made to financial institutions in the United States.
- If you decide to **Enter the RACE**, please complete this Authorization Form. For checking account deposits, you only need to attach a voided check to this RACE form. For saving account deposits, this form must be completed by you *and* your financial institution. If your account is a joint account, both parties must sign this Authorization Form.
- If you wish to cancel your participation in the **RACE**, you may do so by completing another Authorization Form.
- It is your responsibility to notify the FSA administrator *immediately* of any changes to your bank account (e.g., change of account number, bank, closure of account, etc.). Use this Authorization Form as a **Change Transaction** to notify us of these changes. ASIFlex will process these changes upon receipt of the form.
- Your electronic transfer will be made directly into your account. If this transfer cannot be completed within three business days, the FSA administrator will issue and mail a reimbursement check to you. Pending resolution of the electronic transfer problem, you will continue to receive reimbursement checks in the mail.
- If you re-enroll in either the DCAAccount or HCSAccount (or both), your participation in the **RACE** will automatically continue from one Plan Year to the next, unless you request cancellation. *However...*
- If you have been **inactive** in the NYS Flex Spending Account for a full Plan Year or longer, you must submit a new **RACE** form to resume direct deposits of your reimbursements.
- The agreement represented by this authorization will remain in effect from one Plan Year to the next until you cancel it. To cancel, you must complete a new Authorization Form as a **Cancel Transaction**.
- This agreement may also be canceled by your financial institution. In such cases, you will receive reimbursement checks in the mail.

Visit Us Online

**[www.flexspend.ny.gov](http://www.flexspend.ny.gov)**

Or Call

**NYS Flex Spending Hotline**

**1-800-358-7202**