



## BENEFITS CONNECTION REQUEST FOR ADDITIONAL BENEFIT CARD

### EMPLOYEE INFORMATION

Employee Name:

Employee SSN:

Employee DOB:

Employee Phone:

Employee E-Mail:

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### DEPENDENT INFORMATION

Please list dependent for which an additional FSA Benefit Card is to be issued (must be 18):

*First Name M. Last Name*

Relationship:

Dependent's SSN:

Dependent's DOB:

Dependent's Mailing Address

Street:

City:

State:

Zip:

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### EMPLOYEE ACKNOWLEDGEMENT

By signing this form, I authorize and understand that one additional Benefits Connection Flex Convenience Card will be issued under my flexible spending account(s) (additional cost may apply) and that use of this card will directly affect my account balance.

I understand that by my family member using this additional card, I am fully responsible to comply with the rules and regulations regarding use of the Benefits Connection Flex Convenience Card as outlined in the cardholder agreement for which I have agreed to be bound.

Employee's Signature:

Date:

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***Return this completed form to Benefits Connection***

PO Box 681569-1569

Franklin, TN 37068

Phone: (877) 384-7539

Fax: (877) 239-6635

E-mail: [flex@mybenefitspeople.com](mailto:flex@mybenefitspeople.com)

*"Connecting People and Benefits!"*