

Enter the **RACE**

Participants in the NYS Flex Spending Account can choose to have their authorized reimbursements deposited directly into their banking institution. 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 reimbursement by eliminating mail time. FBMC will mail you a confirmation notice each time an electronic transfer is made to your account.

- Your financial institution must be a member of the New York Automated Clearing House in order for you to take advantage of this option.
- If you decide to **Enter the RACE**, please complete this Authorization Form. This form must be completed by you *and* your financial institution. If your account is a joint account, this Authorization Form must be signed by both parties.
- 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 us *immediately* of any changes in 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. We will process these changes immediately 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, FBMC 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.

NYS Flex Spending Account Hotline

1-800-358-7202

Press 1 for HCSA

Press 2 for DCAA

Or

Visit Us Online at

www.flexspend.state.ny.us