FlexibleBenefit ADMINISTRATORS

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Benefits Card Election Form

Employee Information

Social Security # or Employee ID: [ ]   Date of Birth: [ ]

Employer Name: [ ]

First Name: [ ]   Middle Initial: [ ]   Last Name: [ ]

Employee Home Address: [ ]

City: [ ]   State: [ ]   Zip: [ ]

Home Phone #: [ ]   E-Mail: [ ]

Help us go green! If provided, we will use your email as our primary method of contact.

Employee Elections   *Cards are valid for 3 years from date of issue.*

My Card

- [ ] I do NOT elect to use the Benefit Card. All cards from previous years will be deactivated.
- [ ] I am a New Participant and I elect to be issued a Benefits Card.
- [ ] My card has been lost/destroyed. Please re-issue a new Benefits Card.

Dependent Card

Dependent [ ]   SSN [ ]   Date Of Birth [ ]
Print name   Social Security Number

Dependent [ ]   SSN [ ]   Date Of Birth [ ]
Print name   Social Security Number

Dependent [ ]   SSN [ ]   Date Of Birth [ ]
Print name   Social Security Number

- [ ] I would like to have a second card issued to my dependent, who's over the age of 18, who's name and social security number are indicated above.
- [ ] My dependent's card has been lost/destroyed. Please issue a new card to the dependent above.
- [ ] Please deactivate my dependent's card(s).

* Benefit Cards are automatically re-issued upon expiration and are pre funded with your health care annual election amount. Dependent care annual elections are not pre funded.*

Benefits Card Certification

I acknowledge that I will agree to the terms and conditions of the Cardholder Agreement received with my BENEFITS CARD and certify that I will only use the card for qualified health care and/or dependent care expenses. I further certify that I will not seek reimbursement under any other health plan coverage for claims that have been paid for by the card, nor will I use the card for expenses that have been paid by any other health plan benefit. I acknowledge that I will, upon request of the Plan administrator, provide required documentation of expenses.

Failure to submit sufficient documentation for your Benefit Card transaction may result in deactivation of your card.

Employee's Signature: [ ]   Date: [ ]