

## FSA Benefits 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: \_\_\_\_\_

### FSA Benefits Card Agreement

I understand that the FSA Benefits Card is available to pay for 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 FSA Benefits Card, I must keep all documentation and that, on occasion, I may be asked to substantiate the charges made with my card. I also understand that if a payment is made for unqualified expenses, I will repay my employer. For any expenses not repaid by me, I authorize my employer to deduct the unqualified expense amount from my paycheck.

Primary Cardholder Signature: \_\_\_\_\_ Date: \_\_\_\_\_