



Terms and Conditions

I certify that the reimbursement requests I'm submitting are IRS eligible expenses for me or eligible dependents as defined by the IRS. I certify that I have not been previously reimbursed for these expenses nor am I seeking reimbursement for these expenses from insurance or any other source.

I have obtained or made reasonable efforts to obtain the provider's Tax ID Number (TIN) and I will include that TIN on IRS Form 2441 that I must attach to my federal income tax return. I understand that WEX, its agents or employees, will not be held liable if I submit non-IRS eligible expenses for reimbursement. I authorize a deduction in my account in the amount of the reimbursement I received for services described above on the dates indicated, and the expenses are my out-of-pocket expenses that qualify as valid expenses under the Plan.

If submitting an expense to be paid directly to my provider, I acknowledge that it is my responsibility to ensure the payment is properly processed and applied to the correct account with my provider.

If submitting expenses for my Qualified Small Employer Health Reimbursement Arrangement (QSEHRA), I certify that I, or the individual for whom I am requesting reimbursement, continue to have Minimum Essential Coverage (MEC). I understand that if I fail to maintain MEC, any reimbursements made from my QSEHRA during the month in which I did not have MEC will become taxable.

If submitting expenses for my Individual Coverage Health Reimbursement Arrangement (ICHRA), I certify that I, or the individual for whom I am requesting reimbursement, have (or had) individual health insurance coverage, Medicare Part A (Hospital Insurance) and B (Medical Insurance), or Medicare Part C (Medicare Advantage) during the month the expense was incurred.

If applicable, I used the Commuter Benefit for which I am requesting reimbursement above only for the purposes of commuting to and from work at the Company. I understand that I am responsible to use my terminally restricted debit card or to purchase fare media using Smart Commute, and I am seeking cash reimbursement due to a circumstance beyond my or WEX's control where I was unable to use my terminally restricted debit card or purchase fare media using Smart Commute. I acknowledge that I have received the services on the dates indicated, and the expenses are my out-of-pocket expenses that qualify as valid Commuter Expenses under the Plan. I have not been reimbursed previously for these expenses under the Plan. These expenses have not been reimbursed or are not reimbursable under any other plan. I understand that the expenses reimbursed may not be used to claim any federal income tax deduction or credit or to claim reimbursement under another plan. I understand that WEX, its agents or employees, will not be held liable if I submit non-IRS eligible expenses for reimbursement. I authorize a deduction in my account in the amount of the reimbursement.

By providing my bank account information, I (we) hereby authorize WEX Health, Inc. to initiate Electronic Funds Transfers (EFT) processed through the Automated Clearing House (ACH) as credit entries of all amounts payable to me (us) and, if necessary, to initiate adjustments for any transactions credited/debited in error, to the account and the Financial Institution indicated above. I (we) agree to comply with U.S. laws and NACHA Rules with respect to ACH transactions to my (our) account. This authority is to remain in full force until WEX receives from me (us) written notification at PO Box 2926 Fargo, ND 58108-2926 of any change or termination, and WEX has a reasonable opportunity to act on such written notice. WEX reserves the right to cancel this arrangement and terminate further ACH transactions, in its sole discretion, without prior notice, provided that WEX provides written notice within 14 days following such cancellation.