



Flex Debit Card Request Form

Primary Cardholder Information

First Name: _____ Last Name: _____

Employer: _____

Email: _____

I already have an active card. Only order cards for the dependent(s) listed below.

Dependent Cardholder(s) Information

First Name: _____ Last Name: _____

First Name: _____ Last Name: _____

First Name: _____ Last Name: _____

Debit Card Agreement

I understand that the Benefits FSA Debit Card is available to pay only qualified expenses and that qualified expenses paid with the card cannot be reimbursed by any other plan, and that I will not seek reimbursement for expenses paid with the card from any other source. I understand that when using the Benefits FSA Debit Card, I must keep all receipts and that, on occasion, I may be asked for documentation of the charges made with my card. I also understand that if a payment is made that is not for qualified expenses, I will repay my employer. For any expenses not repaid by me, I authorize my employer to deduct the amount from my paycheck.

Primary Cardholder Signature: _____ Date: _____