



FSA/HRA Dependent Card Request

EMPLOYEE PROFILE

Employee Name: _____ Social Security #: _____
Address: _____
Street: _____ City: _____
State: _____ Zip: _____

DEPENDENT CARD

I would like a dependent card Yes No My dependent has a card. I would like to link it to the new plan year account. Yes No

Dependent Name: _____
Dependent DOB: _____ (Required) Social Security #: _____ (Required)
Address: _____
Street: _____ City: _____
State: _____ Zip: _____

AUTHORIZATION

My Employer's benefits have been explained to me and I understand that I authorize the issue of a MasterCard Debit Benefits Card to the dependent listed above. I understand that this card will be linked to my Flexible Spending Account and/or HRA and that it is to be used for IRS allowable expenses, which are not reimbursable under any other plan.

Employee Signature

Date
Group
Number

Company Name

PO BOX 1349 WAKE FOREST, NC 27588
ATTN: FLEX DEPARTMENT
PHONE: 919-877-9933 EXT 5052 FAX: 919-562-0021