



COUNTY OF DANE
DEPARTMENT OF ADMINISTRATION

RYLEE SCHUCHARDT
Payroll Manager

Controller's Office
Room 426 City-County Building
210 Martin Luther King Jr. Blvd.
Madison, WI 53703
608-266-4116

**EBC FLEX PLAN ENROLLMENT
(PLAN YEAR 2023)
UNRESOLVED TRANSACTIONS AUTHORIZATION FOR DEDUCTION**

I, _____, acknowledge and agree that use of the EBC Flex Payment Card in violation of Dane County's enrollment agreement or the Cardholder agreement may result in the invalidation and forfeiture of my Payment Card. If the EBC Flex third-party administrator determines that an expense charged on my payment card was not a qualified expense under the plan according to IRS rules, I shall immediately reimburse the Plan for the entire amount of the unqualified expense. If I fail to reimburse the Plan in a timely manner, I understand the amounts may be withheld post-tax from my wages or any other pay due in order to reimburse the unqualified expense.

Employee Signature (use legal name): _____

Employee ID#: _____

Date: _____