

APPLICATION FOR AN ADDITIONAL DEBIT CARD

Employee Information

Company Name: _____

Employee Name: _____

Employee SS#: _____

Dependent's Name: _____

Mailing Address: _____

City/State/Zip: _____

Dependent's SS #: _____

Dependent's Date of Birth: _____

Any processing fee will be deducted from your Medical Reimbursement Account (pre-tax).

The additional card will be ordered on or after the effective date of your Flex Plan and should arrive at the above address about 2 weeks later.

Please fax or mail this form (see below).